



MSD

Louisville and Jefferson County Metropolitan Sewer District
700 West Liberty Street
Louisville Kentucky 40203-1911
502-540-6000
www.msdlouky.org

December 22, 2008

Ms. Carolena Bentley
DMR Coordinator
200 Fair Oaks Lane
Frankfort, Kentucky 40601

RE: Hite Creek Wastewater Treatment Plant, KPDES No: KY0022420
Discharge Monitoring Report for November 2008.

Dear Ms. Bentley

Attached are the Discharge Monitoring Report (DMR) and the Monthly Operator Report (MOR) for the Hite Creek Wastewater Treatment Plant, for the month of November 2008.

Also included are the November discharge reports.

If you have any questions concerning the attached DMR's, please contact me at (502)241-9093.

Sincerely,

John Kessel
Process Supervisor, East Region

JMK/ Hite Creek.1108

Enclosures

cc: C. Roth(DOW Louisville)
T. Singleton
R. Shaw



Beneficial Use of Louisville's Biosolids
www.louisvillegreen.com

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME M80 KITE CREEK STP
ADDRESS C/O CEDAR CREEK STP
8405 CEDAR CREEK RD
LOUISVILLE KY 40211

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

KY0022420 001 2
PERMIT NUMBER DISCHARGE NUMBER

MAJOR (SUBR LV)
F - FINAL

JEFFS

FACILITY M80 KITE CREEK STP
LOCATION LOUISVILLE KY 40201
ATTN: DENNIS THOMASSON, SR METRO OPS

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
03	11	01		03	11	00

MUNICIPAL WASTEWATER EFFLUENT

*** NO DISCHARGE 1 1 ***

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****		7	*****	*****	(19)	0	03/07	GP
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	7 INST MIN	*****	*****	MG/L		FREE / GRAB	WEEK
PH	SAMPLE MEASUREMENT	*****	*****		7.6	*****	9.9	(12)	0	03/07	GP
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		FREE / GRAB	WEEK
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	4233	4744	(26)	*****	195	257	(19)	0	03/07	CP
00530 0 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		FREE / COMPOS	WEEK
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	95	114	(26)	*****	4	6	(19)	0	03/07	CP
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1501 MD AVG	2252 MX WK AV	LBS/DY	*****	30 MD AVG	45 MX WK AV	MG/L		FREE / COMPOS	WEEK
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	479	562	(26)	*****	23	24	(19)	0	03/07	CP
00610 0 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		FREE / COMPOS	WEEK
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	5	7	(26)	*****	0.20	0.40	(19)	0	03/07	CP
00610 1 2 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	250 MD AVG	375 MX WK AV	LBS/DY	*****	5 MD AVG	7.5 MX WK AV	MG/L		FREE / COMPOS	WEEK
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	.60	1.40	(19)	0	03/07	CP
00665 1 2 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	2.0 MD AVG	3.0 MX WK AV	MG/L		WEEKLY / COMPOS	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Dennis Thomasson Sr
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT)

TELEPHONE
DATE
AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

USE MD AVG FOR BOD/TSS REMV; REPT IN MINIMUM COLUMN.

NAME MSD HITE CREEK STP
 ADDRESS C/O CEDAR CREEK STP
 8405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY MSD HITE CREEK STP
 LOCATION LOUISVILLE KY 40201
 ATTN: DENNIS THOMASSON, SR METRO OPS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

KY0022420			001 2			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
00	11	01		00	11	00

MAJOR (SUBR LV)
 F - FINAL
 MUNICIPAL WASTEWATER EFFLUENT
 *** NO DISCHARGE ***

JEFFS

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PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW IN CONDUIT OR THRU TREATMENT PLANT	2.50	3.92	(03)	*****	*****	*****		0	1/30	EN	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MO AVG	DAILY MX	MGD	*****	*****	*****	****		CONTINUOUS	
COLIFORM, FECAL GENERAL	*****	*****			*****	6	11	(13)	0	03/07	SR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	*/		FREE/GRAB	
BOD, CARBONACEOUS 5 DAY, 20C	3944	4355	(26)	*****	*****	179	223	(19)	0	03/07	CP
RAW SEW/INFLUENT	PERMIT REQUIREMENT	MO AVG	MX WK AV	LBS/DY	*****	REPORT	REPORT			FREE/COMPLUS	
BOD, CARBONACEOUS 5 DAY, 20C	90	114	(26)	*****	*****	3	4	(19)	0	03/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MO AVG	MX WK AV	LBS/DY	*****	10	15			FREE/COMPLUS	
BOD, CARB-5 DAY, 20 DEG C. PERCENT REMVL	*****	*****			95%	*****	*****	(23)	0	01/30	cal
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	85	*****	*****	PER-CENT		ONCE/MONTH	
SOLIDS, SUSPENDED PERCENT REMOVAL	*****	*****			97%	*****	*****	(23)	0	01/30	cal
BIOLOGICAL PERCENT REMOVAL	*****	*****	****	*****	85	*****	*****	PER-CENT		ONCE/MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER H. J. Shuckin, Jr TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE		DATE			
			AREA CODE	NUMBER	YEAR	MO	DAY	
			502	596	6006	06	11	22

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 USE MO AVG FOR BOD/TSS REMV; REPT IN MINIMUM COLUMN.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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FACILITY MSD HITE CREEK STP
 LOCATION LOUISVILLE KY 40201

ATTN: DENNIS THOMASSON, SR METRO OPS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

KY0022420
 PERMIT NUMBER

001 R
 DISCHARGE NUMBER

MAJOR
 (SUBR LV)
 7 - FINAL

Form Approved
 OMB No. 2040-0004

JEFFE

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
00	11	01	00	11	00

FROM

TO

REASONABLE POTENTIAL
 EFFLUENT

*** NO DISCHARGE ***

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PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
CYANIDE FREE (AMEN. TO CHLORINATION)	SAMPLE MEASUREMENT	*****	*****		*****	<0.005	<0.005	(17)		01/30	Comp
0072 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT	REPORT			ONCE / MONTH	CUMPOS
HARDNESS, TOTAL (AS CaCO3)	SAMPLE MEASUREMENT	*****	*****		*****	210	210	(17)		01/30	Comp
00900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT	REPORT			ONCE / MONTH	CUMPOS
CHROMIUM, HEXAVALENT (AS CR)	SAMPLE MEASUREMENT	*****	*****		*****	0.01	0.01	(17)		01/30	CP
01032 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT	REPORT			ONCE / MONTH	CUMPOS
CADMIUM TOTAL RECOVERABLE	SAMPLE MEASUREMENT	*****	*****		*****	0.0002	0.0002	(17)		01/30	CP
01113 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT	REPORT			ONCE / MONTH	CUMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 DATE

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



Report Selections: Excluding PPI, CSO, Result: WUS, Act Code: DISDW, DISREV, DISSUS

KPDES # KY0022420	Facility ID MSD0202	Treatment Plant Name HITE CREEK		Receiving Stream of Treatment Plant HITE CREEK		Region EAST				
Facility Type SMN Sewer Main	Facility ID 102453-V	Facility Address	If Pump Station, Name of Pump Station:		Receiving Stream SOUTH FORK HARRODS CREEK	Discharge to GROUND				
Activity Code / Description DISDW: DRY WEATHER DISCHARGE	WO # 844048	Initiated 11/17/08 08:30 AM	Initiated By MARKS JR	Assigned To LARUE	Disch Status REPAIRED - ISSUE RESOLVED	Event Date 11/17/08	Problem STRUCTURAL FAILURE	Result DISCHARGE TO WATERS OF THE US	Completed 11/17/08 11:30 AM	Condition

Spot Inspections:

Discharge Amount: 18,000 GAL
Cause: STRUCTURAL FAILURE OF FORCEMAIN
Clean Up: MSD CLEANED AND SANTIZED AREA
Control Zone: TEMPORARAY SIGNS POSTED
Impact: PERSONAL HYGENINE PRODUCTS OBSERVED DEBRIS OBSERVED SEWAGE SOILDS
Repair: HAULING STATION TILL CONTRACTOR COMPLETES REPAIRS

Notifications:

11/17/08 12:00 AM DISPUB temporary signs posted to warn public
11/17/08 02:47 PM DISNOT Email notification of unauthorized discharge manually sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov



Report Selections: Excluding PPI, CSO, Result: WUS, Act Code: DISDW, DISREV, DISSUS

KPDES #	Facility ID	Treatment Plant Name		Receiving Stream of Treatment Plant		Region				
KY0022420 (Cont'd)	MSD0202	HITE CREEK		HITE CREEK		EAST				
Facility Type	Facility ID	Facility Address	If Pump Station, Name of Pump Station:		Receiving Stream	Discharge to				
SMN Sewer Main	45214-AG	3700 CYPRESS SPRINGS PL			FLOYDS FORK	GROUND				
<u>Activity Code / Description</u>	<u>WO #</u>	<u>Initiated</u>	<u>Initiated By</u>	<u>Assigned To</u>	<u>Disch Status</u>	<u>Event Date</u>	<u>Problem</u>	<u>Result</u>	<u>Completed</u>	<u>Condition</u>
DISDW: DRY WEATHER DISCHARGE	851394	11/22/08 11:00 AM	MARKS JR	CARTER SR	REPAIRED - ISSUE RESOLVED	11/22/08	STRUCTURAL FAILURE	DISCHARGE TO WATERS OF THE US	11/22/08 01:00 PM	

Spot Inspections:

Discharge Amount: 9,000 GAL
Cause: STRUCTUAL FAILURE OF FORCE MAIN
Clean Up: MSD PERSONELL CLEANED AND SANITIZED THE AREA
Control Zone: TEMP SIGNS POSTED AND ADVISED PROPERTY OWNER
Impact: DEBRIS OBSERVED
Repair: HAULING STATION TILL REPAIRS ARE MADE TO FORCE MAIN

Notifications:

11/22/08 01:34 PM DISPUB temporary signs posted and informed home owner
11/22/08 01:00 PM DISNOT Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ort@ky.gov and LisaA.Jeffries@ky.gov