



**MSD**

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

February 25, 2008

Ms. Kathy Thurman  
Kentucky Division of Water  
14 Reilly Road  
Frankfort, Kentucky 40601

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

Dear Ms. Thurman:

Attached are the Discharge Monitoring Report (DMR) for the Hite Creek Wastewater Treatment Plant, for the month of January 2008.

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.0108

Enclosures

cc: C. Roth(DOW Louisville)  
E. Brady  
T. Singleton  
P. Burgin  
R. Shaw



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

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

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

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

KY0022420 PERMIT NUMBER  
 001 2 DISCHARGE NUMBER

MAJOR (SUBR LV)  
 F - FINAL JEFFE  
 MUNICIPAL WASTEWATER  
 EFFLUENT  
 \*\*\* NO DISCHARGE [ ] \*\*\*

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
08	01	01	TO	08	01	31

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DO)	*****	*****			8.6	*****	*****	( 19 )	0	3/7	Grab
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	7 INST MIN	*****	*****	MG/L		THREE/WEEK	GRAB
PH	*****	*****			7.2	*****	7.5	( 12 )	0	3/7	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		THREE/WEEK	GRAB
SOLIDS, TOTAL SUSPENDED	*****	*****	( 26 )		*****	188.0	245.0	( 19 )	0	3/7	Comp
00530 0 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		THREE/WEEK	COMPOS
SOLIDS, TOTAL SUSPENDED	*****	*****	( 26 )		*****	7.0	8.0	( 19 )	0	3/7	Comp
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1501 MO AVG	2252 MX WK AV	LBS/DY	*****	30 MO AVG	45 MX WK AV	MG/L		THREE/WEEK	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	*****	*****	( 26 )		*****	17.0	19.0	( 19 )	0	3/7	Comp
00610 0 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		THREE/WEEK	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	*****	*****	( 26 )		*****	1.0	1.0	( 19 )	0	3/7	Comp
00610 1 2 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	250 MO AVG	375 MX WK AV	LBS/DY	*****	5 MO AVG	7.5 MX WK AV	MG/L		THREE/WEEK	COMPOS
PHOSPHORUS, TOTAL (AS P)	*****	*****			*****	0.39	0.69	( 19 )	0	1/7	Comp
00665 1 2 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		WEEKLY	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Exec Director  
 H. J. Schadein  
 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 MO AVG FOR BOD/TSS REMV; REPT IN MINIMUM COLUMN.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
 NAME MSD HITE CREEK STP

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

Form Approved.  
 OMB No. 2040-0004

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

KY0022420  
 PERMIT NUMBER

001 2  
 DISCHARGE NUMBER

MAJOR (SUBR LV)  
 F - FINAL  
 MUNICIPAL WASTEWATER  
 EFFLUENT

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	01	01		08	01	31

\*\*\* NO DISCHARGE 1 [ ] \*\*\*

NOTE: Read Instructions before completing this form.

PARAMETER	X	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	SAMPLE MEASUREMENT	4.3	6.9	( CS )	*****	*****	*****		0	4x	9x
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		CONTIN	CONTIN
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	5	13	( 13 )	0	3x	Grab
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	*/		THREE / GRAB	WEEK
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	4749	5335	( 26 )	*****	137.0	160.0	( 19 )	0	3x	Comp
80082 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		THREE / COMPOS	WEEK
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	108	134	( 26 )	*****	3.0	3.0	( 19 )	0	3x	Comp
80082 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	500 MD AVG	751 MX WK AV	LBS/DY	*****	10 MD AVG	15 MX WK AV	MG/L		THREE / COMPOS	WEEK
BOD, CARB-S DAY, 20 DEG C, PERCENT REMVL	SAMPLE MEASUREMENT	*****	*****		98 %	*****	*****	( 23 )	0	1/3	Cal
80091 K 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	85 MD AVG	*****	*****	PER-CENT		ONCE / CALCTD	MONTH
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		96 %	*****	*****	( 23 )	0	1/3	Cal
81011 K 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	85 MD MIN	*****	*****	PER-CENT		ONCE / CALCTD	MONTH
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Exec Director H. J. Schubein 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		
			508 241 9693 AREA CODE NUMBER	08	02	22 YEAR MO DAY

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

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

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 DISCHARGE MONITORING REPORT (DMR)

KY0022420  
 PERMIT NUMBER  
 001 R  
 DISCHARGE NUMBER

MAJOR (SUBR LV)  
 F - FINAL  
 REASONABLE POTENTIAL EFFLUENT

JEFFE

Form Approved.  
 OMB No. 2040-0004

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
05	01	01		05	01	31

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
CYANIDE, FREE (AMEN. TO CHLORINATION)		*****	*****		*****	0.01	0.01	(19)	0	1/31	Comp
00722 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMPOS
HARDNESS, TOTAL (AS CaCO3)		*****	*****		*****	233	233	(19)	0	1/31	Comp
00900 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMPOS
CHROMIUM, HEXAVALENT (AS CR)		*****	*****		*****	0.01	0.01	(19)	0	1/31	Comp
01032 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMPOS
CADMIUM TOTAL RECOVERABLE		*****	*****		*****	0.0004	0.0004	(19)	0	1/31	Comp
01113 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMPOS

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			AREA CODE 602	NUMBER 241-9473	YEAR 08	MO 02

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

