



MSD

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

March 26, 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 February 2008.

Dear Ms. Thurman:

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

Also included is a February discharge report.

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.0208

Enclosures

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



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

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

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

Form Approved.
OMB No. 2040-0004

NAME: MSD HITE CREEK STP
ADDRESS: C/D 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
*** NO DISCHARGE 1 1 ***

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	02	01		08	02	27

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				
OXYGEN, DISSOLVED (DO)		*****	*****		8.8	*****	*****	(19)	0	3/7	Grab	
00300 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	7	*****	*****	MG/L		THREE/WEEK	GRAB	
PH		*****	*****		6.8	*****	7.6	(12)	0	3/7	Grab	
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	6.0	*****	9.0	SU		THREE/WEEK	GRAB	
SOLIDS, TOTAL SUSPENDED		*****	*****	(26)	*****	126	175	(19)	0	3/7	Comp	
00530 2 0 0 RAW SEW/INFLUENT		REPORT	REPORT	LBS/DY	*****	REPORT	REPORT	MG/L		THREE/WEEK	COMPOS	
SOLIDS, TOTAL SUSPENDED		*****	*****	(26)	*****	11	14	(19)	0	3/7	Comp	
00530 1 0 0 EFFLUENT GROSS VALUE		1501	2252	LBS/DY	*****	30	45	MG/L		THREE/WEEK	COMPOS	
NITROGEN, AMMONIA TOTAL (AS N)		*****	*****	(26)	*****	13	15	(19)	0	3/7	Comp	
00610 9 0 0 RAW SEW/INFLUENT		REPORT	REPORT	LBS/DY	*****	REPORT	REPORT	MG/L		THREE/WEEK	COMPOS	
NITROGEN, AMMONIA TOTAL (AS N)		*****	*****	(26)	*****	3	3	(19)	0	3/7	Comp	
00610 1 2 0 EFFLUENT GROSS VALUE		250	375	LBS/DY	*****	5	7.5	MG/L		THREE/WEEK	COMPOS	
PHOSPHORUS, TOTAL (AS P)		*****	*****		*****	1	2	(19)	0	3/7	Comp	
00665 1 2 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	REPORT	REPORT	MG/L		WEEKLY	COMPOS	
NAME/TITLE	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			
PRINCIPAL EXECUTIVE OFFICER	2xxx Director H.J. Schade Jr				[Signature]			AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED								800	241-9093	08	03	25

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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YEAR	MO	DAY	TO	YEAR	MO	DAY
08	02	01	TO	08	02	27


*** NO DISCHARGE 1 1 ***

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	5.188	9.440	(03)	*****	*****	*****		0	4x	C/N
50050 1 0 0	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MOD	*****	*****	*****	****			CONT IN
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	6	9	(13)	0	3/4	Grb
COLIFORM, FECAL GENERAL	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	#/			THREE/GRAB
74055 1 0 0	SAMPLE MEASUREMENT	4301	4533	(26)	*****	108	118	(19)	0	3/4	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L			THREE/COMPOS
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	170	239	(26)	*****	4	5	(19)	0	3/4	Comp
80082 0 0 0	PERMIT REQUIREMENT	500	751		*****	10	15				THREE/COMPOS
RAW SEW/INFLUENT	SAMPLE MEASUREMENT	*****	*****		*****	95.8%	*****	*****	0	1/29	Cal
BOD, CARBONACEOUS 05 DAY, 20C	PERMIT REQUIREMENT	*****	*****	****	*****	85	*****	*****			ONCE/ CALCTD
80082 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	88.9%	*****	*****	0	1/29	Cal
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	85	*****	*****			ONCE/ CALCTD
BOD, CARB-5 DAY, 20 DEG C, PERCENT REMVL	SAMPLE MEASUREMENT										
80091 K 0 0	PERMIT REQUIREMENT			****							
PERCENT REMOVAL	SAMPLE MEASUREMENT										
81011 K 0 0	PERMIT REQUIREMENT			****							
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT										
PERCENT REMOVAL	PERMIT REQUIREMENT			****							

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Eric Director
11 J. Schindler
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

AREA CODE	TELEPHONE NUMBER	YEAR	MO	DATE
508	241-9093	08	03	25

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)
 NAME MSD HITE CREEK STP

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KY0022420
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MAJOR
 (SUBR LV)
 F - FINAL

JEPFE

FACILITY MSD HITE CREEK STP
 LOCATION LOUISVILLE KY 40201


MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	02	01		08	02	29

REASONABLE POTENTIAL
 EFFLUENT

*** NO DISCHARGE 1/1/1 ***

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
CYANIDE, FREE (AMEN. TO CHLORINATION) 00722 1 0 0 EFFLUENT GROSS VALUE		*****	*****	*****	*****	.01	.01	(19)	0	1/29	Comp
		PERMIT REQUIREMENT	*****	*****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		ONCE/MONTH	COMPOS
HARDNESS, TOTAL (AS CaCO3) 00900 1 0 0 EFFLUENT GROSS VALUE		*****	*****	*****	*****	205	219	(19)	0	3/29	Comp
		PERMIT REQUIREMENT	*****	*****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		ONCE/MONTH	COMPOS
CHROMIUM, HEXAVALENT (AS CR) 01032 1 0 0 EFFLUENT GROSS VALUE		*****	*****	*****	*****	.01	.01	(19)	0	3/27	Comp
		PERMIT REQUIREMENT	*****	*****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		ONCE/MONTH	COMPOS
CADMIUM TOTAL RECOVERABLE 01113 1 0 0 EFFLUENT GROSS VALUE		*****	*****	*****	*****	.00052	.00115	(19)	0	3/29	Comp
		PERMIT REQUIREMENT	*****	*****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		ONCE/MONTH	COMPOS
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Exec Director H.J. Schaefer 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		
			588 241-9093	08	3	25

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



MSD Louisville and Jefferson County
Metropolitan Sewer District

IMSAST0004

Discharge Report

Feb 01, 2008 12:00 AM thru Feb 29, 2008 11:59 PM

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

KPDES #	Facility ID	Treatment Plant Name	Receiving Stream of Treatment Plant	Region					
KY0022420	MSD0202	HITE CREEK	HITE CREEK	EAST					
Facility Type	Facility ID	Facility Address	If Pump Station, Name of Pump Station:	Receiving Stream	Discharge to				
S.S. Sewer L.R. Station	MSD1088-PS	7250 FLOYDSBURG RD	FLOYDSBURG ROAD	FLOYDS FORK	DITCH				
Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Stat	Event Date	Problem	Resolution	Completed
DISREV: RAIN EVENT DISCHARGE	740068	02/05/08 11:15 AM	MARKS JR	COOMER	C	02/05/08	LACK OF SYSTEM CAPACITY	DISCHARGE TO WATERS OF THE US	02/05/08 11:18 AM

Spot Inspections:

Discharge Amount:	50 GAL
Cause:	LACK OF SYSTEM CAPACITY
Clean Up:	AREA CLEANED AND SANITIZED
Control Zone:	SIGNS POSTED AREA TAPED OFF AND CONES PLACED
Impact:	DEBRIS ON GROUND LEADING TO STREAM WAS BAGGED AND HAULED OFF.
Repair:	HAULING FROM STATION TILL RAIN EVENT ENDS

Notifications:

02/05/08 11:54 AM	Signs & cones placed and area taped off
02/05/08 12:58 AM	Email notification of unauthorized discharge sent to ireland.sean@spa.gov, eppa.er@ky.gov and LisaA.Jeffries@ky.gov

No. 7873

Mar. 24, 2008 8:02AM