



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

July 22, 2009

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 June 2009.

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 June 2009.

Also included is the 2nd quarter Biomonitoring DMR.

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

Sincerely,

A handwritten signature in black ink, appearing to read "D.J. Rheinlaender", is written over the word "Sincerely,". The signature is stylized and somewhat cursive.

D.J. Rheinlaender
Process Supervisor, East Region

DJR/ Hite Creek.0609

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 MSO HITE CREEK STP
ADDRESS C/O CEDAR CREEK STP
6405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY MSO HITE CREEK STP
LOCATION LOUISVILLE KY 40201
ATTN DENNIS THOMASSON, SR METRO OPS

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

PERMIT NUMBER KYD0022420
DISCHARGE NUMBER 0012

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

JEFFS

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	05	01		07	05	30

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	*****	*****	(17)	0	3/7	GP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		FREE/STRIP	WEEK
PH	*****	*****			7.1	*****	*****	(12)	0	3/7	GP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	*****	50		FREE/STRIP	WEEK
SOLIDS, TOTAL SUSPENDED	*****	*****			*****	*****	*****	(17)	0	3/7	CP
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		FREE/STRIP	WEEK
SOLIDS, TOTAL SUSPENDED	*****	*****			*****	*****	*****	(17)	0	3/7	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1501 MD AVG	2252 MX WK AV	LBS/DY	*****	3 MD AVG	4 MX WK AV	MG/L		FREE/STRIP	WEEK
NITROGEN, AMMONIA TOTAL (AS N)	*****	*****			*****	*****	*****	(17)	0	3/7	CP
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		FREE/STRIP	WEEK
NITROGEN, AMMONIA TOTAL (AS N)	*****	*****			*****	*****	*****	(17)	0	3/7	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	100 MD AVG	150 MX WK AV	LBS/DY	*****	0.1 MD AVG	0.1 MX WK AV	MG/L		FREE/STRIP	WEEK
PHOSPHORUS, TOTAL (AS P)	*****	*****			*****	*****	*****	(17)	0	3/7	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.3 MD AVG	0.4 MX WK AV	MG/L		FREE/STRIP	WEEK

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
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
D. J. [Signature]

TELEPHONE
502 594 4111
DATE
09 17 19

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

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

NAME MSD HITE CREEK STP
 ADDRESS C/O CEDAR CREEK STP
 8005 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY MSD 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
 0012
 DISCHARGE NUMBER

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

JEFFE

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	05	01	07	05	30

FROM

TO

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			
FLOW IN CONDUIT OR THRU TREATMENT PLANT 80050 : 0 0 EFFLUENT GROSS VALUE	3.32	9.52	(33)	*****	*****	*****	*****	6	CA	CA	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MSD	*****	*****	*****	****	CONTINUOUS	DUOS	
COLIFORM, FECAL GENERAL 74055 : 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	6	3/7	CR	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	FREE/GRAB	WEEK	
MSD, CARBONACEOUS 05 DAY, 200 00082 : 0 0 RAW SEW/INFLUENT	3556	3953	(20)	*****	*****	*****	*****	6	3/7	CR	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	*****	*****	*****	FREE/SAMPLES	WEEK	
MSD, CARBONACEOUS 05 DAY, 200 00082 : 0 0 EFFLUENT GROSS VALUE	114	147	(20)	*****	*****	*****	*****	6	3/7	CR	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	*****	*****	*****	FREE/SAMPLES	WEEK	
MSD, CARBONACEOUS 05 DAY, 20 DEG O, PERCENT REMVL 80091 : 0 0 PERCENT REMOVAL	97	97	(20)	*****	*****	*****	*****	6	1/30	CA	
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	LONG TERM	MONTH	
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 : 0 0 PERCENT REMOVAL	95	95	(20)	*****	*****	*****	*****	6	1/30	CA	
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	LONG TERM	MONTH	
	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
 AREA CODE NUMBER YEAR MO DAY

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

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

NAME MSD HITE CREEK STP
 ADDRESS 070 CEDAR CREEK STP
 8405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY MSD HITE CREEK STP
 LOCATION LOUISVILLE KY 40201
 ATTN: ERIC THOMASSON, SR METRO DPS

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

PERMIT NUMBER KY0022420	DISCHARGE NUMBER 001 R.					
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	06	01		07	06	06

MAJOR (SUBR LV)
 F - FINAL
 REASONABLE POTENTIAL
 EFFLUENT
 *** NO DISCHARGE ***

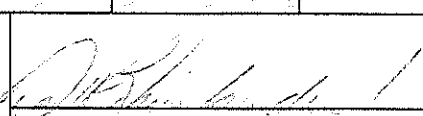
JEFFE

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			
CYANIDE FREE (AMEN TO CHLORINATION) 00722 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	1.115	1.115			1/31	SP
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT NO. AVG	REPORT DAILY MX	MG/L		1/31 MONTH	COMPL
NITROGEN TOTAL (AS N2O3) 00900 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	179	179			1/31	SP
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT NO. AVG	REPORT DAILY MX	MG/L		1/31 MONTH	COMPL
CHROMIUM, HEXAVALENT (AS CR) 01008 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.01	0.01			1/31	SP
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT NO. AVG	REPORT DAILY MX	MG/L		1/31 MONTH	COMPL
SANTON TOTAL RECOVERABLE 01113 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.3	0.3			1/30	SP
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT NO. AVG	REPORT DAILY MX	MG/L		1/30 MONTH	COMPL
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Eric F. Hill
 H. J. Sabradie 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
 502 541 4111 07 07 19

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

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

NAME MSD HITE CREEK STP
 ADDRESS 670 CEDAR CREEK STP
 6405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY MSD HITE CREEK STP
 LOCATION LOUISVILLE KY 40201
 ATTN DIANNE THOMASSEN SR METRO OPS

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

KY0022420		001 Y				
PERMIT NUMBER		DISCHARGE NUMBER				
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	04	01		07	06	30

MAJOR (SUBR LV)
 T - FINAL
 METALS/BIOMONITORING/QUARTERLY EFFLUENT
 *** NO DISCHARGE [] ***

Form Approved.
 OMB No. 2040-0004

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			
ZINC TOTAL RECOVERABLE 01099 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	0.0654	0.0654	MG/L	0	1/96	CP
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT NO AVG	REPORT DAILY MX	MG/L			
LEAD TOTAL RECOVERABLE 01114 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	<0.004	<0.004	MG/L	0	1/96	CP
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT NO AVG	REPORT DAILY MX	MG/L			
COPPER TOTAL RECOVERABLE 01119 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	<0.002	<0.002	MG/L	0	1/96	CP
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT NO AVG	REPORT DAILY MX	MG/L			
TOXICITY, FINAL DUNN TOXICITY UNITS 01406 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****		<1.0	CHRONIC TOXCTY	0	1/96	CP
	PERMIT REQUIREMENT	*****	*****	****	*****		1.00	CHRONIC TOXCTY			
MERCURY TOTAL RECOVERABLE 01701 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	<0.0005	<0.0005	MG/L	0	1/96	CP
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT NO AVG	REPORT DAILY MX	MG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Exec. Dir
 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		
502-541-6000		09	07	14
AREA CODE	NUMBER	YEAR	MO	DAY

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

NAME OF TREATMENT PLANT HITE CREEK WTP COUNTY JEFFERSON MONTH OF: June 2009
 KPDES PERMIT NUMBER KY0022420 PLANT CAPACITY 4.4 MGD RECEIVING STREAM HITE CREEK

DATE	TOTAL FLOW (MILLION GALLONS)	RAW SEWAGE		pH		SETTLABLE SOLIDS (mg/L)		DISSOLVED OXYGEN (mg/L)			SUSPENDED SOLIDS (mg/L)			5 DAY CBOD (mg/L)			ACTIVATED SLUDGE			AERATION BASIN						SLUDGE HANDLING				FINAL												
		GRIT REMOVED (CUBIC FEET)	SCREENINGS (CUBIC FEET)	RAW	FINAL	RAW	PRIMARY EFFLUENT	FINAL EFFLUENT	STREAM ABOVE	FINAL EFFLUENT	STREAM BELOW	RAW	PRIMARY EFFLUENT	FINAL EFFLUENT	RAW	PRIMARY EFFLUENT	FINAL EFFLUENT	RETURN GAL/DAY X 1000	MLSS X 1000	WAST ED MLVSS X 1000	DISSOLVED OXYGEN (mg/L)	MLSS (mg/L) X 1000	MLVSS (mg/L) X 1000	SETTLED SLUDGE VOLUME	50 MIN.	90 MIN.	GALLONS X 1000	% DRY SOLIDS	% VOLATILE SOLIDS	% DRY SOLIDS	% VOLATILE SOLIDS	WITHDRAWN GALLONS X 1000	NH3-N (mg/L)	FECAL COLIFORM (COLONIES/100ML)	Phosphorus mg/L	Cadmium, Total Recoverable	Hardness as CaCO3	Chromium, Hexavalent	Cyanide, Free (Amenable)	Mercury, Total Recoverable		
																																									RAW	HAULED
1	2.93			7.4		10.0		0.0					214		4	136		3	1.89	13.11	92	2.8	4.64		200								86	0.055	4	0.262		0.2	179		0.01	
2	2.77	36	36	7.3	7.6	10.0		0.0					212		2	152		3	1.88	9.48	98.6	3.6	4.47		200								87.5	0.055	4	0.238						
3	2.77			7.8	7.6	12.0		0.0					262		3	182		6	1.76	10.28	105.1	2.7	4.695	2.977	200				0.95	60			148.9	0.055	4							
4	3.26			7.1	7.6	12.0		0.0					8.7						1.82	9.97	105.1	4	4		200								151									
5	2.8	36	36	7.1		12.0		0.0											1.96	8.76	105.1	3.2	4.42		200								147.6									
6	2.48			6.9		12.0		0.0											1.95	2.81	65.7	5.5	4.69		200								61.7									
7	2.51			6.9		7.0		0.0											2.05	5.32	65.7	5.9	5.215		200																	
8	2.95			7.8		13.0		0.0					254		5	146		3	2.05	7.64	105.1	2.9	4.505		200								94.5	0.055	48							
9	2.53	36	36	8.0	7.8	13.0		0.0		8.1			199		4	135		3	1.77	12.24	98.6	4.2	4.6	2.93	220				0.6	59			122.8	0.055	12	0.397						
10	3.1			7.5	7.4	5.0		0.0		7.9			188		4	121		3	2.13	6.47	118.3	3.6	4.255		200								154.1	0.055	4							
11	4.18			7.5	7.4	7.0		0.0		8.3									2.19	11.46	118.3	5.6	4.175		200								155.9									
12	4.14	36	36	6.9		8.0		0.0											1.79	14.19	98.6	5.1	4.285		200								126									
13	3.07			6.9		8.0		0.0											1.88	9.39	85.4	4.7	4.18		180								31.5									
14	2.37			7.2		15.0		0.0											2.94	13.13	65.7	4.8	4.64		210																	
15	3.63	36	36	7.2		8.0		0.0					164		2	119		8	2.22	10.12	98.6	4.8	4.095		200								122.8	0.055	4							
16	5.21			7.1	7.6	5.0		0.0		8.6			153		5	90		3	1.94	13.6	98.6	5	3.78		200								154.1	0.055	4	0.369						
17	5.21			7.4	7.5	5.0		0.0		8.5			143		2	100		3	2.26	13.69	65.7	4.8	3.595		180							126	0.055	4								
18	9.52			7.0	7.4	5.0		0.0		8.6									1.78	7.79	65.7	4.8	3.69	2.47	180				0.53	57			107.1									
19	4.19	36	36	6.9		5.0		0.0											2.13	11	78.8	4.8	3.245		150								113.4									
20	3.09			7.0	7.2	8.0		0.0		8.8									2.07	7.44	65.7	4.7	3.29		170								63									
21	2.81			7.0		6.0		0.0											2.02	11.22	65.7	4.8	4.425		180																	
22	3.23			7.2		5.0		0.0					159		3				2.08	7.67		3.8	3.97	2.7	200																	
23	2.85	36	36	7.4	7.4	10.0		0.0		7.5			175		2				1.81	14.36	65.7	4.1	5.055		240								37.8	0.055	4	0.333						
24	2.55			7.2	7.4	10.0		0.0		7.5			176		2				1.7	9.1	105.1	2.9	3.89		200								85	0.055	4							
25	2.38			7.3	7.4	12.0		0.0		7.5									2.05	8.38	105.1	4.7	3.43		170								133.5									
26	3.26	36	36	7.2		5.0		0.0											2.02	10.73	92	4.5	3.56		190								109.5									
27	2.66			7.1		5.0		0.0											2.03	7.68	65.7	4.6	3.625		200								63									
28	2.25			7.1		12.0		0.0											1.81	7.18	65.7	4.4	3.61		200																	
29	2.38			7.3		10.0		0.0											2.05	9.63	65.7	4	3.79		200																	
30	2.39	36	36	7.1		10.0		0.0											1.95	10.42	65.7	3.2	4.245		200																	
31																																										
Tot.	99.47	324	324																59.98																							
Avg.	3.316	36	36	7.2	7.5	8.8				8.2			192		3	129		4	1.999	9.808	86.1	4.283	4.135	2.769	195.7																	

RESIDENTIAL COMMERCIAL INDUSTRIAL INDUSTRIAL WASTE POPULATION EQUIVALENT
 31578 20983 25228 EARL DUNN 7626
 FLOW CBOD TSS OPERATOR CERT. NO.
 TOTAL NUMBER OF SEWER CONNECTIONS 0
 SEWER CONNECTIONS 0 X 4 = 0 SEWERED POPULATION
 502-241-9310
 PLANT TELEPHONE