



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

May 26, 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 April 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 April 2009.

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," and extends downwards and to the right.

D.J.Rheinlaender  
Process Supervisor, East Region

DJR/ Hite Creek.0409

Enclosures

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



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

NAME MSW 4TH CREEK STP  
ADDRESS C/O CEDAR CREEK STP  
8415 CEDAR CREEK RD  
LOUISVILLE KY 40201  
FACILITY MSW 4TH CREEK STP  
LOCATION LOUISVILLE KY 40201  
ATTN: DANIEL THOMASOW SR METRO OPS

PERMIT NUMBER  
KY0022420

DISCHARGE NUMBER  
7012

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

JEFFE

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

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			
00000 0 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	9	*****	*****	MG/L	0	3/7	CR
00000 0 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	7.2	*****	7.6	MG/L	0	3/7	CR
00000 0 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	7.0	*****	7.0	MG/L	0	3/7	CR
00000 0 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	MINIMUM	*****	MAXIMUM	MG/L	0	3/7	CR
00000 0 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	175	*****	200	MG/L	0	3/7	CR
00000 0 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	7	*****	7	MG/L	0	3/7	CR
00000 0 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	13	*****	14	MG/L	0	3/7	CR
00000 0 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	0.4	*****	1.0	MG/L	0	3/7	CR
00000 0 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	0.3	*****	0.5	MG/L	0	3/7	CR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
DANIEL THOMASOW 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  
*[Signature]*

TELEPHONE  
AREA CODE NUMBER  
DATE  
YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
NO NO AND FOR BOD/TSS REMV. REPT IN MINIMUM COLUMN.

NAME **HUT CREEK AREA STP**  
ADDRESS **C/O CEDAR CREEK STP**  
**3405 CEDAR CREEK RD**  
**LOUISVILLE KY 40211**  
FACILITY **HUT CREEK AREA STP**  
LOCATION **LOUISVILLE KY 40201**  
ATTN **DUNCAN THOMAS SR METRO OPS**

KYO02480		0012				
PERMIT NUMBER		DISCHARGE NUMBER				
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
97	04	01		97	04	05

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

JEFF

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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 THRU CONDUIT OR TREATMENT PLANT	MEASUREMENT	4.04	6.28	( CFS )	*****	*****	*****		0	C/N	C/N
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MD AVG	DAILY MX	MGD	*****	*****	*****	****		WEEK	WEEK
GENERAL EFFLUENT GROSS VALUE	MEASUREMENT	*****	*****		*****	4	4	( 10 )	0	3/7	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	( 10 )		WEEK	WEEK
BOD, CARBONACEOUS 5 DAY, 20C	MEASUREMENT	4383	5156	( 20 )	*****	134	158	( 10 )	0	3/7	CP
RAW SEW/INFLUENT	PERMIT REQUIREMENT	MD AVG	MX WK AV	LBS/DY	*****	MD AVG	MX WK AV	MG/L		WEEK	WEEK
BOD, CARBONACEOUS 5 DAY, 20C	MEASUREMENT	140	182	( 20 )	*****	4	5	( 10 )	0	3/7	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MD AVG	MX WK AV	LBS/DY	*****	MD AVG	MX WK AV	MG/L		WEEK	WEEK
BOD, 5 DAY, 20C	MEASUREMENT	*****	*****		*****	97	*****	( 20 )	0	1/30	CA
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	*****	MD AVG	*****	PER-CENT		MONTH	MONTH
SOLIDS, SUSPENDED	MEASUREMENT	*****	*****		*****	96	*****	( 20 )	0	1/30	CA
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	*****	MD MIN	*****	PER-CENT		MONTH	MONTH
	MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
*Exec 111*  
*A. J. Schardin Jr*  
TYPED OR PRINTED

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*David J. Hill*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
*502 596 6100*  
DATE  
*04 05 97*  
AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
USE NA FOR BOD, 5 DAY REMV. REPT IN MINIMUM COLUMN

NAME MBL WHITE CREEK STP  
 ADDRESS C/O CEDAR CREEK STP  
 6000 CEDAR CREEK RD  
 LOUISVILLE KY 40211  
 FACILITY MBL WHITE CREEK STP  
 LOCATION LOUISVILLE KY 40201  
 ATTN: CLAUDE THOMPSON OR METRO DPS

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

PERMIT NUMBER KY0022420			DISCHARGE NUMBER 0011R			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

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

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			
CYANIDE FREE (ANIONIC TO CHLORINATION) 00700 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.01	0.01	(17)	0	1/30	CP
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT	REPORT			1/30	CP
MANGANESE, TOTAL (AS CaCO3) 00900 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	220	220	(17)	0	1/30	CP
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT	REPORT			1/30	CP
AMMONIUM, NITROGEN (AS N) 11000 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	50.0	50.0	(17)	0	1/30	CP
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT	REPORT			1/30	CP
NITRIDE TOTAL RECOVERABLE 01100 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	50.0	50.0	(17)	0	1/30	CP
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT	REPORT			1/30	CP
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
 DATE

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

