



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

June 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 May 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 May 2009.

Also included is the discharge report.

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 a large, stylized flourish that extends to the right and loops back down.

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

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

NAME MBS NOTE CREEK STP
ADDRESS 670 CEDAR CREEK STP
2405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY MBS NOTE CREEK STP
LOCATION LOUISVILLE KY 40201
ATTN: DANNIS THOMASSON SR METRO DPE

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

RY0022425
PERMIT NUMBER
001 2
DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	05	02		07	05	02

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)	00300	*****	*****		4	*****	*****	(17)	0	3/7	GR	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST. MIN	*****	*****	MG/L		FREE/SAMPLE WEEK		
EFFLUENT GROSS VALUE	00400	*****	*****	***	7.0	*****	*****	(12)	0	3/7	GR	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	BU		FREE/SAMPLE WEEK		
TOTAL SUSPENDED SOLIDS RAW SEW/INFLUENT	00530	4469	4913	(25)	*****	159	193	(17)	0	3/7	CP	
RAW GWA/INFLUENT	PERMIT REQUIREMENT	REPORT	REPORT	LBS/DY	*****	REPORT	REPORT	MG/L		FREE/SAMPLE WEEK		
TOTAL SUSPENDED SOLIDS EFFLUENT GROSS VALUE	00600	186	302	(25)	*****	6	8	(17)	0	3/7	CP	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1501	2252	LBS/DY	*****	30	45	MG/L		FREE/SAMPLE WEEK		
TOTAL AMMONIA NITROGEN (AS N) RAW SEW/INFLUENT	00610	426	442	(25)	*****	14	17	(17)	0	3/7	CP	
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT	REPORT	LBS/DY	*****	REPORT	REPORT	MG/L		FREE/SAMPLE WEEK		
TOTAL AMMONIA NITROGEN (AS N) EFFLUENT GROSS VALUE	00620	9	24	(25)	*****	0.3	1	(17)	0	3/7	CP	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	100	150	LBS/DY	*****	2	3	MG/L		FREE/SAMPLE WEEK		
TOTAL PHOSPHORUS (AS P) EFFLUENT GROSS VALUE	00630	0.5	0.7	(17)	*****	0.5	0.7	(17)	0	3/7	CP	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	1.0	1.5	MG/L		FREE/SAMPLE WEEK		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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			
Exec. Dir H. J. Schneider Jr TYPED OR PRINTED							502-546-6466		09 06 16			
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)							AREA CODE	NUMBER	YEAR	MO	DAY	
USE NO. AVG FOR SOLIDS REMO. REPT IN MINIMUM COLUMN												

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

NAME: WEST HITE CREEK SWP
 ADDRESS: C/O CEDAR CREEK STP
 8405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY: WEST HITE CREEK SWP
 LOCATION: LOUISVILLE KY 40201
 ALON BOWEN THONABSON SR METRO OPS

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

PERMIT NUMBER: KY0226420
 DISCHARGE NUMBER: 001 2

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

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

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	3.64	7.37	(G3)	*****	*****	*****		0	1/31	CA
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MD AVG	DAILY MX	MGD	*****	*****	*****	***		1/31	CA
GENERAL EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	5	10		0	3/7	GR
	PERMIT REQUIREMENT	*****	*****	***	*****	200	400	***		3/7	GR
BOD, CARBONACEOUS 5 DAY, 20C	SAMPLE MEASUREMENT	3873	5443	(25)	*****	135	217		0	3/7	CP
RAW SEW INFLUENT	PERMIT REQUIREMENT	MD AVG	MX WK AV	LBS/DY	*****	REPORT MD AVG	REPORT MX WK AV	***		3/7	CP
BOD, CARBONACEOUS 5 DAY, 20C EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	101	185	(25)	*****	3	4		0	3/7	CP
	PERMIT REQUIREMENT	MD AVG	MX WK AV	LBS/DY	*****	10	15			3/7	CP
BOD, CARBONACEOUS 5 DAY, 20C PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		*****	98	*****	PERCENT	0	1/31	CA
	PERMIT REQUIREMENT	*****	*****	***	*****	MD AVG	*****	PERCENT		1/31	CA
SOLID, 5-DAYED PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		*****	96	*****	PERCENT	0	1/31	CA
	PERMIT REQUIREMENT	*****	*****	***	*****	MD MIN	*****	PERCENT		1/31	CA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Exec Dir</i> A J Schindler 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 <i>[Signature]</i>	TELEPHONE		DATE		
			AREA CODE	NUMBER	YEAR	MO	DAY
			502	546 6000	09	06	16

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 USE NO. 1-0 FOR BOD/TSS REMV. REPT IN MINIMUM COLUMN.

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

NAME: WELLS RIVER CREEK STP
 ADDRESS: 670 CEDAR CREEK STP
 5405 WELLS RIVER CREEK RD
 LOUISVILLE KY 40211
 FACILITY: WELLS RIVER CREEK STP
 LOCATION: LOUISVILLE KY 40201
 ATTN: DONALD THOMASSON SR METRO DPE

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

MAJOR

(SUBJECT)

F - FINAL

REASONABLE POTENTIAL

EFFLUENT

*** NO DISCHARGE ***

Form Approved.
 OMB No. 2040-0004

PERMIT NUMBER: KY00000000

DISCHARGE NUMBER: 00000000

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

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 (FERN (AMEN. TO CHLORINATION)) COVER: C O EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	0.005	0.005	MG/L	0	1/31	CP
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT	MG/L		MONTH	
HARDNESS TOTAL (AS CaCO3) COVER: G O EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	208	208	MG/L	0	1/31	CP
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT	MG/L		MONTH	
IRON (AS Fe) COVER: C O EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	0.01	0.01	MG/L	0	1/31	CP
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT	MG/L		MONTH	
CASINUM TOTAL RECOVERABLE COVER: C O EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	0.20	0.20	MG/L	0	1/31	CP
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT	MG/L		MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

TELEPHONE: 502 586 5816
 DATE: 06 16

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	Water Quality Treatment Center HITE CREEK	Receiving Stream of Treatment Center HITE CREEK	Region EAST
Facility Type SMH Sewer Manhole	Facility ID 108958	Facility Address 7302 FLOYDSBURG RD	If Pump Station, Name of Pump Station: FLOYDS FORK	Discharge to CATCH BASIN

<u>Activity Code / Description</u>	<u>WO #</u>	<u>Initiated</u>	<u>Initiated By</u>	<u>Assigned To</u>	<u>Disch Status</u>	<u>Status Date</u>	<u>Problem</u>	<u>Result</u>	<u>Completed</u>	<u>Condition</u>
DISREV: RAIN EVENT DISCHARGE	905966	05/08/09 05:50 PM	MARKS JR	DUNN JR	DOCUMENTED	07/31/08	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHARGE - WATERS	05/09/09 01:00 AM	

Spot Inspections:

Discharge Amount	15,900 GAL
Cause:	LACK OF SYSTEM CAPACITY
Clean Up:	MSD CLEANED & SANITIZED THE AREA
Control Zone:	TEMPORARY SIGNS POSTED
Impact:	NO DEBRIS, JUST WASTEWATER
Repair:	STORM FLOW RECEEDED

Notifications:

05/08/09 07:50 PM	DISPUB	public notified by signs posted and msd website
05/08/09 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
05/08/09 01:00 PM	DISSNO	Supplemental Email notification of unauthorized discharge has been sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov