MSD

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

February 25, 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 January 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 January 2009.

We were unable to meet the max weekly Fecal requirements. Due to mechanical problems with the U.V system.

Also included are the February discharge reports.

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

Sincerely,

D.J.Rheinlaender
Process Supervisor, East Region

DJR/ Hite Creek.0109

Enclosures

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

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME MSD MITE CREEK STP
ADDRESS C/O CEDAR CREEK STP
8405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY MSD MITE CREEK STP
LOCATION LOUISVILLE KY 40201
ATTN: DENNIS THOMASSON, SR METRO OPS

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

KY0022420 — PERMIT NUMBER
001 2 — DISCHARGE NUMBER

MONITORING PERIOD: FROM YEAR 09 MO 01 DAY 01 TO YEAR 09 MO 01 DAY 31

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

JEFFE

Form Approved.
OMB No. 2040-0004

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		7.6	******	******	(19)	C	3/D	GRAB
	PERMIT REQUIREMENT	******	******	**** ****	INST MIN	******	******	MG/L	C	THREE/WEEK	GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		7.3	******	7.4	(12)	C	3/D	GRAB
	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU	C	THREE/WEEK	GRAB
SOLIDS, TOTAL SUSPENDED 00530 3 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	5073	6099	(26)	******	308.56	525.2	(19)	C	3/D	COMPOS
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	******	REPORT MO AVG	REPORT MX WK AV	MG/L	C	THREE/WEEK	COMPOS
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	84	121	(26)	******	3.1	5.0	(19)	C	3/D	COMPOS
	PERMIT REQUIREMENT	1501 MO AVG	2252 MX WK AV	LBS/DY	******	30 MO AVG	45 MX WK AV	MG/L	C	THREE/WEEK	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 3 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	424	640	(26)	******	19.05	31.50	(19)	C	3/D	C
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	******	REPORT MO AVG	REPORT MX WK AV	MG/L	C	THREE/WEEK	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	11	18	(26)	******	0.4	0.7	(19)	C	3/D	COMPOS
	PERMIT REQUIREMENT	250 MO AVG	375 MX WK AV	LBS/DY	******	5 MO AVG	7.5 MX WK AV	MG/L	C	THREE/WEEK	COMPOS
PHOSPHORUS, TOTAL (AS P) 00665 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	0.07	0.12	(19)	C	1/D	COMPOS
	PERMIT REQUIREMENT	******	******	**** ****	******	2.0 MO AVG	3.0 MX WK AV	MG/L	C	WEEKLY	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

[redacted]

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.

[redacted]

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE [redacted] NUMBER [redacted]

DATE YEAR 09 MO [redacted] DAY [redacted]

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)*
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FACILITY MSD HITE CREEK STP
LOCATION LOUISVILLE KY 40201
ATTN: DENNIS THOMASSON, SR METRO OPS

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

KY0022420 — PERMIT NUMBER
001 2 — DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR 07 MO 01 DAY 01 TO YEAR 07 MO 01 DAY 31

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

JEFFE

Form Approved.
OMB No. 2040-0004

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FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	3.1	5.6	(03)	*******	*******	*******		C	1/D	Pmp.
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*******	*******	*******	**** ****		CONTINUOUS	CONTIN
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	60	2153	(13)	1	3/7	Grab
	PERMIT REQUIREMENT	*******	******* **** ****		*******	200 30DA GEO	400 */ 7 DA GEO	100ML		THREE/ WEEK	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 80082 4 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	114	353	(26)	*******	187	254	(19)	C	3/7	Comp
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*******	REPORT MO AVG	REPORT MX WK AV	MG/L		THREE/ WEEK	COMPOS
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	22	99	(26)	*******	3.6	3.6	(19)	C	3/7	Comp
	PERMIT REQUIREMENT	500 MO AVG	751 MX WK AV	LBS/DY	*******	10 MO AVG	15 MX WK AV	MG/L		THREE/ WEEK	COMPOS
BOD, CARB-S DAY, 20 DEG C, PERCENT REMVL 80091 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	*******	*******		94%	*******	*******	(23)	C	1/31	Cal
	PERMIT REQUIREMENT	*******	******* **** ****		85 MO AVG	*******	*******	PER-CENT		ONCE/ MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	*******	*******		95%	*******	*******	(23)	C	1/31	Cal
	PERMIT REQUIREMENT	*******	******* **** ****		85 MO MIN	*******	*******	PER-CENT		ONCE/ MONTH	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
[illegible]	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]	AREA CODE [illegible]	NUMBER [illegible]	YEAR 07	MO 08	DAY 24
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

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

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DISCHARGE MONITORING REPORT *(DMR)*

KY0022420	001 R
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	01	01	TO	07	01	31

Form Approved.
OMB No. 2040-0004

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

JEFFE

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PARAMETER		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 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	(illegible)	(illegible)	(19)	C	1/31	G
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	REPORT MO AVG	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMPOS
HARDNESS, TOTAL (AS CACO3) 00900 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	220.	240.	(19)	C	1/31	G
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	REPORT MO AVG	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMPOS
CHROMIUM, HEXAVALENT (AS CR) 01032 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	<0.01	<0.01	(19)	C	1/31	G
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	REPORT MO AVG	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMPOS
CADMIUM TOTAL RECOVERABLE 01113 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	<0.002	<0.002	(19)	C	1/31	G
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	REPORT MO 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			TELEPHONE	DATE
(illegible)	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.	(illegible)	AREA CODE / NUMBER (illegible)	YEAR 07 / MO 07 / DAY 31
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

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

NAME OF TREATMENT PLANT HITE CREEK WTP COUNTY JEFFERSON MONTH OF: January 2009

KPDES PERMIT NUMBER KY0022420 PLANT CAPACITY 4.4 MGD RECEIVING STREAM HITE CREEK

DATE	TOTAL FLOW (MILLION GALLONS)	RAW SEWAGE		pH		SETTLEABLE 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	RETURN MLSS X1000	WASTED MLVSS X 1000	DISSOLVED OXYGEN (mg/L)	MLSS (mg/L) x 1000	MLVSS (mg/L) X 1000	SETTLED SLUDGE VOLUME 30 MIN.	SETTLED SLUDGE VOLUME 60 MIN.	RAW GALLONS X 1000	RAW % DRY SOLIDS	RAW % VOLATILE SOLIDS	HAULED % DRY SOLIDS	HAULED % VOLATILE SOLIDS	HAULED 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
1	3.59			7.2		16.0		0.0				107		3	168		3	2.11	8.11	59.2	6.8	5.735		270							0.73	895						
2	3.1	36	36	7.6	7.4	15.0		0.0		11.2								2.97	12.25		5.1	4.97		320														
3	3.4			7.5		17.0		0.0										2.45	11.28	32.85	5.3	5.005		350														
4	3.67			7.5		15.0		0.0				275		5	180		3	1.82	12.1	32.85	5.2	5.72		360							0.5	7950	0.173		220			
5	3.45			7.2	7.5	13.0		0.0		10.3								1.93	14.74	39.4	5.4	5.66		340									0.164					
6	4.64	36	36	7.7		10.0		0.0				172		7	110		3	2.04	13.34	52.6	4.6	5.825	4.295	350					1.03	69	126	0.45	2625					
7	4.08			8.3	7.5	5.0		0.0		10.0								1.78	15.22	59.2	5.1	5.29		320							94.5							
8	3.18			7.3		10.0		0.0				186		3	130		3	2.13	13.25	59.2	4	5.035		350							94.5	0.055	80					
9	2.48	36	36	7.1	7.5	13.0		0.0		10.7								2.34	11.41	65.7	3.5	5.2		350							69.3			0.152				
10	4.01			7.8		10.0		0.0										2.1	11.92	52.6	2	4.81		300							37.8							
11	4.53			7.2		7.0		0.0				160		3	131		3	2.08	14.07	52.6	5.9	4.935		350								0.39	3					
12	3.81			8.2	7.4	11.0		0.0		10.3								2.19	12.66	65.7	4	5.05		350							88.2							
13	2.91	36	36	7.4		10.0		0.0				262		2				2.14	11.82	65.7	4.8	4.885		300							75.6	0.34	19					
14	3.13			8.9	7.2	9.0		0.0		11.6								2.23	11.98	65.7	4.2	4.71		350							94.5							
15	2.45			7.5		15.0		0.0				272		2	224		3	2.17	13.02	65.7	5.8	4.78		350							88.2	0.055	33					
16	2.37	36	36	7.5	7.8	12.0		0.0		11.2								2.23	11.66	49.3	5.3	4.855		350							63			0.069				
17	3.06			7.5		13.0		0.0										1.79	6.58	65.7	5	5.01		350							63							
18	2.85			7.5		13.0		0.0				152		2	152		3	2.24	9.09	65.7	6.2	4.975		370								0.055	217					
19	2.74			7.6	7.6	14.0		0.0		11.0								2.11	10.12	65.7	4.6	4.87		350							75.6							
20	2.33	36	36	7.3		13.0		0.0				230			200			1.46	13.27	65.7	5	4.775		350							63							
21	2.33			7.4	7.5	5.0		0.0		11.0				2			3	2.02	9.61	65.7	7.1	3.69		250							94.5	0.39	2650					
22	2.3			7.6		7.0		0.0				300		2	234		3	1.78	11	65.7	5.2	4.71	3.515	320					1.09	70	63	0.5	3					
23	2.53	36	36	7.4	7.5	18.0		0.0		10.6								2.01	11.08	65.7	3.3	4.835		320							93.9			0.106				
24	2.27			7.4		13.0		0.0										2.2	9.71	65.7	3.5	4.665		350							61.9		3					
25	2.45			7.4	7.4	6.0		0.0		9.6		144		2	179		3	2.16	8.94	65.7	3.6	4.26		330								0.78	3					
26	2.43			7.7		15.0		0.0										1.78	11.5	65.7	5.1	4.105		300							120.6							
27	2.68	36	36	7.5		13.0		0.0				262		2	348		3	2.25	8.67	65.7	5.9	4.375		330								0.9	3					
28	5.64			7.3	7.4	5.0		0.0		12.2								1.94	15.23			4.16		280														
29	4.49			7.5		10.0		0.0										2.31	15.17	65.7	7	4.72		320														
30	3.8	36	36			2.0		0.0										2.03	13.34	48		4.645		330							56.7							
31	3.73			7.2				0.0										2.15	10960	52.6	5.3	4.885		320							88.2							
Tot.	100.2	324	324															64.92													1700							
Avg.	3.233	36	36	7.5	7.5	11.2				10.8		209		3	187		3	2.094	364.9	58.8	4.952	4.869	3.905	330					1.06	69.5	80.96	0.43	60	0.13		#####			

RESIDENTIAL

COMMERCIAL

INDUSTRIAL

INDUSTRIAL WASTE POPULATION EQUIVALENT

30793	29618	26772	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

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

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
SLS Sewer Lift Station	MSD1085-PS	7512 KAVANAUGH RD	KAVANAUGH ROAD	HITE CREEK	GROUND

Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Event Date	Problem	Result	Completed	Condition
DISREV: RAIN EVENT DISCHARGE	868350	01/30/09 05:00 AM	MARKS JR	DUNN JR	DOCUMENTED	05/11/03	POWER OUTAGE (LG&E)	UNAUTHORIZED DISCHAGE - WATERS	02/01/09 07:30 PM	

Spot Inspections:

Discharge Amount:	43,500 GAL
Cause:	POWER OUTAGE FROM ICE STORM
Clean Up:	NO CLEAN UP REQUIRED
Control Zone:	TEMP SIGNS POSTED
Impact:	NO IMPACT OBSERVED
Repair:	LG&E POWER RESTORED TO THE AREA

Notifications:

01/30/09 01:00 AM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
01/30/09 10:40 AM	DISPUB	Tmporary signs posted around the area