MSD

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

March 27, 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 February 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 February 2009.

Attached is a bypass report and cover letter

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.0209

Enclosures

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

Form Approved.
OMB No. 2040-0004

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

NAME MSD MITE CREEK STP

ADDRESS C/O CEDAR CREEK STP
8400 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

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	02	01	TO	04	02	29

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

JEFFE

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)	SAMPLE MEASUREMENT	******	******		7.7	******	******	(19)	C	3/7	Grab
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	INST MIN	******	******	MG/L		THREE/ WEEK	GRAB
PH	SAMPLE MEASUREMENT	******	******		7.3	******	7.5	(12)	C	3/7	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		THREE/ WEEK	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	5279	5198	(26)	******	3	7	(19)	C	3/7	Comp
00530 3 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	******	REPORT MO AVG	REPORT MX WK AV	MG/L		THREE/ WEEK	COMPOS
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	144	185	(26)	******	4	5	(19)	C	3/7	Comp
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1501 MO AVG	2252 MX WK AV	LBS/DY	******	30 MO AVG	45 MX WK AV	MG/L		THREE/ WEEK	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	495	518	(26)	******	15.4	17.2	(19)	C	3/7	Comp
00610 3 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	******	REPORT MO AVG	REPORT MX WK AV	MG/L		THREE/ WEEK	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	38	58	(26)	******	1	2	(19)	C	3/7	Comp
00610 1 2 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	250 MO AVG	375 MX WK AV	LBS/DY	******	5 MO AVG	7.5 MX WK AV	MG/L		THREE/ WEEK	COMPOS
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	******	******		******	0.4	1.2	(19)	C	1/7	Comp
00665 1 2 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	2.0 MO AVG	3.0 MX WK AV	MG/L		WEEKLY	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

E. L. Dr.
H. J. Stephens 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

AREA CODE	NUMBER
502	540-6000

DATE

YEAR	MO	DAY
04	03	23

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)*
NAME MSD MITE CREEK STP
ADDRESS C/O CEDAR CREEK STP
6405 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)*

Form Approved.
OMB No. 2040-0004

KY0022420	001 E
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	09	02	01	TO	09	02	28

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

JEFFE

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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
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	4.3	7.0	(03)	******	******	******		C	C/N	C/N
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	CONTIN
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	******	******		******	3	3	(13)	C	3/7	Grab
74055 1 C 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	200 30DA GEO	400 7 DA GEO	#/ 100ML		THREE/ WEEK	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 00682 C 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	3889	4353	(26)	******	116	130	(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 00682 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	109	139	(26)	******	3.17	4	(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-5 DAY, 20 DEG C, PERCENT REMVL 81001 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	******	******		97 %	******	******	(23)	C	1/99	cal
	PERMIT REQUIREMENT	******	****** **** ****		85 MO AVG	******	******	PER- CENT		ONCE/ MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	******	******		97 %	******	******	(23)	C	1/28	cal
	PERMIT REQUIREMENT	******	****** **** ****		85 MO MIN	******	******	PER- CENT		ONCE/ MONTH	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE		
Exec. Dir	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 502	NUMBER 564-4601	YEAR 09	MO 10	DAY 23
H. J. Svarczkopf Jr							
TYPED OR PRINTED							

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

Form Approved.
OMB No. 2040-0004

KY0022420	001 R
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
(SUBLV)
F - FINAL
REASONABLE POTENTIAL
EFFLUENT
*** NO DISCHARGE [ ] : ***

JEFFE

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	02	01	TO	07	02	28

NOTE: Read Instructions before completing this form.

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)	SAMPLE MEASUREMENT	******	******		******	<0.005	<0.005	(19)	C	1/28	GRAB
00720 1 0 0	PERMIT REQUIREMENT	******	******	*** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMPOS
EFFLUENT GROSS VALUE											
HARDNESS, TOTAL (AS CACO3)	SAMPLE MEASUREMENT	******	******		******	222	222	(19)	C	1/28	GRAB
00900 1 0 0	PERMIT REQUIREMENT	******	******	*** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMPOS
EFFLUENT GROSS VALUE											
CHROMIUM, HEXAVALENT (AS CR)	SAMPLE MEASUREMENT	******	******		******	<0.010	<0.010	(19)	C	1/28	GRAB
01032 1 0 0	PERMIT REQUIREMENT	******	******	*** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMPOS
EFFLUENT GROSS VALUE											
CADMIUM TOTAL RECOVERABLE	SAMPLE MEASUREMENT	******	******		******	<0.003	<0.003	(19)	C	1/28	GRAB
01113 1 0 0	PERMIT REQUIREMENT	******	******	*** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMPOS
EFFLUENT GROSS VALUE											
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Exec. Dir	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.		AREA CODE	NUMBER	YEAR	MO	DAY
H. J. Martin, Jr.			502	540-6000	07	03	03
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: February 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							
																		RETURN		WASTED				SETTLED SLUDGE VOLUME	RAW			HAULED											
		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	GAL/DAY X 1000	MLSS X1000	MLVSS X 1000	DISSOLVED OXYGEN (mg/L)	MLSS (mg/L) X 1000	MLVSS (mg/L) X 1000	30 MIN.	60 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
1	4.1			7.5		10.0		0.0				134		5	110		3	2.29	9.7	65.7	4.1	4.77		350							126	1.4	3						
2	4.9			7.7	7.5	8.0		0.0		10.4		146		4	137		4	2	15.01	65.7	5	4.56		320							68.7	0.62	3	0.08					
3	4.53	38	36	7.5	7.5	5.0		0.0		10.0		114		4	98		4	2.33	13.4		4.9	4.255	3.2	300					1.08	71	85.1	0.055	3						
4	3.76			7.7	7.5	10.0		0.0		10.5								1.82	14.24	52.6	8	4.635		340							104.7								
5	3.37			7.4		10.0		0.0										2.51	12.84	65.7	5.4	5.77		340							123.1								
6	3.54	36	36	7.9		13.0		0.0										2.15	11.32	65.7	3	4.575		320							125.1								
7	5.38			7.3		5.0		0.0										2	12.54	85.4	5.8	4.8		330							87.1								
8	5.35			7.5		10.0		0.0				161		5	112		3	1.88	15.47	778.8	9.3	3.725		250								1.1	3				0.01		
9	3.6			8.4	7.5	5.0		0.0		10.2		97		4	78		3	1.76	11.87	65.7	4.6	3.88	2.95	300					1.19	73	125.4	1	3	0.911					
10	5.1	36	36	8.3	7.5	7.0		0.0		10.7		134		5	79		3	2.14	11.62	92	4.5	4.08		250							94.5	2.2	3						
11	7.01			7.3	7.5	2.0		0.0		10.8								2.18	15.18	85.4	8	3.47		250							94.5								
12	5.43			7.3		8.0		0.0										2.28	11.04	65.7	6.9	3.465		250							93.9								
13	4.59	36	36	7.2		5.0		0.0										2.13	8.56	65.7	7.4	3.17		250							83								
14	4.32			7.8		7.0		0.0										2.94	7.23	65.7	4	3.615		250							63								
15	3.64			7.5		8.0		0.0				154		3	143		3	2.11	4.16	65.7	3.9	3.476		290								1.1	3						
16	3.52			8.5	7.4	10.0		0.0		10.8		174		3	116		3	2.21	10.61	65.7	5.3	3.775	2.865	300					0.98	71	92.7	1.8	3	0.371					
17	3.74	36	36	8.5	7.4	10.0		0.0		10.5		244		3	116		3	2.29	9.47	85.4	5.5	3.735		280							92.7	2.1	3	0.437		222	0.01	0.005	
18	3.98			7.9	7.4	10.0		0.0		10.0								1.77	8.63	85.4	5.1	3.6		280							92.4			0.367			0.01	0.005	
19	3.74			7.4		8.0		0.0										2.3	9.45	65.7	5	3.57		280							92.7								
20	3.89			7.9		10.0		0.0										2.32	7.99	65.7	5.3	3.285		250							93.3								
21	3.95			8.3		8.0		0.0										2.27	5.96	65.7	5.8	3.83		300							81.8								
22	3.69			8.0		10.0		0.0				171		5	127		3	2.21	6.46		5.4	3.78		270								0.56	3						
23	3.47			7.5	7.5	10.0		0.0				180		5	121		3	1.77	12.31	65.7	5.1	3.965		300							94.5	0.73	3	1.79					
24	3.49	36	36	7.4	7.3	10.0		0.0		10.5		166		4	142		3	2.28	11.71	65.7	3.2	3.965	2.925	300					0.84	70	93.9	0.67	3						
25	3.44			7.8	7.4	7.0		0.0		9.3								2.25	9.12	85.4	3.7	3.62		300							94.5								
26	3.96			7.5		10.0		0.0		9.2								2.14	10.8	85.4	4.2	3.985		300							92.8								
27	6.38	36	36	7.2		7.0		0.0										1.79	14.32	85.4	5.5	3.325		250							94.5								
28	4.91			7.2		8.0		0.0										2.27	9.79	65.7	5.8	3.695		250							63								
29																																							
30																																							
31																																							
Tot.	120.8	252	252															60.37													2313								
Avg.	4.314	36	36	7.7	7.5	8.2				10.2		156		4	115		3	2.156	10.74	98.94	5.275	3.949	2.985	287.5					1.018	71.25	92.52	1.11	3	0.66		#####	0.01	0.01	

RESIDENTIAL

COMMERCIAL

INDUSTRIAL

INDUSTRIAL WASTE POPULATION EQUIVALENT

41082	24319	26767
FLOW	CBOD	TSS

OPERATOR

CERT. NO.

TOTAL NUMBER OF SEWER CONNECTIONS 0

SEWER CONNECTIONS 0 X 4 = 0 SEWERED POPULATION

PLANT TELEPHONE

Report Selections: Excluding PPI, CSO, Prob Code: BYPAS, 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
SPL Sewer Treatment Plant	MSD0202	5500 HITT RD		HITE CREEK	STREAM

Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Event Date	Problem	Result	Completed	Condition
DISDW: DRY WEATHER DISCHARGE	870195	02/08/09 03:15 AM	MARKS JR	DUNN JR	REPAIRED - ISSUE RESOLVED	03/04/09	BYPASS AT TREATMENT PLANT	UNAUTHORIZED DISCHAGE - WATERS	02/08/09 05:00 AM	

Spot Inspections:

Discharge Amount:	50,000 GAL
Cause:	ELECTRICAL PROBLEMS @ MSD
Clean Up:	LIME AND SANITIZE AREA OF DISCHARGE
Control Zone:	TEMP SIGNS POSTED MSD WEB SITE UPDATED
Impact:	SEWAGE OBSERVED
Repair:	TROUBLE SHOOTING TO RESOLVE PROBLEM PLANT RUNNING ON BACKUP GENERATORS

Notifications:

02/08/09 08:47 AM	DISPUB	temp signs posted and msd web site updated to notify public
02/08/09 01:00 AM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov

MSD

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

02/08/2009

Mr. Charlie Roth, District Supervisor
KY Division of Water
Louisville Regional Office
9116 Leesgate Road
Louisville, KY 40222-5084

Re: Bypass Report for the Hite Creek Wastewater Treatment Plant – KPDES Permit 37935

Dear Mr. Roth:

This plant experienced a bypass event and has been reported through our electronic notification system at approximately 03:15 AM on February , 2009, referencing Work Order 5205129 as a 02/08/2009. This letter serves as a written report of the bypass as required by 401 KAR 5:065.

Provided below are the details of the bypass event:

- Description of the noncompliance and its cause: The electrical controller that switches from the LG&E power to the generator failed. Causing the pump station to lose power. The discharge was 50,00 gals.
- Period of noncompliance: Starting 03:15 AM on February , 2009 and stopping 05:00 AM on February 08, 2009.
- Steps taken or planned to reduce, eliminate and prevent recurrence: We are having a electrical contrctor replace the controller..

Please advise if you have any questions concerning this information. You can contact me on my office telephone at (502)-241-9093, my cell phone at (502)-548-3209 or via email at rheinlae@msdlouky.org.

Sincerely,

D.J Rheinlaender
Process Supervisor-Operations

cc: Gary Levy, KDEP
Paula Purifoy, MSD
eB File