



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

September 15, 2009

Ms. Carolena Bentley
DMR Coordinator
200 Fair Oaks Lane
Frankfort, Kentucky 40601

RE: Hite Creek WQTC, KPDES No: KY0022420
Discharge Monitoring Report for August 2009.

Dear Ms. Bentley

Attached are the Discharge Monitoring Report (DMR) and the Monthly Operator Report (MOR) for the Hite Creek WQTC, for the month of August 2009.

Also included are the copies of the Bypass Reports letters, and the Overflow Reports.

If you have any questions concerning the attached DMR's, please contact me at (502)587-5856.

Sincerely,

A handwritten signature in black ink, appearing to read "D.J. Rheinlaender", is written over a large, stylized "X" mark.

D.J. Rheinlaender
Process Supervisor, East Region

DJR/ Hite Creek.0809

Enclosures

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



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

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

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

NAME HICE CREEK WQTC MSD
ADDRESS C/O CEDAR CREEK WQTC
8405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY HICE CREEK WQTC MSD
LOCATION LOUISVILLE KY 40201
ATTN: DENNIS THOMASSON, SR METRO OPS

KY0022420

PERMIT NUMBER

001 2

DISCHARGE NUMBER

MAJOR

(SUBR LV)

F - FINAL

JEFFE

MUNICIPAL WASTEWATER
EFFLUENT*** NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form.

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	07	08	01		07	08	31

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)	*****	*****	*****		*****	*****	(19)	0	3/7	GR	
00300 0 0 0	PERMIT REQUIREMENT	*****	*****	****	7	*****	*****		THREE/GRAB		
EFFLUENT GROSS VALUE				****	INST MIN		MG/L		WEEK		
PH	SAMPLE MEASUREMENT	*****	*****		6.5	*****	(12)	0	3/7	GR	
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0		THREE/GRAB		
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM		WEEK		
SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****	(26)	*****	*****	(19)	0	3/7	CP	
SUSPENDED	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT		THREE/COMPOS		
00500 0 0 0		MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV		WEEK		
RAW SEW/INFLUENT	SAMPLE MEASUREMENT	*****	*****	(26)	*****	*****	(19)	0	3/7	CP	
SOLIDS, TOTAL	PERMIT REQUIREMENT	1501	2252		*****	30	45		THREE/COMPOS		
00500 1 0 0		MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV		WEEK		
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	(26)	*****	*****	(19)	0	3/7	CP	
NITROGEN, AMMONIA	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT		THREE/COMPOS		
TOTAL (AS N)		MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV		WEEK		
00610 0 0 0	SAMPLE MEASUREMENT	*****	*****	(26)	*****	*****	(19)	0	3/7	CP	
RAW SEW/INFLUENT	PERMIT REQUIREMENT	100	150		*****	2	3		THREE/COMPOS		
NITROGEN, AMMONIA		MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV		WEEK		
TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****	(26)	*****	*****	(19)	0	3/7	CP	
00610 1 1 0	PERMIT REQUIREMENT	*****	*****		*****	1.0	1.5		THREE/COMPOS		
EFFLUENT GROSS VALUE		MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV		WEEK		
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****	(26)	*****	*****	(19)	0	5/21	CP	
00660 1 1 1	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****		WEEKLY/COMPOS		
EFFLUENT GROSS VALUE				****							

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

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

USE MD AVG FOR BOD/TSS REMV; REPT IN MINIMUM COLUMN.

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

NAME HITE CREEK WQTC MSD
ADDRESS C/O CEDAR CREEK WQTC
5405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY HITE CREEK WQTC MSD
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

MAJOR
(SUBR LV)
F - FINAL

JEFF2

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	05	01		07	06	31

FROM

TO

MUNICIPAL WASTEWATER
EFFLUENT

*** NO DISCHARGE ***

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				
FLOW IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	3.35	8.23	(03)	*****	*****	*****		0	C/N	C/N	
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		CONTINUOUS		
EFFLUENT GROSS VALUE		MO AVG	DAILY MX	MGD				****				
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	4	4	(13)	0	3/7	AR	
74055 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	200	400 #/			THREE/WK		
EFFLUENT GROSS VALUE				****		300A GED	7 DA GED	100ML		WEEK		
BOD, CARBONACEOUS 5 DAY, 20C	SAMPLE MEASUREMENT	3845	5162	(26)	*****	151	199	(19)	0	3/7	CP	
30082 6 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT			THREE/WK		
RAW SEW/INFLUENT		MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV	MG/L		WEEK		
BOD, CARBONACEOUS 5 DAY, 20C	SAMPLE MEASUREMENT	105	195	(26)	*****	3	4	(19)	0	3/7	CP	
30082 1 0 0	PERMIT REQUIREMENT	500	751		*****	10	15			THREE/WK		
EFFLUENT GROSS VALUE		MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV	MG/L		WEEK		
BOD, CARE-5 DAY, 20 DEG C, PERCENT REMVL	SAMPLE MEASUREMENT	*****	*****		98	*****	*****	(23)	0	1/31	CA	
30091 1 0 0	PERMIT REQUIREMENT	*****	*****	****	95	*****	*****	PER-		UNLEY CALLED		
PERCENT REMOVAL				****	MO AVG			CENT		MONTH		
SOLIDS, SUSPENDED, PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		98	*****	*****	(23)	0	1/31	CA	
31011 1 0 0	PERMIT REQUIREMENT	*****	*****	****	95	*****	*****	PER-		UNLEY CALLED		
PERCENT REMOVAL				****	MO MIN			CENT		MONTH		
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
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		
EX-11111 A. J. Shardin								502.546.6866	09	09	15	
TYPED OR PRINTED								AREA CODE	NUMBER	YEAR	MO	DAY

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

USE MO AVG FOR BOD/TSS REMV; REPT IN MINIMUM COLUMN.

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

MAJOR
(SUBR LV)

F - FINAL

REASONABLE POTENTIAL
EFFLUENT

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

JEFF2

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

NAME: WHITE CREEK WQTC MSD
ADDRESS: C/O CEDAR CREEK WQTC
6405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY: WHITE CREEK WQTC MSD
LOCATION: LOUISVILLE KY 40201

ATTN: DENNIS THOMASSON, SR METRO OPS

KY0022420
PERMIT NUMBER

001 R
DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
07 08 01 07 08 31

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	*****	*****		*****	51.005	50.005	(19)	0	1/31	CP
00722 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	*****	*****		*****	212	212	(19)	0	1/31	CP
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	*****	*****		*****	50.01	50.01	(19)	0	1/31	CP
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	*****	*****		*****	0.2	0.2	(19)	0	1/31	CP
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

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

TYPED OR PRINTED

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

NAME OF TREATMENT PLANT HITE CREEK WTP
 KPDES PERMIT NUMBER KY0022420

COUNTY JEFFERSON
 PLANT CAPACITY 4.4 MGD

MONTH OF: August 2009
 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	GAL/DAY X 1000	MLSS X 1000	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	4.89			7.0		10.0		0.0										2.15	8.35	65.7	4.7	2.52		150						60.4										
2	3.81			7.0		15.0		0.0				310		4	92		3	2.11	9.17	65.7	5.5	2.62		150						0.055	4									
3	3.3	38	38	7.2	7.5	5.0		0.0		7.9		138		4	76		3	2.14	10.38	65.7	4.7	2.925		150						90.4	0.055	4	0.101							
4	8.23			7.1	7.1	5.0		0.0		7.2		95		7	52		6	2.1	14.91	72.3	4.1	2.49		150						16.3	0.39	4								
5	6.8			6.9	6.5	5.0		0.0		8.2								2.1	14.19	32.9	4.4	2.61	1.885	150				0.76	70	96.7										
6	4.77			6.6		5.0		0.0										2.22	9.04	65.7	5.1	2.43		150						126.9										
7	3.64	38	38	6.7		13.0		0.0										2.28	5.01	65.7	6.3	2.585		150						100.8										
8	2.99			7.4		11.0		0.0										2.08	4.29	65.7	5.4	2.51		150						50.4										
9	2.74			6.8		5.0		0.0				168		4	233		3	2.01	4.52	65.7	8.8	2.965		150						119.7	0.055	4	0.853	0.2	212	0.01				
10	4.11			7.2	7.4	10.0		0.0		7.5		176		5	180		3	2.18	9.9	65.7	3.6	2.99		150						99.7	0.62	4	0.907							
11	5.29	38	38	6.7	7.4	5.0		0.0		7.6		120		5	106		3	1.79	14.7	85.4	3.9	3.515		170						115.8	0.45	4								
12	3.84			7.2	7.2	10.0		0.0		7.6								1.19	8.13	52.6	5.4	3.01	2.035	140				0.83	67	91.7										
13	3.37			7.2		5.0		0.0										1.77	21.12	85.4	3.9	1.825		100						85.4										
14	2.93	38	38	7.0		12.0		0.0										1.82	6.65	65.7	4.4	2.745		140						98.1										
15	2.52			7.4		10.0		0.0										1.83	11.88	78.8	5.4	3.18		150						24.7										
16	2.44			7.7		13.0		0.0				180		4	140		3	1.75	3.87	85.4	3.3	3.48		170						30.4	0.5	4								
17	2.5			7.5	7.5	15.0		0.0		7.3		251		4	188		3	1.82	3.38	65.7	3.8	2.87		150						123.8	0.45	4	0.432							
18	2.52	38	38	8.1	7.4	13.0		0.0		7.2		204		4	217		3	1.83	9.26	85.4	3.3	3.195	2.17	170				0.89	85	100.8	0.055	4								
19	2.37			7.3	7.6	15.0		0.0		7.2								1.77	8.69	92	2.9	3.315		180						97.6				0.2		0.01				
20	2.4			7.1		16.0		0.0										1.74	6.58	65.7	3.6	3.605		150						102.8				0.2		0.01				
21	2.18	38	38	7.3		18.0		0.0										1.39	12.82	65.7	3.5	3.8		180						81.9										
22	2.18			7.2	7.6	16.0		0.0		7.5								1.82	10	65.7	3.5	4.08		200						18.9										
23	2.11			7.2		15.0		0.0				259		3	218		3	1.84	10.32	65.7	3.5	4.39		200						50.4	0.39	4								
24	2.88			7.3	7.7	15.0		0.0		7.5		233		3	150		3	0.911	12.47	105.1	3.5	3.545		190						79.7	0.055	4	0.65							
25	2.32	38	38	7.8	7.6	10.0		0.0		7.5		196		3	202		3	0.997	9.75	92	3.4	3.855	2.395	180				1.15	63	118.5	0.5	4								
26	2.11			7.3	7.5	10.0		0.0		7.9								1.05	17.36	78.8	4.2	3.735		200						102.5										
27	2.11			7.0		10.0		0.0										1.07	5.51	78.8	5.1	2.985		150						100.9										
28	4.71	38	38	7.1				0.0										0.996	6.87	78.8	3.5	2.89		150						94.8										
29	1.72					9.0		0.0										0.996												75.1										
30	3.04			7.3		10.0		0.0										1	11.73		3.4	2.99		150																
31	3.18			7.2		10.0		0.0										1.12	11.4	111.7	4.2	2.895		150						41										
Tot.	103.8	288	288															51.88												2398										
Avg.	3.348	38	38	7.2	7.4	10.7				7.5		194		4	151		3	1.667	9.674	73.63	4.277	3.065	2.121	159					0.908	88.25	82.62	0.30	4	0.58	0.20	212.00	0.01			

RESIDENTIAL
 COMMERCIAL
 INDUSTRIAL

INDUSTRIAL WASTE POPULATION EQUIVALENT
 31889
 FLOW
 24804
 CBOD
 25798
 TSS

EARL DUNN
 OPERATOR

7626
 CERT. NO.

TOTAL NUMBER OF SEWER CONNECTIONS

SEWER CONNECTIONS 0 X 4 = 0 SEWERED POPULATION

502-241-9310

PLANT TELEPHONE



700 West Liberty Street
Louisville Kentucky 40203-1911
502-540-6000
www.msdlouky.org

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 WQTC- KPDES Permit: KY0022420

Dear Mr. Roth:

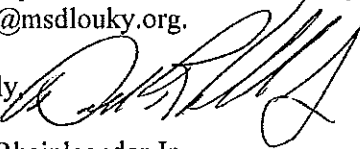
This plant experienced a bypass event and has been reported through our electronic notification system at approximately 01:00 AM on August 30, 2009, referencing Work Order 948395 as a dry weather bypass. This letter serves as a written report of the bypass as required by 401 KAR 5:065.

Provided below are the details of the bypass event:

- Description of the noncompliance and its cause: On August 29, 2009 Hite Creek WQTC bypassed 10,000 gallons due to the fact we had to stop and relocate pumps, to pump around the obstruction relating to the previous bypass earlier that day.
-
- Period of noncompliance: Starting 01:17 PM on August 29, 2009 and stopping 06:00 PM on August 29, 2009.
- Steps taken or planned to reduce, eliminate and prevent recurrence: On August 29, 2009 we set up another pump to empty the process water well so maintenance could enter tank and remove the obstruction .
- Additional comments:

Please advise if you have any questions concerning this information. You can contact me on my office telephone at (502)-587-5856, my cell phone at (502)-548-3209 or via email at rheinlae@msdlouky.org.

Sincerely,


Donald Rheinlaender Jr.
Process Supervisor-Operations

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





700 West Liberty Street
Louisville Kentucky 40203-1911
502-540-6000
www.msdlouky.org

August 31, 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 WQTC- KPDES Permit: KY0022420

Dear Mr. Roth:

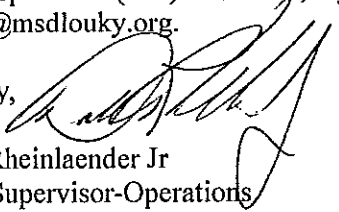
This plant experienced a bypass event and has been reported through our electronic notification system at approximately 01:00 PM on August 29, 2009, referencing Work Order 948358 as a dry weather discharge. This letter serves as a written report of the bypass as required by 401 KAR 5:065.

Provided below are the details of the bypass event:

- Description of the noncompliance and its cause: On August 29, 2009 Hite Creek WQTC bypassed 25,000 gallons due to a piece of sheet metal obstructed the process line between the plant sand filter and the UV disinfection area. The bypass water received full treatment except for UV disinfection.
- Period of noncompliance: Starting 07:00 AM on August 29, 2009 and stopping 07:20 AM on August 29, 2009.
- Steps taken or planned to reduce, eliminate and prevent recurrence: Upon inspection we found the baffle structure in acceptable condition. We diverted plant flow to available tanks.
- Additional comments:

Please advise if you have any questions concerning this information. You can contact me on my office telephone at (502)-587-5856, my cell phone at (502)-548-3209 or via email at rheinlae@msdlouky.org.

Sincerely,


Donald Rheinlaender Jr
Process Supervisor-Operations

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





IMSAST0004

Overflow Report

Initiated Aug 01, 2009 12:00 AM thru Aug 31, 2009 11:59 PM

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

KPDES #	Facility ID	Water Quality Treatment Center	Receiving Stream of Treatment Center	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
SMH Sewer Manhole	90876	7510 MEADOW STREAM CT		HARRODS CREEK	STREAM

<u>Activity Code / Description</u>	<u>WO #</u>	<u>Initiated</u>	<u>Initiated By</u>	<u>Assigned To</u>	<u>Disch Status</u>	<u>Event Date</u>	<u>Problem</u>	<u>Result</u>	<u>Completed</u>	<u>Condition</u>
DISREV: RAIN EVENT DISCHARGE	938701	08/04/09 05:00 PM	MARKS JR	RHEINLAENDE R JR	FORCE MAJEURE	08/04/09	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHARGE - WATERS	08/05/09 01:00 AM	

Spot Inspections:

Discharge Amount:	36,000 GAL
Cause:	LACK OF SYSTEM CAPACITY
Clean Up:	MSD CLEANED & SANITIZED THE AREA
Control Zone:	TEMPORARY SIGNS WERE POSTED
Impact:	PERSONAL HYGIENE PRODUCTS & SEWAGE OBSERVED
Repair:	THIS SITE FOUND DURING RAIN EVENT RECON- WILL MONITOR & EVALUATE FOR REPAIR

Notifications:

08/05/09 01:00 AM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
08/04/09 05:00 PM	DISPUB	TEMPORARY SIGNS WERE POSTED
08/05/09 01:00 AM	DISSNO	Supplemental Email notification of unauthorized discharge has been sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov



IMSAST0004

Overflow Report

Initiated Aug 01, 2009 12:00 AM thru Aug 31, 2009 11:59 PM

Report Selections: Excluding PPI, CSO, Prob Code: BYPAS, 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
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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

<u>Activity Code / Description</u>	<u>WO #</u>	<u>Initiated</u>	<u>Initiated By</u>	<u>Assigned To</u>	<u>Disch Status</u>	<u>Event Date</u>	<u>Problem</u>	<u>Result</u>	<u>Completed</u>	<u>Condition</u>
DISDW: DRY WEATHER DISCHARGE	948358	08/29/09 07:00 AM	MARKS JR	DUNN JR	REPAIRED - ISSUE RESOLVED	08/29/09	BYPASS AT WQTC	UNAUTHORIZED DISCHARGE - WATERS	08/29/09 07:20 AM	

Spot Inspections:

Discharge Amount:	25,000 GAL
Cause:	OBSTRUCTION IN DISCHARGE LINE FROM SAND FILTER TO UV SYSTEM
Clean Up:	MSD WILL CLEAN AND SANITIZE AREA
Control Zone:	AREA TAPED OFF AND SIGNS POSTED
Impact:	NO IMPACT OR DEBRIS OBSERVED TREATED WATER WITHOUT UV PROCESS
Repair:	USING PUMP AROUND FOR ADDITIONAL STORAGE UNTIL REPAIRS ARE COMPLETED

Notifications:

08/29/09 07:00 AM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
08/31/09 12:26 PM	DISPUB	PUBLIC NOTIFIED BY WEBSITE AND SIGNS



Initiated Aug 01, 2009 12:00 AM thru Aug 31, 2009 11:59 PM

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

KPDES #
KY0022420 (Cont'd)Facility ID
MSD0202Water Quality Treatment Center
HITE CREEKReceiving Stream of Treatment Center
HITE CREEKRegion
EAST

<u>Activity Code / Description</u>	<u>WO #</u>	<u>Initiated</u>	<u>Initiated By</u>	<u>Assigned To</u>	<u>Disch Status</u>	<u>Event Date</u>	<u>Problem</u>	<u>Result</u>	<u>Completed</u>	<u>Condition</u>
DISDW: DRY WEATHER DISCHARGE	948395	08/29/09 03:17 PM	MARKS JR	DUNN JR	REPAIRED - ISSUE RESOLVED	08/29/09	BYPASS AT WQTC	UNAUTHORIZED DISCHARGE - WATERS	08/29/09 06:00 PM	

Spot Inspections:

Discharge Amount:	10,000 GAL
Cause:	OBSTRUCTION IN LINE BETWEEN SAND FILTERS AND UV SYSTEM
Clean Up:	MSD CLEANED AND SANITIZED AREA
Control Zone:	TAPE AND SIGNS ARE POSTED
Impact:	NO IMPACT OBSERVED WATER IS TREATED ONLY MISSING UV SYSTEM
Repair:	WILL CONT REPAIRS AND PUMP AROUND TILL REPAIRS ARE COMPLETE

Notifications:

08/29/09 06:00 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
08/31/09 12:27 PM	DISPUB	PUBLIC NOTIFIED BY WEBSITE AND SIGNS POSTED