



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

August 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 July 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 July 2009.

Also included is the overflow Report forms for the month of July.

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

Sincerely,

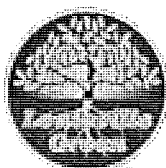
A handwritten signature in black ink, appearing to read "D.J. Rheinlaender", is written over a large, stylized, and somewhat abstract graphic element that resembles a signature or a large letter "D".

D.J. Rheinlaender
Process Supervisor, East Region

DJR/ Hite Creek.0709

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)

MAJOR
(SUBR LV)
F - FINAL

JEFFRE

MUNICIPAL WASTEWATER
EFFLUENT

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

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

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

KY0022420
PERMIT NUMBER

001 2
DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
07 07 01 07 07 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)	*****	*****	*****	*****	8	*****	*****	(19)	0	3/7	GR
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	7 INST MIN	*****	*****	MG/L		THREE/GRAB WEEK	
PH	*****	*****	*****	*****	6.7	*****	*****	(12)	0	3/7	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	7.0 MAXIMUM	BU		THREE/GRAB WEEK	
SOLIDS, TOTAL SUSPENDED	*****	*****	*****	*****	*****	*****	*****	(19)	0	3/7	CP
00550 0 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LB5/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		THREE/COMPOS WEEK	
SOLIDS, TOTAL SUSPENDED	*****	*****	*****	*****	*****	*****	*****	(19)	0	3/7	CP
00550 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1501 MO AVG	2252 MX WK AV	LB5/DY	*****	30 MO AVG	45 MX WK AV	MG/L		THREE/COMPOS WEEK	
NITROGEN, AMMONIA TOTAL (AS N)	*****	*****	*****	*****	*****	*****	*****	(19)	0	3/7	CP
00610 0 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LB5/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		THREE/COMPOS WEEK	
NITROGEN, AMMONIA TOTAL (AS N)	*****	*****	*****	*****	*****	*****	*****	(19)	0	3/7	CP
00610 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	100 MO AVG	150 MX WK AV	LB5/DY	*****	0.2 MO AVG	0.4 MX WK AV	MG/L		THREE/COMPOS WEEK	
PHOSPHORUS, TOTAL (AS P)	*****	*****	*****	*****	*****	*****	*****	(19)	0	3/7	CP
00665 1 1 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	0.2 MO AVG	0.3 MX WK AV	MG/L		WEEKLY/COMPOS	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Exec Dir

H. J. Schardin 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

[Signature]

TELEPHONE

502 546-6000

AREA CODE NUMBER

502 546-6000

DATE

09 08 17

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
(SUPER LV)
F - FINAL

JEFF

MUNICIPAL WASTEWATER
EFFLUENT

*** NO DISCHARGE [] ***

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

NAME HITE CREEK WQTC MSD
ADDRESS C/O CEDAR CREEK WQTC
6405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY HITE CREEK WQTC MSD
LOCATION LOUISVILLE KY 40201
ATTN: DENNIS THOMASSON, SR METRO OPS

KY0022420
PERMIT NUMBER

001 2
DISCHARGE NUMBER

MONITORING PERIOD

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

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	2.88	9.39	(03)	*****	*****	*****		0	CN	CN
50050 1 0 0	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		CONTINUOUS	
EFFLUENT GROSS VALUE								****			
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	4	4	(13)	0	3/7	GR
74055 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	200	400 #/			THREE/WK	
EFFLUENT GROSS VALUE				****		3000 GPD	7 DA GPD	100ML		WEEK	
BOD, CARBONACEOUS 5 DAY, 20C	SAMPLE MEASUREMENT	2781	3009	(26)	*****	143	166	(19)	0	3/7	CP
80083 0 0 0	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LB/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		THREE/WK	
RAW SEW/INFLUENT										WEEK	
BOD, CARBONACEOUS 5 DAY, 20C	SAMPLE MEASUREMENT	61	87	(26)	*****	3	3	(19)	0	3/7	CP
80082 1 0 0	PERMIT REQUIREMENT	500 MD AVG	751 MX WK AV	LB/DY	*****	10 MD AVG	15 MX WK AV	MG/L		THREE/WK	
EFFLUENT GROSS VALUE										WEEK	
BOD, CARB-5 DAY, 20 DEG C, PERCENT REMVL	SAMPLE MEASUREMENT	*****	*****		98	*****	*****	(23)	0	1/31	CA
80091 0 0 0	PERMIT REQUIREMENT	*****	*****	****	85 MD AVG	*****	*****	PER-CENT		ONCE/MO	
PERCENT REMOVAL				****							
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		99	*****	*****	(23)	0	1/31	CA
81011 0 0 0	PERMIT REQUIREMENT	*****	*****	****	85 MD MIN	*****	*****	PER-CENT		ONCE/MO	
PERCENT REMOVAL				****							
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER EXOT. Dir H. J. Bladen 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 502 546 6000	DATE 09 08 17
			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
 8403 CEDAR CREEK RD
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 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 R
 DISCHARGE NUMBER

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

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

FROM

TO

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) 00722 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<0.005	<0.005	(17)	0	1/31	CP
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT NO AVG	REPORT DAILY MX	MG/L		ONCE / MONTH	COMPOS
HARDNESS, TOTAL (AS CaCO3) 00500 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	216	216	(17)	0	1/31	CP
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT NO 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	(17)	0	1/31	CP
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT NO AVG	REPORT DAILY MX	MG/L		ONCE / MONTH	COMPOS
CADMIUM TOTAL RECOVERABLE 01113 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.003	0.003	(17)	0	1/31	CP
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT NO 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

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 COUNTY JEFFERSON MONTH OF: July 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	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	2.31			7.2		10.0		0.0					178		3	144		3	1.98	12.95	65.7	4.7	4.38		200						105.1	0.055	4	0.221		216	0.01			
2	2.11			7.4	7.3	10.0		0.0		7.5			160		2	177		3	2.02	9.45	65.7	0.7	3.47		190						93.2	0.5	4	0.2						
3	1.81	36	36	7.0	7.3	7.0		0.0		7.6									1.79	4.57	65.7	2.9	3.85		200						87.6									
4	1.99			6.9		8.0		0.0											2.1	6.41	65.7	3.9	3.445		200						69.3									
5	1.99			8.1		10.0		0.0					183		3	137		3	2.01	9.1	65.7	3.9	3.965		200							0.62	4							
6	2.02			7.2	7.5	5.0		0.0		8.2									1.95	9.46	65.7	2.3	3.88	2.705	200					1.08	65	86.7								
7	1.97	36	36	7.2		5.0		0.0											1.88	8.68	65.7	1.5	4.56		250						90.6									
8	1.85			7.5		10.0		0.0					130		2	150		3	1.91	8.85	65.7	4	4.355		250						100.8	0.055	4							
9	1.84			7.4	7.6	10.0		0.0		9.4			222		2	198		3	1.95	11.14	65.7	5.2	4.875		200						66.7	0.055	4	0.315						
10	1.79	36	36	7.0	7.6	9.0		0.0		9.4									1.95	5.35	65.7	4.1	4.705		200						66.7									
11	1.84			7.0		10.0		0.0											1.96	9.52	65.7	4.1	4.18		200															
12	1.81			7.2		15.0		0.0					170		3	151		3	1.88	6.5	65.7	4.2	5.255		200							0.055	4							
13	1.85			7.3	7.2	15.0		0.0		10.3									1.88	10.3	65.7	3.3	4.575		200						121									
14	1.99	36	36	7.2		10.0		0.0											1.76	9.36	65.7	4.2	5.255		200						104.9									
15	2.31			7.2		9.0		0.0					147		2	138		3	1.46	18.74	98.6	4.6	5.215		220						91.9	0.055	4							
16	2.8			7.1	7.1	15.0		0.0		7.5			292		2	148		3	0.489	13.33	85.4	4.8	4.725		200						126	0.055	4							
17	2.5	36	36	7.4	7.6	12.0		0.0		7.8									1.02	19.17	85.4	3.4	4.591		200						91.9									
18	2.39			7.1		12.0		0.0											1.01	7.71	65.7	5.8	4.485		200						61.7									
19	1.85			7.2		12.0		0.0					252		2	158		3	0.961	13.57	65.7	6.2	4.47		200							0.055	4							
20	1.76			7.7	7.6	13.0		0.0		7.6									1.11	13.32	85.4	4.5	4.205	2.83	180					1.29	60	86.9								
21	1.6	36	36	6.9		13.0		0.0											1.12	12.08	85.4	5	3.3		150						129.7									
22	2.88			7.2		8.0		0.0					190		2	111		3	0.888	11.79	85.4	4.6	3.095	2.1	150					0.9	60	123.4	0.56	4						
23	2.91			6.9	7.5	8.0		0.0		8.1			185		2	110		3	1.17	11.76	65.7	5.8	3.11		150						120.2	0.055	4	0.157						
24	2.62	36	36	7.6	7.3	12.0		0.0		7.8									1.19	8.88	65.7	5.7	2.575		150						93.2									
25	3.79			6.6		10.0		0.0											1.4	11.01	52.6	5.5	3.72		180						63									
26	4.61			6.9	6.7	8.0		0.0		8.9			124		4	96		3	1.84	8.89	92	6	2.265		100							0.56	4							
27	3.08			6.6		12.0		0.0											2.11	6.47	85.4	6	2.45		120						125.1									
28	2.45	36	36	7.2		13.0		0.0											1.79	7.38	85.4	6.1	2.365		120						111.5									
29	7.89			6.9		5.0		0.0											2.12	18.99	85.4	5.4	2.48		130						104.9									
30	7.21			7.1		5.0		0.0											2.13	11.25	65.7	6.7	2.615	1.85	150				0.98	63	84.3									
31	9.39	36	36	7.0		8.0		0.0											2.15	16.58	65.7	7	2.63		150						94.5									
Tot.	89.21	324	324																50.98												2501									
Avg.	2.878	36	36	7.2	7.4	10.0				8.3			186		2	143		3	1.644	10.73	72.27	4.584	3.84	2.371	181.3					1.063	62	96.18	0.22	4	0.22		216.00	0.01		

RESIDENTIAL
COMMERCIAL
INDUSTRIAL

INDUSTRIAL WASTE POPULATION EQUIVALENT
 27407 FLOW
 20212 CBOD
 21267 TSS

EARL DUNN
OPERATOR
502-241-9310
PLANT TELEPHONE

7626
CERT. NO.

TOTAL NUMBER OF SEWER CONNECTIONS
SEWER CONNECTIONS 0 X 4 = 0 SEWERED POPULATION



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

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
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Facility Type SMH Sewer Manhole	Facility ID 108674	Facility Address 10723 COPPER RIDGE DR	If Pump Station, Name of Pump Station:	Receiving Stream HITE CREEK	Discharge to GROUND
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Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Status Date	Problem	Result	Completed	Condition
DISSUS: SUSPECTED OVERFLOW EVID. FOUND	936089	07/29/09 10:30 AM	MARKS JR	RHEINLAENDE R JR	SUSPECTED	07/29/09	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHARGE - WATERS	07/29/09 10:31 AM	

Spot Inspections:

Discharge Amount:	10 GAL
Cause:	LACK OF SYSTEM CAPACITY
Clean Up:	NO CLEAN UP REQUIRED
Control Zone:	NO SIGNS REQUIRED
Impact:	NO IMPACT OF OBSERVED
Repair:	BOLTED DOWN MANHOLE

Notifications:

07/29/09 02:23 PM	DISPUB	msd web site and temp signs posted
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Metropolitan Sewer District

IMSAST0004

Overflow Report

Initiated Jul 01, 2009 12:00 AM thru Jul 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 (Cont'd)	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	108958	7302 FLOYDSBURG RD		FLOYDS FORK	CATCH BASIN

Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Status Date	Problem	Result	Completed	Condition
DISREV: RAIN EVENT DISCHARGE	936080	07/29/09 10:45 AM	MARKS JR	COOMER	DOCUMENTED	07/31/08	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHARGE - WATERS	07/29/09 01:20 PM	

Spot Inspections:

Discharge Amount:	7,750 GAL
Cause:	LACK OF SYSTEM CAPACITY
Clean Up:	MSD CLEANED & SANITIZED THE AREA
Control Zone:	TEMP SIGNS POSTED
Impact:	DEBRIS OBSERVED
Repair:	SITE FOUND DURING RAIN EVENT RECON- WILL BE MONITORED & EVALUATED FOR REPAIR

Notifications:

07/29/09 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
07/29/09 10:45 AM	DISPUB	temporary signs placed around the effected area
07/29/09 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



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

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

KPDES # KY0022420 (Cont'd)	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
SMH Sewer Manhole	91087	7510 MEADOW STREAM CT		SOUTH FORK 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>Status Date</u>	<u>Problem</u>	<u>Result</u>	<u>Completed</u>	<u>Condition</u>
DISSUS: SUSPECTED OVERFLOW EVID. FOUND	936304	07/29/09 06:30 PM	MARKS JR	DUNN JR	DOCUMENTED	03/18/08	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHARGE - WATERS	07/29/09 06:30 PM	

Spot Inspections:

Discharge Amount:	10 GAL
Cause:	LACK OF CAPACITY
Clean Up:	MSD CLEANED & SANITIZED THE AREA
Control Zone:	TEMP SIGNS POSTED
Impact:	SEWAGE OBSERVED
Repair:	SITE FOUND DURING RAIN EVENT RECON- WILL BE MONITORED & EVALUATED FOR REPAIR

Notifications:

	DISPUB	Temporary signs posted
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IMSAST0004

Overflow Report

Initiated Jul 01, 2009 12:00 AM thru Jul 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 (Cont'd)	MSD0202	HITE CREEK	HITE CREEK	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	936759	07/31/09 12:00 AM	MARKS JR	DUNN JR	DOCUMENTED	03/18/08	POWER OUTAGE (LG&E)	UNAUTHORIZED DISCHARGE - WATERS	07/31/09 12:15 PM	

Spot Inspections:

Discharge Amount:	52,500 GAL
Cause:	LACK OF SYSTEM CAPACITY
Clean Up:	MSD CLEANED & SANITIZED THE AREA
Control Zone:	TEMP SIGNS POSTED
Impact:	DEBRIS OBSERVED
Repair:	POWER RETORED TO PUMP STATION

Notifications:

07/31/08 06:09 AM	DISPUB	msd notified public by web site
07/31/09 01:00 AM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
07/31/09 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