



**MSD**

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

April 23, 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 March 2009.

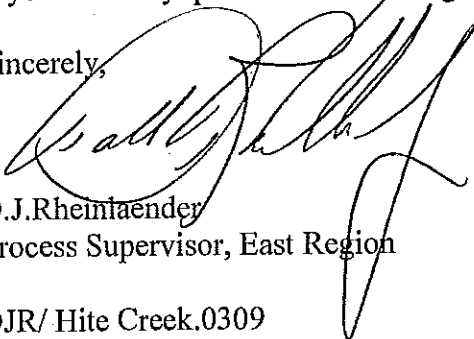
Dear Ms. Bentley

Attached are the Discharge Monitoring Report (DMR) and the Monthly Operator Report (MOR) for the Hite Creek Wastewater Treatment Plant, for the month of March 2009.

Also included are the March 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.0309

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 MSD HITE CREEK STP  
 ADDRESS C/O CEDAR CREEK STP  
 8405 CEDAR CREEK RD  
 LOUISVILLE KY 40211  
 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

MAJOR (SUBR LV)  
 F - FINAL  
 MUNICIPAL WASTEWATER EFFLUENT  
 JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	03	01		07	03	01

\*\*\* 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			
OXYGEN, DISSOLVED (DO)		*****	*****			*****	*****	( 19 )		3/1	600
00300 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	7	*****	*****	MO/L		THREE/	GRAB
PH		*****	*****			*****		( 12 )		3/1	190
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	6.0	*****	9.0	SI		THREE/	GRAB
00530 0 0 0 RAW SEW/INFLUENT		*****	*****	****	MINIMUM		MAXIMUM			THREE/	GRAB
SOLIDS, TOTAL SUSPENDED		*****	*****	( 26 )	*****			( 19 )		3/1	190
00530 0 0 0 RAW SEW/INFLUENT		*****	*****	****	REPORT	REPORT	REPORT	MG/L		THREE/	COMPOS
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	MD AVG	MX WK AV	MX WK AV	MG/L		THREE/	COMPOS
SOLIDS, TOTAL SUSPENDED		*****	*****	( 26 )	*****			( 19 )		3/1	190
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	1501	2252		MG/L		THREE/	COMPOS
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	MD AVG	MX WK AV	MX WK AV	MG/L		THREE/	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)		*****	*****	( 26 )	*****			( 19 )		3/1	190
00610 0 0 0 RAW SEW/INFLUENT		*****	*****	****	REPORT	REPORT	REPORT	MG/L		THREE/	COMPOS
00610 1 2 0 EFFLUENT GROSS VALUE		*****	*****	****	MD AVG	MX WK AV	MX WK AV	MG/L		THREE/	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)		*****	*****	( 26 )	*****			( 19 )		3/1	190
00610 1 2 0 EFFLUENT GROSS VALUE		*****	*****	****	250	375		MG/L		THREE/	COMPOS
00610 1 2 0 EFFLUENT GROSS VALUE		*****	*****	****	MD AVG	MX WK AV	MX WK AV	MG/L		THREE/	COMPOS
PHOSPHORUS, TOTAL (AS P)		*****	*****		*****			( 19 )		3/1	190
00665 1 2 1 EFFLUENT GROSS VALUE		*****	*****	****	*****	2.0	3.0	MG/L		WEEKLY/	COMPOS
00665 1 2 1 EFFLUENT GROSS VALUE		*****	*****	****	*****	MD AVG	MX WK AV	MG/L		WEEKLY/	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  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	DATE		
			AREA CODE	NUMBER	YEAR	MO

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 MSD HITE CREEK STP  
ADDRESS C/O CEDAR CREEK STP  
8405 CEDAR CREEK RD  
LOUISVILLE KY 40211  
FACILITY MSD HITE CREEK STP  
LOCATION LOUISVILLE KY 40201  
ATTN: DENNIS THOMASSEN, 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 JEFFE  
MUNICIPAL WASTEWATER EFFLUENT  
\*\*\* NO DISCHARGE \*\*\*  
NOTE: Read Instructions before completing this form.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	03	01		07	03	31

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		3.451	5.41	( 03 )	*****	*****	*****				
50050 1 0 0 EFFLUENT GROSS VALUE		PERMIT REPORT MO AVG	PERMIT REPORT DAILY MX	MGD	*****	*****	*****	****		CONTIN	CONTIN
COLIFORM, FECAL GENERAL		*****	*****		*****			( 13 )			
74055 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	200	400	#/		THREE	GRAB
BOD, CARBONACEOUS 05 DAY, 20C				( 26 )	*****			( 19 )			
80082 9 0 0 RAW SEW/INFLUENT		PERMIT REPORT MO AVG	PERMIT REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		THREE	COMPOS
BOD, CARBONACEOUS 05 DAY, 20C				( 26 )	*****			( 19 )			
80082 1 0 0 EFFLUENT GROSS VALUE		500	751		*****	10	15			THREE	COMPOS
BOD, CARB-5 DAY, 20 DEG C, PERCENT REMOVAL		*****	*****		*****	*****	*****	( 23 )			
80091 1 0 0 PERCENT REMOVAL		*****	*****	****	*****	*****	*****	PER-		INCE	CALCUL
SOLIDS, SUSPENDED PERCENT REMOVAL		*****	*****	****	*****	*****	*****	( 26 )			
81011 1 0 0 PERCENT REMOVAL		*****	*****	****	*****	*****	*****	PER-		INCE	CALCUL
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									

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TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO

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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ATTN: DENNIS THOMASSON, SR METRO OPS

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

KY00022420 PERMIT NUMBER  
001 R DISCHARGE NUMBER

MAJOR (SUBR LV)

F - FINAL

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
09	06	01		09	06	01

REASONABLE POTENTIAL EFFLUENT

\*\*\* NO DISCHARGE [ ] \*\*\*

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	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 PERMIT REQUIREMENT	***** *****	***** *****	***** *****	***** *****	1.1 REPORT MO AVG	4.0 REPORT DAILY MX	( 19 ) MG/L		1/1	COMPOSITE MONTH
HARDNESS, TOTAL (AS CaCO3) 00900 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** *****	***** *****	***** *****	***** *****	21 REPORT MO AVG	21 REPORT DAILY MX	( 19 ) MG/L		1/1	COMPOSITE MONTH
CHROMIUM, HEXAVALENT (AS CR) 01032 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** *****	***** *****	***** *****	***** *****	1.1 REPORT MO AVG	1.1 REPORT DAILY MX	( 19 ) MG/L		1/1	COMPOSITE MONTH
CADMIUM TOTAL RECOVERABLE 01113 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** *****	***** *****	***** *****	***** *****	1.000 REPORT MO AVG	1.000 REPORT DAILY MX	( 19 ) MG/L		1/1	COMPOSITE MONTH
	SAMPLE MEASUREMENT PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
*Dennis Thomasson, Sr.*  
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  
*Dennis Thomasson, Sr.*

TELEPHONE  
DATE  
AREA CODE NUMBER YEAR MO DAY

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

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

NAME MSO HITE CREEK STP  
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 FACILITY MSO 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 Y  
 DISCHARGE NUMBER

MAJOR (SUBR LV)  
 F - FINAL JEFFE  
 METALS/BIOLOGICAL MONITORING/QUARTERLY EFFLUENT

MONITORING PERIOD

FROM YEAR 07 MO 01 DAY 01 TO YEAR 07 MO 03 DAY 01

\*\*\* NO DISCHARGE [ ] \*\*\*

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ZINC TOTAL RECOVERABLE 01094 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** *****	***** *****	***** *****	***** *****	***** REPORT MD AVG	***** REPORT DAILY MX	(19) MG/L	1	1/4	COMPO
LEAD TOTAL RECOVERABLE 01114 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** *****	***** *****	***** *****	***** *****	***** REPORT MD AVG	***** REPORT DAILY MX	(19) MG/L	1	1/4	COMPO
COPPER TOTAL RECOVERABLE 01117 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** *****	***** *****	***** *****	***** *****	***** REPORT MD AVG	***** REPORT DAILY MX	(19) MG/L	1	1/4	COMPO
TOXICITY, FINAL CONK TOXICITY UNITS 61406 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** *****	***** *****	***** *****	***** *****	***** *****	***** 1.00 DAILY MX TOXCTY	(20) CHRONC	1	1/4	COMPO
MERCURY TOTAL RECOVERABLE 71901 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** *****	***** *****	***** *****	***** *****	***** REPORT MD AVG	***** REPORT DAILY MX	(19) MG/L	1	1/4	COMPO
	SAMPLE MEASUREMENT PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 [Signature]  
 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]  
 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)

NAME OF TREATMENT PLANT HTE CREEK WTP COUNTY JEFFERSON MONTH OF: March 2009  
 KPDES PERMIT NUMBER KY0022420 PLANT CAPACITY 4.4 MGD RECEIVING STREAM HITE CREEK

DATE	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													
	TOTAL FLOW (MILLION GALLONS)	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	WASTED	DISSOLVED OXYGEN (mg/L)	MLSS (mg/L) X 1000	MLVSS (mg/L) X 1000	SETTLED SLUDGE VOLUME	30 MIN.	60 MIN.	RAW			HAULED			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						
																												PALLONS X 1000	% DRY SOLIDS	% VOLATILE SOLIDS	% DRY SOLIDS	% VOLATILE SOLIDS	WITHDRAWN PALLONS X 1000														
1	4.25			7.9		10.0		0.0				154	4	115	3	2.26	9.87	4.1	3.875		270												0.67	3													
2	3.83			8.1	7.4	5.0		0.0		10.5		158	4	91	3	2.23	12.72	85.4	4.2	4.085	3.05	300										0.94	71	92.8	0.055	3	0.503		210	0.01							
3	3.73	36	36	7.5	7.2	15.0		0.0		10.3		188	3	139	3	2.09	12.23	85.4	4.5	3.455		250												93.6	0.055	3	0.429										
4	5.4			7.9	7.2	14.0		0.0		10.0							2.11	8.42	65.7	4.5	3.355		250											94.5													
5	5.44			7.2		20.0		0.0									2.15	10.23	65.7	4.9	3.36		250											92.8													
6	4.39	36	36	7.3		13.0		0.0									2.16	5.94	65.7	4.9	3.755		250											94.2													
7	3.43			7.7		10.0		0.0									2.18	6.67	65.7	4.8	4.075		250											83													
8	3.34			8.2		13.0		0.0				249	3	181	3	1.8	7.26	65.7	4.7	4.63		300												1.8	3												
9	3.62			7.5	7.4	13.0		0.0		9.2		120	2	137	3	1.94	9.59	85.4	2.4	3.955	2.915	250										0.89	70	93.9	1.5	3	0.15										
10	3.71	36	36	7.5	7.3	18.0		0.0		8.9		319	3	196	3	1.97	11.2	78.8	4.3	4.13		280												93.6	0.055	3											
11	4.15			7.6	7.3	10.0		0.0		9.0							1.92	11.64	78.8	4.6	3.885		270											93.9													
12	4.21			7.3		12.0		0.0									1.95	10.98	78.8	5.9	3.645		250											86.6													
13	4	36	36	7.7		13.0		0.0									2.08	9.53	78.8	4.9	3.62		250											93.6													
14	3.51			8.2		10.0		0.0									1.95	9.66	65.7	4.3	3.915		250											83													
15	3.57			7.3		12.0		0.0				198	6	172	4	1.9	7.47	65.7	6.4	4.14		300												1.5	3												
16	3.83			8.6	7.4	12.0		0.0		9.0		214	6	138	3	1.92	12.38	85.4	3.1	4.005	2.895	270										0.88	67	96.4	0.95	3	1.91										
17	3.5	36	36	7.5	7.4	12.0		0.0		9.3		222	6	110	4	1.98	11.82	98.6	3.1	4.05		280												111.6	1.5	3											
18	3.32			8.3	7.5	13.0		0.0		8.9							1.89	11.38	98.6	3.8	3.83		250											118.9													
19	3.45			7.4		10.0		0.0									1.81	6.17	98.6	4.5	3.41		230											119.2													
20	2.94	36	36	7.4		12.0		0.0									1.93	9.09	98.6	5.2	3.375		230											116.3													
21	2.84			7.5		12.0		0.0									2.08	8.38	65.7	4.5	3.45		240											58.1													
22	3.07			7.5		15.0		0.0				204	5	159	4	1.99	5.35	85.4	4.2	3.69		240																									
23	3.29			7.4	7.5	15.0		0.0		9.0		209	5	154	3	1.97	8.79	98.6	4.3	3.93	2.75	250										0.78	79	96.1	1.4	3	1.18										
24	3.33	36	36	8.3	7.5	15.0		0.0		8.6		218	5	262	4	1.8	6.8	98.6	3.5	3.82		240												105.6	1.34	3											
25	3.97			7.5	7.4	15.0		0.0		9.5							1.88	13.14	98.6	4.8	3.52		220											100.8													
26	3.96			7.2		15.0		0.0									1.78	9.4	85.4	4	3.535		210											94.5													
27	3.6	36	36	7.2		13.0		0.0									1.77	9.91	85.4	4.5	3.305		230											81.6													
28	3.62			8.1		12.0		0.0									2.11	4.5	65.7	5.1	3.725		240											62.4													
29	4.34			8.0		7.0		0.0									1.81	11.32	65.7	5.2	3.53		220																								
30	3.25			7.1		13.0		0.0									1.98	7.62	98.6	6.7	3.8		240											87.05													
31	3.4	36	36	8.0		14.0		0.0									2.03	5.38	92	5.8	3.58		230											81.9													
Tot	118.3	324	324														61.34																	2388													
Avg.	3.751	36	36	7.7	7.4	12.7				9.4		204	4	155	3	1.979	9.15	81.69	4.571	3.75	2.903	250.6										0.873	71.75	91.77	0.97	3	0.83	#####	0.01								

RESIDENTIAL COMMERCIAL INDUSTRIAL      INDUSTRIAL WASTE POPULATION EQUIVALENT      EARL DUNN      7826  
 35727      28433      30454      OPERATOR      CERT. NO.

TOTAL NUMBER OF 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

<b>KPDES #</b> KY0022420	<b>Facility ID</b> MSD0202	<b>Treatment Plant Name</b> HITE CREEK	<b>Receiving Stream of Treatment Plant</b> HITE CREEK	<b>Region</b> EAST	
<b>Facility Type</b> SPL Sewer Treatment Plant	<b>Facility ID</b> MSD0202	<b>Facility Address</b> 5500 HITT RD	<b>If Pump Station, Name of Pump Station:</b>	<b>Receiving Stream</b> HITE CREEK	<b>Discharge to</b> 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	879926	03/04/09 01:29 PM	SINGLETON	RHEINLAENDE R JR	REPAIRED - ISSUE RESOLVED	03/04/09	BYPASS AT TREATMENT PLANT	UNAUTHORIZED DISCHARGE - WATERS	03/04/09 01:45 PM	

**Spot Inspections:**

Discharge Amount:	1 GAL
Cause:	DEFOAMER TOO LOW
Clean Up:	NO CLEANUP- FOAM DISSOLVED IN WATER
Control Zone:	NO CONTROL ZONE- FOAM DISSOLVED.
Impact:	APPROXIMATELY 3 CUBIC YARDS OF FOAM WAS VISIBLE IN THE CREEK
Repair:	DEFOAMER WAS INCREASED

**Notifications:**

03/06/09 01:26 PM	DISNOT	Automated notification not sent due to system issue. Manual notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
04/01/09 10:39 AM	DISPUB	Permanent warning signs posted on opposite side of creek, behind apartment buildings.