



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

December 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 November 2009.

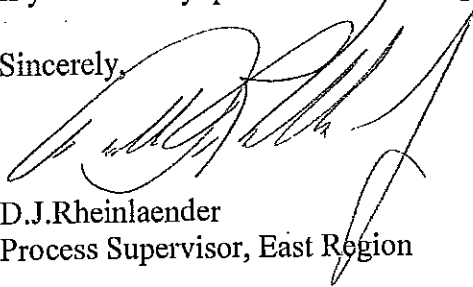
Dear Ms. Bentley

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

There were no exceedences , bypass reports or overflow reports for this month.

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

Sincerely,



D.J.Rheinlaender
Process Supervisor, East Region

DJR/ Hite Creek.1109

Enclosures

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



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

NAME HITE CREEK WGTG MSD
ADDRESS C/O CEDAR CREEK WGTG
1405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY HITE CREEK WGTG 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	11	01		07	11	30

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

NOTE: Read instructions before completing this form.

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) 00300 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	7	*****	*****	(17)	0	3/7	GP
PH	*****	*****	*****	*****	6.6	*****	7.7	(12)	0	3/7	GP
00400 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	MINIMUM	*****	*****	MG/L		THREE/COMPO WEEK	
SOLIDS, TOTAL SUSPENDED 00500 1 0 0 RAW SEW/INFLUENT	*****	*****	*****	*****	*****	*****	*****	(20)	0	3/7	GP
00500 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	(17)	0	3/7	GP
SOLIDS, TOTAL SUSPENDED 00500 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	(17)	0	3/7	GP
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 RAW SEW/INFLUENT	*****	*****	*****	*****	*****	*****	*****	(17)	0	3/7	GP
00610 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	(17)	0	3/7	GP
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 2 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	(17)	0	3/7	GP
PHOSPHORUS, TOTAL (AS P) 00665 1 2 1 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	(17)	0	3/7	GP

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Exec. Dir
H. J. Edwards
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
504 541 6000 04 14 15
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.

NAME HITE CREEK WGTG MSD
ADDRESS 0/0 CEDAR CREEK WGTG
8905 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY HITE CREEK WGTG MSD
LOCATION LOUISVILLE KY 40201
ATTN: DUNNIS THOMASSON, SR METRO OPS

KY0022420
PERMIT NUMBER

0012
DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	11	01		07	11	01

FROM

TO

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	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	MEASUREMENT	2.39	3.58	(GPD)	*****	*****	*****					
30050 I C O	PERMIT REQUIREMENT	MD AVG	DAILY MX	MGD	*****	*****	*****	****				
EFFLUENT GROSS VALUE	MEASUREMENT	*****	*****		*****	9	34	(13)		0	3/7	CA
COLIFORM, FECAL GENERAL	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	#1				
74055 I C O	MEASUREMENT	3311	4093	(25)	*****	156	178	(17)		0	3/7	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MD AVG	MX WK AV	LBS/DY	*****	MD AVG	MX WK AV	MG/L				
500, CARBONACEOUS	MEASUREMENT	66	71	(26)	*****	3	4	(19)		0	3/7	CP
05 DAY, 200	PERMIT REQUIREMENT	500	751		*****	10	15					
80082 I C O	MEASUREMENT	*****	*****		*****	98		(23)		0	1/30	CA
RAW SEW/INFLUENT	PERMIT REQUIREMENT	*****	*****	****	*****	MD AVG	*****	PER-CENT				
500, CARBONACEOUS	MEASUREMENT	*****	*****		*****	96		(23)		0	1/30	CA
05 DAY, 200	PERMIT REQUIREMENT	*****	*****	****	*****	MD MIN	*****	PER-CENT				
80082 I C O	MEASUREMENT	*****	*****		*****							
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****							
800, CARB-E DAY, 20	MEASUREMENT	*****	*****		*****							
DEG C, PERCENT REMV	PERMIT REQUIREMENT	*****	*****	****	*****							
80091 I C O	MEASUREMENT	*****	*****		*****							
SOLIDS REMOVAL	PERMIT REQUIREMENT	*****	*****	****	*****							
50106, SUSPENDED	MEASUREMENT	*****	*****		*****							
81011 I C O	PERMIT REQUIREMENT	*****	*****	****	*****							
PERCENT REMOVAL	MEASUREMENT	*****	*****		*****							
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	*****							

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
EXCISE UNIT
TYPED OR PRINTED

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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/SS REMV; REPT IN MINIMUM COLUMN.

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

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: DANNIS THOMASON, SR METRO OPS

X70022420		001 R				
PERMIT NUMBER		DISCHARGE NUMBER				
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	11	01		07	11	01

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

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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)		*****	*****		*****	0.01	0.01	MG/L	0	1/30	CP
EFFLUENT GROSS VALUE		*****	*****	***	*****	REPORT	REPORT	MG/L		ONCE / MONTH	COMPLETE
HARDNESS, TOTAL (AS CaCO3)		*****	*****		*****	206	216	MG/L	0	1/30	CP
EFFLUENT GROSS VALUE		*****	*****	***	*****	REPORT	REPORT	MG/L		ONCE / MONTH	COMPLETE
CHROMIUM, HEXAVALENT (AS CR)		*****	*****		*****	<0.01	<0.01	MG/L	0	1/30	CP
EFFLUENT GROSS VALUE		*****	*****	***	*****	REPORT	REPORT	MG/L		ONCE / MONTH	COMPLETE
TOTAL RECOVERABLE		*****	*****		*****	0.2	0.2	MG/L	0	1/30	CP
EFFLUENT GROSS VALUE		*****	*****	***	*****	REPORT	REPORT	MG/L		ONCE / MONTH	COMPLETE
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Exec. Dir
H. S. Thomsen Sr
TYPED OR PRINTED

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H. S. Thomsen Sr
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
502	546	07	11	15
AREA CODE	NUMBER	YEAR	MO	DAY

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

