



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

January 14, 2010

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

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

There were no exceedences, bypass reports or overflow reports for this month.
Included are the 4th quarter Biomonitoring DMR.

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". The signature is stylized and somewhat cursive, with a large loop at the end.

D.J. Rheinlaender
Process Supervisor, East Region

DJR/ Hite Creek.0110

Enclosures

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



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

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 THOMASSEN, SR METRO OPS

PERMIT NUMBER KY0022420

DISCHARGE NUMBER 001 2

MAJOR (SUBR LV)
F - FINAL

JEFFE

MUNICIPAL WASTEWATER
EFFLUENT

*** NO DISCHARGE () ***

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	12	01		07	12	31

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	*****	*****	*****	7	*****	*****	MG/L	0	14/31	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		FREE/COMP	WEEK
PH	00400 1 0 0	*****	*****	*****	6.7	*****	7.8	BU	0	14/31	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	BU		FREE/COMP	WEEK
SOLIDS, TOTAL SUSPENDED	00530 0 0 0	*****	*****	(20)	*****	*****	*****	(19)	0	3/7	CP
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT	REPORT	LBS/DY	*****	REPORT	REPORT	MG/L		FREE/COMP	WEEK
SOLIDS, TOTAL SUSPENDED	00530 1 0 0	*****	*****	(20)	*****	*****	*****	(19)	0	3/7	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1501	2252	LBS/DY	*****	300	45	MG/L		FREE/COMP	WEEK
NITROGEN, AMMONIA TOTAL (AS N)	00610 0 0 0	*****	*****	(20)	*****	*****	*****	(19)	0	3/7	CP
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT	REPORT	LBS/DY	*****	REPORT	REPORT	MG/L		FREE/COMP	WEEK
NITROGEN, AMMONIA TOTAL (AS N)	00610 1 2 0	*****	*****	(20)	*****	*****	*****	(19)	0	3/7	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	250	515	LBS/DY	*****	1	2.2	MG/L		FREE/COMP	WEEK
PHOSPHORUS, TOTAL (AS P)	00665 1 2 0	*****	*****	(19)	*****	*****	*****	(19)	0	3/7	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	2.0	3.0	MG/L		FREE/COMP	WEEK

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
exec. dir
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 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: WHITE CREEK WQTC MSD
 ADDRESS: C/O CEDAR CREEK WQTC
 8405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY: WHITE CREEK WQTC MSD
 LOCATION: LOUISVILLE KY 40201
 ATTN: DENNIS THOMASSON, SR METRO OPS

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

PERMIT NUMBER: KY0022420
 DISCHARGE NUMBER: 0012

MAJOR (SUBR LV)
 F - FINAL

Form Approved.
 OMB No. 2040-0004

JEFFE

MUNICIPAL WASTEWATER
 EFFLUENT

*** NO DISCHARGE 1-1-1 ***

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	12	31		07	12	31

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	2.59	4.55	(G3)	*****	*****	*****				0	C/W	C/W
EFFLUENT GROSS VALUE	MD AVG	DAILY MX	MGD	*****	*****	*****	****				CONTINUOUS	UDUS
BOD, CARBONACEOUS GENERAL	*****	*****	*****	*****	*****	*****	(L3)			0	3/7	GR
EFFLUENT GROSS VALUE	*****	*****	****	*****	300A GED	7 DA GED	100ML				FREE/GRAB	WEEK
BOD, CARBONACEOUS 05 DAY, 20C	4032	5145	(25)	*****	170	209	(17)			0	3/7	CP
RAW SEW/INFLUENT	MD AVG	MX WK AV	LBS/DY	*****	MD AVG	MX WK AV	MG/L				FREE/CORPUS	WEEK
BOD, CARBONACEOUS 05 DAY, 20C	136	199	(25)	*****	6	8	(17)			0	3/7	CP
EFFLUENT GROSS VALUE	MD AVG	MX WK AV	LBS/DY	*****	MD AVG	MX WK AV	MG/L				FREE/CORPUS	WEEK
BOD, CARBONACEOUS 05 DAY, 20C	*****	*****	*****	*****	*****	*****	(23)			0	1/31	CA
PERCENT REMOVAL	*****	*****	****	*****	MD AVG	*****	PER-CENT				WEEK	MONTH
SOLIDS, SUSPENDED PERCENT REMOVAL	*****	*****	*****	*****	95	*****	(23)			0	1/31	CA
PERCENT REMOVAL	*****	*****	****	*****	MD MIN	*****	PER-CENT				WEEK	MONTH
SAMPLE MEASUREMENT												
PERMIT REQUIREMENT												

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Exec. Dir</i> H. J. 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.	TELEPHONE 502 584 1805	DATE		
			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>[Signature]</i>	AREA CODE 502	NUMBER 584 1805

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
 8405 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)

WY0022420
 PERMIT NUMBER

0001 R
 DISCHARGE NUMBER

MAJOR (SUBR LV)
 F - FINAL
 REASONABLE POTENTIAL
 EFFLUENT

Form Approved.
 OMB No. 2040-0004

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

FROM

TO

*** 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			
CYANIDE, FREE (AMEN. TO CHLORINATION) 00722 I O O EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	0.005 MO AVG	0.005 DAILY MX	MG/L	0	1/30	CP
HARDNESS, TOTAL (AS CaCO3) 00900 I O O EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	210 MO AVG	210 DAILY MX	MG/L	0	1/30	CP
CHROMIUM, HEXAVALENT (AS CR) 01002 I O O EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	<0.10 MO AVG	<0.01 DAILY MX	MG/L	0	1/30	CP
CADMIUM TOTAL RECOVERABLE 01113 I O O EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	0.003 MO AVG	0.003 DAILY MX	MG/L	0	1/30	CP
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Eric W. ...
 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: 502 584 4111
 DATE: 10 / 1 / 14

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

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

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

PERMIT NUMBER KY0022420
 DISCHARGE NUMBER 0017

MAJOR (SUSR LV)
 F - FINAL
 METALS/BIO MONITORING/QUARTERLY EFFLUENT
 *** NO DISCHARGE 1-1 ***

Form Approved
 OMB No. 2040-0004

JEFFE

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	10	01	07	10	01

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			
ZINC TOTAL RECOVERABLE 01094 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.0221	0.0221	(17)	0	1/96	CP
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		DAILY	COMPLS
LEAD TOTAL RECOVERABLE 01114 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.007	0.007	(17)	0	1/96	CP
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		DAILY	COMPLS
COPPER TOTAL RECOVERABLE 01119 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.004	0.004	(17)	0	1/96	CP
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		DAILY	COMPLS
TOXICITY, FINAL COND TOXICITY UNITS 61405 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****		5.00	(25)	0	1/96	CP
	PERMIT REQUIREMENT	*****	*****	****	*****		1.00 CHRONIC TOXCTY	DAILY MX		DAILY	COMPLS
MERCURY TOTAL RECOVERABLE 71901 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	50.0005	50.0005	(17)	0	1/96	CP
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		DAILY	COMPLS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 HITE CREEK WQTC
 H. J. Thomasson, Sr.
 TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 402-938-1805
 DATE 10 / 1 / 96
 AREA CODE NUMBER YEAR MO DAY

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

