



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

January 22, 2010

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

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

Dear Ms. Bentley

We have recently discovered that we originally submitted incorrect data.

Attached is the DMR's with the corrected effluent flow, influent BOD loadings, effluent BOD loadings, Cyanide, Hexavalent Chromium, and Cadmium results.

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 fluid and cursive, with a large initial "D" and "R".

D.J. Rheinlaender
Process Supervisor, East Region

DJR/ Hite Creek.0909

Enclosures

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



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

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 OFE

KY0022420
PERMIT NUMBER

001 R
DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	07	01		07	07	30

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			
CYANIDE, FREE (AMEN. TO CHLORINATION) 00722 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	0.0030 0.01	0.0050 0.01	(19)	0	1/30	CP
		PERMIT REQUIREMENT	*****	*****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		MONTH	
HARDNESS, TOTAL (AS CaCO3) 00700 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	208	208	(19)	0	1/30	CP
		PERMIT REQUIREMENT	*****	*****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		MONTH	
CHROMIUM, HEXAVALENT (AS CR) 01032 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	<0.010 0.01	<0.010 0.01	(19)	0	1/30	CP
		PERMIT REQUIREMENT	*****	*****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		MONTH	
CADMIUM TOTAL RECOVERABLE 01113 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	0.2 0.15	0.2 0.15	(19)	0	1/30	CP
		PERMIT REQUIREMENT	*****	*****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		MONTH	
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
EXECUT DIT
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]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
DATE
AREA CODE NUMBER YEAR MO DAY
509 584 4444 07 11 19

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

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 THOMASSEN, OR 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
 *** NO DISCHARGE ***

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

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 80050 1 0 0 EFFLUENT GROSS VALUE	2.64 M 2.67	5.26	(03)	*****	*****	*****		0	C/N	C/N	
	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX MGD	*****	*****	*****	****		QUANT. IN CONCENTR. LIQUID		
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	*****	*****	(13)	*****	5	8	(13)	0	3/7	OK	
	PERMIT REQUIREMENT	*****	*****	*****	200	400 #/	30 DA GED 7 DA GED 100ML		FREQUENCY WEEK		
BOD, CARBONACEOUS 05 DAY, 20C 80082 9 0 0 RAW SEW/INFLUENT	2666 M 2601	3350 M 3088	(26)	*****	131	152	(19)	0	3/7	CP	
	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV LBS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		FREQUENCY WEEK		
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	49 M 48	83 M 78	(25)	*****	2	3	(19)	0	3/7	CP	
	PERMIT REQUIREMENT	500	751	*****	10	15	MG/L		FREQUENCY WEEK		
BOD, CARB-5 DAY, 20 DEG C, PERCENT REMVL 80091 4 0 0 PERCENT REMOVAL	*****	*****		98	85	*****	(20)	0	1/30	CA	
	PERMIT REQUIREMENT	*****	*****	*****	MD AVG	*****	PERCENT		QUANT. IN CONCENTR. LIQUID		
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 4 0 0 PERCENT REMOVAL	*****	*****		98	85	*****	(20)	0	1/30	CA	
	PERMIT REQUIREMENT	*****	*****	*****	MD MIN	*****	PERCENT		QUANT. IN CONCENTR. LIQUID		
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Exec. Dir.
 H. J. Schaefer, 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 10 19

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 USE MD AVG FOR BOD/TSS REMU; REPT IN MINIMUM COLUMN.

