



MSD

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

March 20, 2007

Ms. Kathy Thurman
Kentucky Division of Water
14 Reilly Road
Frankfort, Kentucky 40601

**Re: MSD Metro Operations
North Hunting Creek; KPDES No.: KY0029106
Discharge Monitoring Reports – March 2007**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Hunting Creek North WTP, KPDES No.: KY0029106 for the month of March 2007.

If you have any questions concerning the attached DMRs, please contact me at (502)241-9093.

Sincerely,

John Kessel
Process Supervisor - Operations

JK/HCN 0307

Enclosures

cc: M. Mudd (DOW Louisville)
E. Brady
T. Singleton
P. Burgin
R. Shaw



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

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

AME MSD NORTH HUNTING CREEK STP
 DRESS C/O LOUISVILLE/JEFF CO MSD
 #522 ALGONGUIN PKWY
 LOUISVILLE KY 40211-2497
 ACILITY MSD NORTH HUNTING CREEK STP
 OCATION PROSPECT KY 40059
 YTTN: ALEX E NOVAK, OPER MGR

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

KY0029106
 PERMIT NUMBER

001 1
 DISCHARGE NUMBER

MINOR
 (SUBR LV)
 F - FINAL
 MUNICIPAL DISCHARGE
 EFFLUENT

JEPT 19

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

FROM

TO

*** 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			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****		7.5	*****	*****	(19)	0	1/2	Grab
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	***	INST MIN	*****	*****	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.8	*****	6.9	(12)	0	1/2	Grab
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	***	5.0	*****	9.0	SU		WEEKLY	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	602.61	1070.6	(26)	*****	196	284	(19)	0	1/2	Comp
SOLIDS, TOTAL SUSPENDED	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		WEEKLY	COMPOS
00500 0 0 0	SAMPLE MEASUREMENT	30.57	43.77	(26)	*****	11	16	(17)	0	1/2	Comp
00500 1 0 0	PERMIT REQUIREMENT	90 MO AVG	134 MX WK AV	LBS/DY	*****	30 MO AVG	45 MX WK AV	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	74.63	99.89	(26)	*****	25.20	36.50	(19)	0	1/2	Comp
NITROGEN, AMMONIA TOTAL (AS N)	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		WEEKLY	COMPOS
00610 0 0 0	SAMPLE MEASUREMENT	0.71	1.92	(26)	*****	0.27	0.78	(17)	0	1/2	Comp
00610 1 2 0	PERMIT REQUIREMENT	15 MO AVG	22 MX WK AV	LBS/DY	*****	5 MO AVG	7.5 MX WK AV	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	2.27	2.98	(17)	0	2/21	Comp
PHOSPHORUS, TOTAL (AS P)	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		WEEKLY	COMPOS
00665 1 0 0											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 H.J. Schurlein
 Exec Director
 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
 502 241-9093 07 04 19

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
 NAME MSD NORTH HUNTING CREEK STP
 ADDRESS C/O LOUISVILLE/JEFF CO MSD
 4522 ALGONQUIN PKWY
 LOUISVILLE KY 40211-2497
 FACILITY MSD NORTH HUNTING CREEK STP
 LOCATION PROSPECT KY 40059
 ATTN: ALEX E NOVAK, OPER MGR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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KY0029106
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 (SUBR LV)
 F - FINAL
 MUNICIPAL DISCHARGE
 EFFLUENT
 *** NO DISCHARGE [] ***

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
07	05	01	TO	07	05	01

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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				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT 0.367 PERMIT REQUIREMENT 30DA AVG	0.367	0.646	(03) MGD	*****	*****	*****	*****	0	6/m	6/m	
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT ***** PERMIT REQUIREMENT *****	*****	*****	*****	*****	<0.010	<0.010	(19) MG/L	0	1/7	6-m	
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT ***** PERMIT REQUIREMENT *****	*****	*****	*****	*****	10.86	80	(15) 100ML	0	1/7	6-m	
BOD, CARBONACEOUS 5 DAY, 20C 80082 0 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT 337.22 PERMIT REQUIREMENT MD AVG	337.22	422.20	(26) LBS/DY	*****	114	146	(19) MG/L	0	1/7	Comp	
BOD, CARBONACEOUS 5 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT 7.16 PERMIT REQUIREMENT MD AVG	7.16	8.21	(26) LBS/DY	*****	2.50	3	(17) MG/L	0	1/7	Comp	
BOD, CARB-5 DAY, 20 DEG C, PERCENT REMVL 80091 0 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT 98% PERMIT REQUIREMENT MD MIN	*****	*****	*****	*****	98%	*****	(23) PER-CENT	0	1/31	6-m	
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 0 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT 94% PERMIT REQUIREMENT MD MIN	*****	*****	*****	*****	94%	*****	(23) PER-CENT	0	1/31	6-m	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER H.S. SCHARBS IN Exec. Director 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 1241 9893	DATE 07 04 19			
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)								AREA CODE	NUMBER	YEAR	MO	DAY