



MSD

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

July 25, 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 – June 2007**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Hunting Creek North WTP, KPDES No.: KY0029106 for the month of June 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 0607

Enclosures

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



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

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

NAME: 4000 NORTH HUNTING CREEK STP
ADDRESS: 4000 LOUISVILLE/JEFF CO RD
4512 PLUMBOUGH HWY
LOUISVILLE KY 40211-2497
CITY: 150 NORTH HUNTING CREEK STP
LOCATION: PROJECT KY 40057
TITLE: REX E. NAYLOR, OPER MGR

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

KY0029106
PERMIT NUMBER

COL 1
DISCHARGE NUMBER

MINOR
(SUBR LV)
F - FINAL
MUNICIPAL DISCHARGE
EFFLUENT
*** NO DISCHARGE I [] ***

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	06	01		07	06	30

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			
PHOSPHORUS (AS P)	*****	*****	*****	*****	7.4	*****	*****	(17)	0	1/2	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L			
PHOSPHORUS (AS P)	*****	*****	*****	*****	6.8	*****	6.9	(12)	0	1/2	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	MG			
NITROGEN (AS N) TOTAL	SAMPLE MEASUREMENT	582.645	987.50	(26)	*****	243	414	(17)	0	1/2	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	LBS/DY	*****	REPORT	REPORT	MG/L			
NITROGEN (AS N) TOTAL	SAMPLE MEASUREMENT	9.41	14.81	(26)	*****	3.75	6.0	(17)	0	1/2	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	70	134	LBS/DY	*****	MG AVG	MX WK AV	MG/L			
NITROGEN (AS N) TOTAL	SAMPLE MEASUREMENT	82.167	93.263	(26)	*****	34.0	39.10	(17)	0	1/2	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	LBS/DY	*****	REPORT	REPORT	MG/L			
NITROGEN (AS N) TOTAL	SAMPLE MEASUREMENT	0.63	1.47	(26)	*****	0.25	0.56	(17)	0	1/2	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.0	0.0	LBS/DY	*****	MG AVG	MX WK AV	MG/L			
TURBIDITY (AS P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.59	3.96	(17)	0	2/30	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L		MONTH	

NAME/TITLE: H.J. Schauder
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: 500 241-4043
DATE: 07 07 83
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: KY 40114 MOUNTAIN CREEK STR
 ADDRESS: GAITHERSVILLE/JEFF CO MGR
 FACILITY: GAITHERSVILLE KY 40411-2497
 LOCATION: 100 NORTH MOUNTAIN CREEK STR
 CITY: GAITHERSVILLE KY 40457

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

RY0029105
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MINOR
 (SUPERVISOR)
 V - FINAL
 MUNICIPAL DISCHARGE
 EFFLUENT
 *** NO DISCHARGE ***

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	06	01		07	06	01

FROM


TO

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			
FLOW THRU COMBUSTOR OR TREATMENT PLANT	SAMPLE MEASUREMENT	0.270	0.361	(GPD)	*****	*****	*****		0	1/2	C/W
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	***		MONTH	
RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	(19)	0	1/2	Gab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	0.011	0.011	MG/L	***	MONTH	
GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	1.0	1.0	(12)	0	1/2	Gab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	300	400	100GAL	***	MONTH	
5 DAY BOD	SAMPLE MEASUREMENT	346.721	531.91	(25)	*****	144	223	(17)	0	1/2	Comp
RAW SEW. INFLUENT	PERMIT REQUIREMENT	REPORT	REPORT	LB5/DY	*****	REPORT	REPORT	MG/L		MONTH	
5 DAY BOD	SAMPLE MEASUREMENT	3.74	7.41	(25)	*****	1.50	3.0	(17)	0	1/2	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30	45	LB5/DY	*****	1.11	1.5	MG/L		MONTH	
5 DAY BOD	SAMPLE MEASUREMENT	*****	*****		99%	*****	*****	(20)	0	1/30	Cal
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	***	MD MIN	*****	*****	PERCENT		MONTH	
SOLID SUSPENDED	SAMPLE MEASUREMENT	*****	*****		98%	*****	*****	(20)	0	1/30	Cal
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	***	MD MIN	*****	*****	PERCENT		MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 H.J. Schindler
 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	241-9693	07	07	23

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