



MSD

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

October 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 – September 2007.**

Dear Ms. Thurman:

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

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

Sincerely,

John Kessel
Process Supervisor - Operations

JMK/HCN 0907

Enclosures

cc: C. Roth (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 MSD NORTH HUNTING CREEK STP
ADDRESS C70 CEDAR CREEK STP
8405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY MSD NORTH HUNTING CREEK STP
LOCATION PROSPECT KY 40059
ATTN: DENNIS THOMASSON

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
*** NO DISCHARGE 1 1 ***

JEFFE

MONITORING PERIOD					
YEAR	MO.	DAY	YEAR	MO.	DAY
07	07	01	07	07	01

FROM

TO

NOTE: Read Instructions before completing this form.

PARAMETER		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	*****	*****		7.1	*****	*****	(17)	0	1/2	Grab		
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	***	INST MIN	*****	*****	MG/L					
EFFLUENT GROSS VALUE													
PH	SAMPLE MEASUREMENT	*****	*****		6.7	*****	6.9	(12)	0	1/2	Grab		
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	***	6.0	*****	7.0	SU			WEEKLY GRAB		
EFFLUENT GROSS VALUE					MINIMUM		MAXIMUM						
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	686.319	788.10	(25)	*****	334.0	450.0	(17)	0	1/2	Comp		
00530 0 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT				WEEKLY COMPO		
RAW SEW/INFLUENT		MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV	MG/L					
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	6.50	10.88	(25)	*****	3.0	5.0	(17)	0	1/2	Comp		
00530 1 0 0	PERMIT REQUIREMENT	7.0	12.4		*****	3.0	4.5				WEEKLY COMPO		
EFFLUENT GROSS VALUE		MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV	MG/L					
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	82.427	99.693	(25)	*****	38.85	48.20	(17)	0	1/2	Comp		
00610 0 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT				WEEKLY COMPO		
RAW SEW/INFLUENT		MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV	MG/L					
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.28	0.46	(25)	*****	0.13	0.22	(17)	0	1/2	Comp		
00610 1 1 0	PERMIT REQUIREMENT	6.0	7.0		*****	2	3				WEEKLY COMPO		
EFFLUENT GROSS VALUE		MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV	MG/L					
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	3.55	3.70	(17)	0	2/30	Comp		
00665 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT	REPORT				WEEKLY COMPO		
EFFLUENT GROSS VALUE						MD AVG	MX WK AV	MG/L		MONTH			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		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		DATE						
Zoe Director H.J. Schadein TYPED OR PRINTED									AREA CODE	NUMBER	YEAR	MO	DAY
					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		400 241-9093		07	10	23		

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

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FACILITY MSD NORTH HUNTING CREEK STP
LOCATION PROSPECT KY 40059
ATTN: DENNIS THOMASSON

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DISCHARGE MONITORING REPORT (DMR)

KY0027106	001 1
PERMIT NUMBER	DISCHARGE NUMBER

MINOR
(SUBR LV)
F - FINAL
MUNICIPAL DISCHARGE
EFFLUENT
*** NO DISCHARGE 1 ***

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	07	02				

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PARAMETER		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	SAMPLE MEASUREMENT	0.270	0.331	(0.5)	*****	*****	*****		0	1/2	C/N
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	*****	*****	*****	***			CONTINUOUS
CHLORINE, TOTAL RESIDUAL 80060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	(17)	0	1/2	G.b
	PERMIT REQUIREMENT	*****	*****	***	*****	0.011 MD AVG	0.015 DAILY MX	MG/L			WEEKLY GRAB
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	19.93	108.00	(12)	0	1/2	G.b
	PERMIT REQUIREMENT	*****	*****	***	*****	200 30DA GED	400 7 DA GED	100ML			WEEKLY GRAB
BOD, CARBONACEOUS 25 DAY, 20C 80082 0 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	463.427	560.51	(25)	*****	220	271	(17)	0	1/2	Comp
	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L			WEEKLY COMPOS
BOD, CARBONACEOUS 25 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	2.12	2.49	(25)	*****	1.0	1.0	(17)	0	1/2	Comp
	PERMIT REQUIREMENT	30 MD AVG	45 MX WK AV	LBS/DY	*****	10 MD AVG	15 MX WK AV	MG/L			WEEKLY COMPOS
BOD, CARBONACEOUS 25 DAY, 20C 80091 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		100%	*****	*****	(25)	0	1/30	Calc
	PERMIT REQUIREMENT	*****	*****	***	05 MD MIN	*****	*****	PER-CENT			ONCE/ MONTH
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		99%	*****	*****	(25)	0	1/30	Calc
	PERMIT REQUIREMENT	*****	*****	***	05 MD MIN	*****	*****	PER-CENT			ONCE/ MONTH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Exec Director
H.J. Schardier

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

508	841-9093	07	10	23
AREA CODE	NUMBER	YEAR	MO	DAY

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