



MSD

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

February 23, 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 – January 2007**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Hunting Creek North WTP, KPDES No.: KY0029106 for the month of January 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 0107

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 MSD NORTH HUNTING CREEK STP
 ADDRESS C/O LOUISVILLE/JEFF CO MSD
 4572 ALDINGUIN 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)
 DISCHARGE MONITORING REPORT (DMR)

KY0029106 PERMIT NUMBER
 001-1 DISCHARGE NUMBER

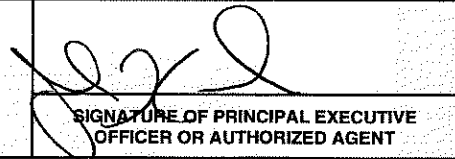
MINOR (SUBP LV)
 F - FINAL JEFFE
 MUNICIPAL DISCHARGE
 EFFLUENT
 *** NO DISCHARGE 1-1 ***
 NOTE: Read Instructions before completing this form.

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

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)	*****	*****			7.4	*****	*****	(19)	0	1/7	Grab
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	INST MIN	*****	*****	MG/L		WEEKLY	GRAB
PH	*****	*****			6.8	*****	6.9	(12)	0	1/7	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	5.0 MINIMUM	*****	7.0 MAXIMUM	EU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	*****	*****			*****	164	180	(19)	0	1/7	Comp
00520 0 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT NO AVE	REPORT MX WK AV	LBS/DY	*****	REPORT NO AVE	REPORT MX WK AV	MG/L		WEEKLY	COMPOS
SOLIDS, TOTAL SUSPENDED	*****	*****			*****	2.75	5.00	(19)	0	1/7	Comp
00520 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	90 NO AVE	184 MX WK AV	LBS/DY	*****	30 NO AVE	45 MX WK AV	MG/L		WEEKLY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	*****	*****			*****	25.13	27.30	(19)	0	1/7	Comp
00610 0 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT NO AVE	REPORT MX WK AV	LBS/DY	*****	REPORT NO AVE	REPORT MX WK AV	MG/L		WEEKLY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	*****	*****			*****	0.05	0.05	(19)	0	1/7	Comp
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	15 NO AVE	22 MX WK AV	LBS/DY	*****	5 NO AVE	7.5 MX WK AV	MG/L		WEEKLY	COMPOS
PHOSPHORUS, TOTAL (AS P)	*****	*****			*****	2.44	2.66	(19)	0	2/31	Comp
00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT NO AVE	REPORT MX WK AV	MG/L		WICE/MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 H.S. Schardein Jr.
 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 502 540-6000
 DATE 07 02 19
 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)

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

NAME MSD NORTH HUNTING CREEK STP
ADDRESS C/O LOUISVILLE/JEFF CO MSD
4522 ALDOUNGUIN PKWY
LOUISVILLE KY 40211-2497
FACILITY MSD NORTH HUNTING CREEK STP
LOCATION PROSPECT KY 40059
ATTN: ALEX E NOVAK, OPER MGR

KY0029106
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MINOR (SUBR LV)
F - FINAL JEFFE
MUNICIPAL DISCHARGE EFFLUENT
*** NO DISCHARGE I [] ***
NOTE: Read Instructions before completing this form.

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

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 50050 1 0 0 EFFLUENT GROSS VALUE	0.408	0.786	(03)	*****	*****	*****	*****	0	c/n	c/n	
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX MGD	*****	*****	*****	*****		CONTIN	CONTIN	
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	*****	*****	(19)	*****	<0.010	<0.010	(19)	0	1/7	Grab	
	PERMIT REQUIREMENT	*****	*****	*****	0.011 MG AVG	0.015 DAILY MX MG/L	*****		WEEKLY	GRAB	
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	*****	*****	(13)	*****	5.70	44.00	(13)	0	1/7	Grab	
	PERMIT REQUIREMENT	*****	*****	*****	200 30DA GED	400 #/ 7 DA GED	100ML		WEEKLY	GRAB	
BOD, CARBONACEOUS 05 DAY, 20C 50082 6 0 0 RAW SEW/INFLUENT	335.291	431.14	(26)	*****	120	144	(19)	0	1/7	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 05 DAY, 20C 50082 1 0 0 EFFLUENT GROSS VALUE	4.17	6.04	(26)	*****	1.50	2.0	(19)	0	1/7	Comp	
	PERMIT REQUIREMENT	30 MD AVG	65 MX WK AV LBS/DY	*****	10 MD AVG	15 MX WK AV MG/L	*****		WEEKLY	COMPOS	
BOD, CARB-5 DAY, 20 DEG C, PERCENT REMVL 50091 4 0 0 PERCENT REMOVAL	*****	*****	(23)	99%	*****	*****	(23)	0	1/31	Cal	
	PERMIT REQUIREMENT	*****	*****	*****	85 MD MIN	*****	*****		ONCE/	CALCTD	
SOLIDS, SUSPENDED PERCENT REMOVAL 51011 4 0 0 PERCENT REMOVAL	*****	*****	(23)	98%	*****	*****	(23)	0	1/31	Cal	
	PERMIT REQUIREMENT	*****	*****	*****	85 MD MIN	*****	*****		ONCE/	CALCTD	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER H.J. Schardein Jr. 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
			540-6000	07	02	19	

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