



MSD

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

August 26, 2008

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 – July 2008**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Hunting Creek North WTP,
KPDES No.: KY0029106 for the month of July 2008

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

Sincerely,

John Kessel
Process Supervisor - Operations

JMK/HCN 0708

Enclosures

cc: C. Roth (DOW Louisville)
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 CEDAR CREEK STP
 8405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 CITY MSD NORTH HUNTING CREEK STP
 LOCATION PROSPECT KY 40057
 ATTENTION DENNIS THOMASSEN, SR METRO OPS

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 ***
 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	*****	*****	(19)	0	1/7	Grab
0300 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	7	*****	*****			WEEKLY	GRAB
FFLUENT GROSS VALUE					INST MIN			MG/L			
H	SAMPLE MEASUREMENT	*****	*****		6.1	*****	*****	(12)	0	1/7	Grab
0400 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	9.0			WEEKLY	GRAB
FFLUENT GROSS VALUE				*****	MINIMUM		MAXIMUM	SU			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	297.0	444.0	(26)	*****	170.0	214.0	(19)	0	1/7	Comp
0530 0 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT			WEEKLY	COMPOS
RAW SEW/INFLUENT		MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV	MG/L			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	12.0	17.0	(26)	*****	7.0	8.0	(19)	0	1/7	Comp
0530 1 0 0	PERMIT REQUIREMENT	90	134		*****	30	45			WEEKLY	COMPOS
FFLUENT GROSS VALUE		MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV	MG/L			
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	49.0	79.0	(26)	*****	27.0	38.0	(19)	0	1/7	Comp
0610 0 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT			WEEKLY	COMPOS
RAW SEW/INFLUENT		MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV	MG/L			
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.65	0.94	(26)	*****	0.41	0.78	(19)	0	1/7	Comp
0610 1 1 0	PERMIT REQUIREMENT	6.0	9.0		*****	2	3			WEEKLY	COMPOS
FFLUENT GROSS VALUE		MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV	MG/L			
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	3.31	3.46	(19)	0	2/31	Comp
0665 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT			TWICE/MONTH	COMPOS
FFLUENT GROSS VALUE				*****		MO AVG	MX WK AV	MG/L			
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.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE	
TYPED OR PRINTED								AREA CODE	NUMBER	YEAR	MO

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

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

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 ADDRESS C/O CEDAR CREEK STP
 8405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 LOCATION MSD NORTH HUNTING CREEK STP
 PROSPECT KY 40059
 ATTENTION DENNIS THOMASSON, SR METRO OPS

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

KY0029106
 PERMIT NUMBER

001 1
 DISCHARGE NUMBER

MINOR
 (SUBR LV)
 F - FINAL

Form Approved.
 OMB No. 2040-0004

JEFF

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
05	07	01		05	07	31

MUNICIPAL DISCHARGE
 EFFLUENT

*** NO DISCHARGE 1 1 ***

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			
LOW IN CONDUIT OR HRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.269	0.377	(03)	*****	*****	*****		0	C/N	C/N
0050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	*****		CONTINUOUS	CONTINUOUS
FFLUENT GROSS VALUE		30DA AVG	DAILY MX	MGD							
HLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	(19)	0	1/7	Grab
0060 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.011	0.019			WEEKLY	GRAB
FFLUENT GROSS VALUE						MG AVG	DAILY MX	MG/L			
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	1.0	2.0	(13)	0	1/7	Grab
4055 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	200	400 #/			WEEKLY	GRAB
FFLUENT GROSS VALUE						30DA GEO	7 DA GEO	100ML			
OD, CARBONACEOUS 5 DAY, 20C	SAMPLE MEASUREMENT	259.0	390.0	(26)	*****	150.0	206.0	(19)	0	1/7	Comp
0082 9 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT			WEEKLY	COMPOS
AW SEW/INFLUENT		MG AVG	MX WK AV	LB5/DY		MG AVG	MX WK AV	MG/L			
OD, CARBONACEOUS 5 DAY, 20C	SAMPLE MEASUREMENT	4.0	6.0	(26)	*****	2.0	3.0	(19)	0	1/7	Comp
0082 1 0 0	PERMIT REQUIREMENT	30	45		*****	10	15			WEEKLY	COMPOS
FFLUENT GROSS VALUE		MG AVG	MX WK AV	LB5/DY		MG AVG	MX WK AV	MG/L			
OD, CARB-5 DAY, 20C	SAMPLE MEASUREMENT	*****	*****		99%	*****	*****	(23)	0	1/31	Cal
EG C, PERCENT REMVL	PERMIT REQUIREMENT	*****	*****	*****	85	*****	*****	PER -		ONCE/	CALC'D
0091 K 0 0					MG MIN			CENT		MONTH	
PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		96%	*****	*****	(23)	0	1/31	Cal
SOLIDS, SUSPENDED PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	*****	85	*****	*****	PER -		ONCE/	CALC'D
1011 K 0 0					MG MIN			CENT		MONTH	
PERCENT REMOVAL											
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Exec Director H.J. Schackel Jr											
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE	NUMBER	YEAR	MO	DAY	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)						502	210-6000	08	08	25	