



MSD

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

June 24, 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 – May 2008**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Hunting Creek North WTP, KPDES No.: KY0029106 for the month of May 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 0508

Enclosures

cc: C. Roth (DOW Louisville)
T. Singleton
P. Burgin
R. Shaw



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

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

MINOR
(SUBR LV)
F - FINAL

JEFFE

MUNICIPAL DISCHARGE
EFFLUENT

*** NO DISCHARGE 1 1 ***

NOTE: Read Instructions before completing this form.

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

AME MSD NORTH HUNTING CREEK STP
DDRESS C/O CEDAR CREEK STP
8405 CEDAR CREEK RD
LOUISVILLE KY 40211
ACILITY MSD NORTH HUNTING CREEK STP
OCATION PROSPECT KY 40059
ATTN: DENNIS THOMASSEN, SR METRO OPS

KY0029106
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
08	05	01	08	05	31

FROM

TO

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	*****	*****		7.0	*****	*****	(19)	0	1/4	Grab
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	7	*****	*****	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE					INST MIN						
PH	SAMPLE MEASUREMENT	*****	*****		6.5	*****	6.6	(12)	0	1/4	Grab
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0	SU		WEEKLY	GRAB
EFFLUENT GROSS VALUE					MINIMUM		MAXIMUM				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	330	479	(26)	*****	125	146	(19)	0	1/4	Comp
00530 9 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT	MG/L		WEEKLY	COMPOS
RAW SEW/INFLUENT		MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	13	20	(26)	*****	5	9	(19)	0	1/4	Comp
00530 1 0 0	PERMIT REQUIREMENT	90	134		*****	30	45	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE		MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV				
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	39	92	(26)	*****	22	28	(19)	0	1/4	Comp
00610 9 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT	MG/L		WEEKLY	COMPOS
RAW SEW/INFLUENT		MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV				
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.77	1.0	(26)	*****	.31	.62	(19)	0	1/4	Comp
00610 1 1 0	PERMIT REQUIREMENT	6.0	9.0		*****	2	3	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE		MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV				
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	2.15	2.59	(19)	0	2/31	Comp
00665 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L		WICE/COMPOS	
EFFLUENT GROSS VALUE				****		MO AVG	MX WK AV			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			
TYPED OR PRINTED											
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)											

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA CODE NUMBER

YEAR MO DAY

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YEAR	MO	DAY	TO	YEAR	MO	DAY
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TO

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	.400	.686	(03)	*****	*****	*****		0	1/2	2/N
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		CONTINUOUS	CONTINUOUS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	MGD				****			
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	(17)	0	1/4	Grab
50060 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	0.011	0.014			WEEKLY	GRAB
EFFLUENT GROSS VALUE				****		MD AVG	DAILY MX	MG/L			
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	5	38	(13)	0	1/2	Grab
74055 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	200	400 #/			WEEKLY	GRAB
EFFLUENT GROSS VALUE				****		30DA GEO	7 DA GEO	100ML			
30D, CARBONACEOUS 25 DAY, 20C	SAMPLE MEASUREMENT	262	410	(26)	*****	98	124	(17)	0	1/3	Comp
50082 G 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT			WEEKLY	COMPOS
RAW SEW/INFLUENT		MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV	MG/L			
30D, CARBONACEOUS 25 DAY, 20C	SAMPLE MEASUREMENT	7	10	(26)	*****	3	3	(17)	0	1/2	Comp
50082 1 0 0	PERMIT REQUIREMENT	30	45		*****	10	15			WEEKLY	COMPOS
EFFLUENT GROSS VALUE		MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV	MG/L			
30D, CARB-5 DAY, 20 DEG C, PERCENT REMVL	SAMPLE MEASUREMENT	*****	*****		97%	*****	*****	(23)	0	1/31	C-1
50091 K 0 0	PERMIT REQUIREMENT	*****	*****	****	85	*****	*****	PER-CENT		ONCE/ MONTH	CALCUL
PERCENT REMOVAL				****	MD MIN						
30D, CARB-5 DAY, 20 DEG C, PERCENT REMVL	SAMPLE MEASUREMENT	*****	*****		96%	*****	*****	(23)	0	1/31	C-1
50111 K 0 0	PERMIT REQUIREMENT	*****	*****	****	85	*****	*****	PER-CENT		ONCE/ MONTH	CALCUL
PERCENT REMOVAL				****	MD MIN						

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Exec Director

H.J. Schudler Jr

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

502

241-9093

08

06

23

AREA CODE

NUMBER

YEAR

MO

DAY

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