



MSD

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

October 27, 2008

Ms. Vickie L. Prather
Kentucky Division of Water
14 Reilly Road
Frankfort, Kentucky 40601

**Re: MSD Metro Operations
North Hunting Creek; KPDES No.: KY0029106
Discharge Monitoring Reports – September 2008**

Dear Ms. Prather

Attached is the Discharge Monitoring Reports (DMRs) for the Hunting Creek North WTP, KPDES No.: KY0029106 for the month of September 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 0908

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
0405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY MSD NORTH HUNTING CREEK STP
LOCATION PROSPECT KY 40059
ATTN. DENNIS THOMASSEN, SR. METRO OPS

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

AY0029106			001 1			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	09	01		06	09	30

MINOR
(SUBR LV)
F - FINAL
MUNICIPAL DISCHARGE
EFFLUENT
*** NO DISCHARGE () ***
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	*****	*****		7.0	*****	*****	(19)	0	1/2	Grab
0300 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	7	*****	*****			WEEKLY	GRAB
EFFLUENT GROSS VALUE					INST MIN			MG/L			
0400 1 0 0	SAMPLE MEASUREMENT	*****	*****		6.3	*****	6.4	(12)	0	1/2	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	9.0			WEEKLY	GRAB
0400 1 0 0					MINIMUM		MAXIMUM	SD			
SLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	490.0	587.0	(26)	*****	250.0	314.0	(19)	0	1/2	Comp
0530 0 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT			WEEKLY	COMPOS
AW SEW/INFLUENT		MD AVG	MX WK AV	LB/DY		MD AVG	MX WK AV	MG/L			
SLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	11.0	17.0	(26)	*****	6.0	8.0	(19)	0	1/2	Comp
0530 1 0 0	PERMIT REQUIREMENT	70	134		*****	30	45			WEEKLY	COMPOS
EFFLUENT GROSS VALUE		MD AVG	MX WK AV	LB/DY		MD AVG	MX WK AV	MG/L			
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	61.0	98.0	(26)	*****	31.0	50.0	(19)	0	1/2	Comp
0610 0 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT			WEEKLY	COMPOS
AW SEW/INFLUENT		MD AVG	MX WK AV	LB/DY		MD AVG	MX WK AV	MG/L			
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	1.0	2.0	(26)	*****	0.52	1.0	(19)	0	1/2	Comp
0610 1 1 0	PERMIT REQUIREMENT	6.0	9.0		*****	2	3			WEEKLY	COMPOS
EFFLUENT GROSS VALUE		MD AVG	MX WK AV	LB/DY		MD AVG	MX WK AV	MG/L			
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	2.0	4.0	(19)	0	1/30	Comp
0660 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT			WEEKLY	COMPOS
EFFLUENT GROSS VALUE						MD 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.				TELEPHONE		DATE			
E. J. Schaefer Jr						502 511-6000		08 10 24			
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)											

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ADDRESS C/O CEDAR CREEK STP
8405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY MSD NORTH HUNTING CREEK STP
LOCATION PROSPECT KY 40059
ATTN: 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
MUNICIPAL DISCHARGE
EFFLUENT
*** NO DISCHARGE !!!
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FROM
YEAR 08 MO 07 DAY 01
TO
YEAR 08 MO 07 DAY 30

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 30050 I C O EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.235	0.275	(03)	*****	*****	*****		0	1/2	1/2
	PERMIT REQUIREMENT	REPORT 30 DA AVG	REPORT DAILY MX	MGD	*****	*****	*****	*****		CONTINUOUS	IN
CHLORINE, TOTAL RESIDUAL 30060 I C O EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	(19)	0	1/3	6mb
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.011 MG AVG	0.019 DAILY MX	MG/L		WEEKLY	GRAB
COLIFORM, FECAL GENERAL 30055 I C O EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	4.0	7.0	(13)	0	1/7	6-b
	PERMIT REQUIREMENT	*****	*****	*****	*****	200 30 DA GED	400 7 DA GED	100ML		WEEKLY	GRAB
BOD, CARBONACEOUS 5 DAY, 20C 30082 G G O RAW SEW/INFLUENT	SAMPLE MEASUREMENT	480.0	830.0	(26)	*****	241.0	401.0	(19)	0	1/3	Comp
	PERMIT REQUIREMENT	REPORT MG AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MG AVG	REPORT MX WK AV	MG/L		WEEKLY	COMPOSITE
BOD, CARBONACEOUS 5 DAY, 20C 30082 I C O EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	7.0	13.0	(26)	*****	4.0	6.0	(19)	0	1/3	Comp
	PERMIT REQUIREMENT	30 MG AVG	45 MX WK AV	LBS/DY	*****	10 MG AVG	15 MX WK AV	MG/L		WEEKLY	COMPOSITE
BOD, CARB-5 DAY, 20 DEG C, PERCENT REMVL 30091 K O O PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		98.0%	*****	*****	(23)	0	1/30	Cal
	PERMIT REQUIREMENT	*****	*****	*****	85 NO MIN	*****	*****	PER-CENT		ONCE/ MONTH	CALC'D
SOLIDS, SUSPENDED PERCENT REMOVAL 31011 K O O PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		98.0%	*****	*****	(23)	0	1/30	Cal
	PERMIT REQUIREMENT	*****	*****	*****	85 NO MIN	*****	*****	PER-CENT		ONCE/ MONTH	CALC'D

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Exec Dir
H.J. Schuler 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
502 544-6000

DATE
08 10 24

AREA CODE
502

NUMBER
544-6000

YEAR
08

MO
10

DAY
24

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