



MSD

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

January 20, 2009

Ms. Carolena Bentley
DMR Coordinator
200 Fair Oaks Lane
Frankfort, Kentucky 40601

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

Dear Ms. Prather

Attached is the Discharge Monitoring Reports (DMRs) and the Monthly operator report (MOR) for the Hunting Creek North WTP, KPDES No.: KY0029106 for the month of December 2008

Also included are the Metal analysis for December.

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

Sincerely,

D.J. Rheinlaender
Process Supervisor - Operations

DJR/HCN 1208

Enclosures

cc: C. Roth (DOW Louisville)
T. Singleton
R. Shew



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

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME MSD NORTH HUNTING CREEK STP
ADDRESS C/O CEDAR CREEK STP
 5405 CEDAR CREEK RD.
 LOUISVILLE KY 40211
FACILITY MSD NORTH HUNTING CREEK STP
LOCATION PROSPECT KY 40059
ATTN: DENNIS THOMASSON, SR METRO OPS

KY0029106		001 1				
PERMIT NUMBER		DISCHARGE NUMBER				
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	12	31	TO	08	12	31

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

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)	00300 1 0 0	*****	*****		7.5	*****	*****	(19)	0	1/7	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	7	*****	*****			WEEKLY	GRAB
PH	00400 1 0 0	*****	*****		6.7	*****	6.8	(12)	0	1/7	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	7.0			WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	00530 6 0 0	*****	*****	(26)	*****	*****	*****	(19)	0	1/7	Comp
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT	REPORT	LBS/DY	*****	REPORT	REPORT			WEEKLY	COMPOS
SOLIDS, TOTAL SUSPENDED	00530 1 0 0	*****	*****	(26)	*****	*****	*****	(19)	0	1/7	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	70	134	LBS/DY	*****	30	45			WEEKLY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	00610 6 0 0	*****	*****	(26)	*****	*****	*****	(19)	0	1/7	Comp
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT	REPORT	LBS/DY	*****	REPORT	REPORT			WEEKLY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	00610 1 2 0	*****	*****	(26)	*****	*****	*****	(19)	0	1/7	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	15	22	LBS/DY	*****	5	7.5			WEEKLY	COMPOS
PHOSPHORUS, TOTAL (AS P)	00665 1 0 0	*****	*****		*****	*****	*****	(19)	0	2/31	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT			TWICE/MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER 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

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

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

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
 FACILITY MSD NORTH HUNTING CREEK STP
 LOCATION PROSPECT KY 40059
 ATTN: DENNIS THOMASSON, SR METRO OPS

KY0029106
 PERMIT NUMBER

001 1
 DISCHARGE NUMBER

MINOR
 (SUBR LV)
 F - FINAL
 MUNICIPAL DISCHARGE
 EFFLUENT

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	12	01		08	12	31

*** NO DISCHARGE () ***

NOTE: Read Instructions before completing this form.

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	0.341	0.543	(03)	*****	*****	*****			0	1/7	1/7
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30 DA AVG	DAILY MX	MGD	*****	*****	*****	****		CONTINUOUS	CONTINUOUS
CHLORINE, TOTAL RESIDUAL	*****	*****		*****	*****	*****	(19)		0	1/7	Grab
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.011	0.015	MG/L		WEEKLY	GRAB
COLIFORM, FECAL GENERAL	*****	*****		*****	*****	*****	(13)		0	1/7	Grab
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	*/100ML		WEEKLY	GRAB
BOD, CARBONACEOUS 5 DAY, 20C	594	934	(26)	*****	*****	*****	(19)		0	1/7	Grab
50082 6 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	MD AVG	MX WK AV	LBS/DY	*****	REPORT	REPORT	MG/L		WEEKLY	COMPOS
BOD, CARBONACEOUS 5 DAY, 20C	9	9	(26)	*****	*****	*****	(19)		0	1/7	Grab
50082 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30	45		*****	10	15	MG/L		WEEKLY	COMPOS
BOD, CARB-5 DAY, 20 DEG C, PERCENT REMOVAL	*****	*****		*****	*****	*****	(28)		0	1/31	Calc
50091 K 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	65	*****	*****	PER-CENT		ONCE / MONTH	CALC'D
SOLIDS, SUSPENDED PERCENT REMOVAL	*****	*****		*****	*****	*****	(28)		0	1/31	Calc
51011 K 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	65	*****	*****	PER-CENT		ONCE / MONTH	CALC'D

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 [Signature]
 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]
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
		08	01	20

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

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

FACILITY MSD NORTH HUNTING CREEK STP

LOCATION PROSPECT

KY 40059

ATTN: DENNIS THOMASSON, SR METRO DPS

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

KY0029106
PERMIT NUMBER

001 M
DISCHARGE NUMBER

MINOR
(SUBR LV)
F - FINAL
METALS
EFFLUENT

JEFF

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	01	01		08	12	31

*** NO DISCHARGE 1 1 ***

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
HARDNESS, TOTAL (AS CaCO3) 00900 1 0 0 EFFLUENT GROSS VALUE		*****	*****	*****	*****	227	227	(19)		1/yr	ANNUAL COMPOS
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT				
						MD AVG	DAILY MX	MG/L			
CADMIUM, DISSOLVED (AS CD) 01025 1 0 0 EFFLUENT GROSS VALUE		*****	*****	*****	*****	5.000	5.000	(19)		1/yr	ANNUAL COMPOS
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT				
						MD AVG	DAILY MX	MG/L			
COPPER, DISSOLVED (AS CU) 01040 1 0 0 EFFLUENT GROSS VALUE		*****	*****	*****	*****	0.038	0.038	(19)		1/yr	ANNUAL COMPOS
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT				
						MD AVG	DAILY MX	MG/L			
LEAD, DISSOLVED (AS PB) 01049 1 0 0 EFFLUENT GROSS VALUE		*****	*****	*****	*****	50.005	50.005	(19)		1/yr	ANNUAL COMPOS
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT				
						MD AVG	DAILY MX	MG/L			
ZINC, DISSOLVED (AS ZN) 01090 1 0 0 EFFLUENT GROSS VALUE		*****	*****	*****	*****	0.170	0.170	(19)		1/yr	ANNUAL COMPOS
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT				
						MD AVG	DAILY MX	MG/L			
ZINC TOTAL RECOVERABLE 01094 1 0 0 EFFLUENT GROSS VALUE		*****	*****	*****	*****	0.170	0.170	(19)		1/yr	ANNUAL COMPOS
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT				
						MD AVG	DAILY MX	MG/L			
CADMIUM TOTAL RECOVERABLE 01113 1 0 0 EFFLUENT GROSS VALUE		*****	*****	*****	*****	0.0016	0.0016	(19)		1/yr	ANNUAL COMPOS
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT				
						MD AVG	DAILY MX	MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Dennis Thomasson
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
Dennis Thomasson

TELEPHONE
DATE
AREA CODE NUMBER YEAR MO DAY

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

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

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
 FACILITY: MSD NORTH HUNTING CREEK STP
 LOCATION: PROSPECT KY 40059
 ATTN: DENNIS THOMASSON, SR METRO OPS

KY0029106
 PERMIT NUMBER

001 M
 DISCHARGE NUMBER

MINOR
 (SUBR LV)
 F - FINAL
 METALS
 EFFLUENT

JEFFL

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	01	01		08	12	31

*** NO DISCHARGE [] ***

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
LEAD TOTAL RECOVERABLE 01114 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	4.0005	50.0005	(19)	0	1/yr	ANNUAL COMPOS
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L			
COPPER TOTAL RECOVERABLE 01119 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	1.030	0.035	(19)	0	1/yr	ANNUAL COMPOS
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 [Signature]
 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]
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 502 390-6000
 DATE: 09 01 20
 AREA CODE: 502 NUMBER: 390-6000

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

Hunting Creek North

Date	Flow	Concentration			INFLUENT			Pounds		
		TSS	BOD	NH3	TSS	BOD	NH3	TSS	BOD	NH3
12/1/2008	0.344									
12/2/2008	0.31									
12/3/2008	0.305	250	367	45	635.925	933.538	114.467			
12/4/2008	0.297									
12/5/2008	0.328									
12/6/2008	0.312									
12/7/2008	0.343									
12/8/2008	0.341									
12/9/2008	0.379									
12/10/2008	0.347	170	150	34	491.977	434.097	98.395			
12/11/2008	0.543									
12/12/2008	0.455									
12/13/2008	0.379									
12/14/2008	0.402									
12/15/2008	0.342									
12/16/2008	0.363									
12/17/2008	0.32	200	186	34	533.760	496.397	90.739			
12/18/2008	0.325									
12/19/2008	0.404									
12/20/2008	0.32									
12/21/2008	0.316									
12/22/2008	0.29									
12/23/2008	0.285	224	215	33	532.426	511.034	78.438			
12/24/2008	0.311									
12/25/2008	0.259									
12/26/2008	0.293									
12/27/2008	0.302									
12/28/2008	0.315									
12/29/2008	0.242									
12/30/2008	0.362									
12/31/2008										
Average	0.338	211	230	36.50	548.522	593.766	95.510			
Maximum	0.543	250	367	45.00	635.9	933.54	114.467			

Hunting Creek North

TSS Rem BOD Rem

0.98 0.991826

0.952941 0.98

0.96 0.983871

0.96875 0.986047

97%	99%
0	0
0	0