



MSD

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

February 25, 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 – January 2008**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Hunting Creek North WTP, KPDES No.: KY0029106 for the month of January 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 0108

Enclosures

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



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

PERMITTEE NAME/ADDRESS: MSO NORTH HUNTING CREEK STP
 670 CEDAR CREEK STP
 8408 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY: MSO NORTH HUNTING CREEK STP
 LOCATION: PROSPECT KY 40059
 ATTN: DENNIS THOMASSON, SR METRO OPS

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

WY0029106 PERMIT NUMBER
 001 1 DISCHARGE NUMBER

Form Approved. No. 2040-0004
 MINOR (SUBR LV)
 F - FINAL
 MUNICIPAL DISCHARGE EFFLUENT
 JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	01	01		08	01	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			
OXYGEN, DISSOLVED (DO)	*****	*****			7.5	*****	*****	(19)	0	1/2	Grab
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		WEEKLY	GRAB
PH	*****	*****			6.7	*****	*****	(12)	0	1/2	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	EU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	460.0	733.0	(26)		*****	174.0	288.0	(19)	0	1/2	Comp
00500 1 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		WEEKLY	COMPOS
SOLIDS, TOTAL SUSPENDED	15.58	23.0	(26)		*****	6.0	8.0	(19)	0	1/2	Comp
00600 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	90 MD AVG	134 MX WK AV	LBS/DY	*****	30 MD AVG	45 MX WK AV	MG/L		WEEKLY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	58.0	79.0	(26)		*****	22.0	31.0	(19)	0	1/2	Comp
00610 1 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		WEEKLY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	1.0	2.0	(26)		*****	0.25	0.65	(19)	0	1/2	Comp
00610 1 2 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	15 MD AVG	22 MX WK AV	LBS/DY	*****	5 MD AVG	7.5 MX WK AV	MG/L		WEEKLY	COMPOS
PHOSPHORUS, TOTAL (AS P)	*****	*****			*****	2.49	2.58	(19)	0	2/31	Comp
00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		WICE/MONTH	COMPOS

NAME/TITLE: Exec Director
 H S Schaefer
 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: 502 241-9092
 DATE: 08 02 21

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

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

MSD NORTH HUNTING CREEK STP
 ADDRESS 0/0 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) MONITORING REPORT (DMR)

KY00059104 PERMIT NUMBER
 001 1 DISCHARGE NUMBER

MINOR (SUBR LV)
 F - FINAL
 MUNICIPAL DISCHARGE EFFLUENT
 *** NO DISCHARGE ***

Approved. No. 2040-0004

JEFFE

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

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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	0.343	(03)	*****	*****	*****		0	9m	9m	
EFFLUENT GROSS VALUE CHLORINE, TOTAL RESIDUAL	*****	*****	*****	*****	20.010	20.010	(19)	0	1/2	Grab	
EFFLUENT GROSS VALUE COLIFORM, FECAL GENERAL	*****	*****	*****	*****	0.011	0.019	MG/L	0	1/2	Grab	
EFFLUENT GROSS VALUE COD, CARBONACEOUS 25 DAY, 200	367.0	410.0	(26)	*****	138.0	161.0	(19)	0	1/2	Comp	
RAW SEW/INFLUENT COD, CARBONACEOUS 25 DAY, 200	8.0	9.0	(26)	*****	3.0	3.0	(19)	0	1/2	Comp	
EFFLUENT GROSS VALUE COD, CARBONACEOUS 5 DAY, 20	*****	*****	*****	*****	98%	*****	(23)	0	2/31	Cal	
PERCENT REMOVAL SOLIDS, SUSPENDED	*****	*****	*****	*****	97%	*****	(23)	0	1/31	Cal	
PERCENT REMOVAL	*****	*****	*****	*****	*****	*****	*****	0	*****	*****	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Eric Director
 H.S. Schneider
 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 NUMBER 1241-9093
 DATE 08 02 21

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