



MSD

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

March 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 – February 2008**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Hunting Creek North WTP, KPDES No.: KY0029106 for the month of February 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 0208

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 (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 40057

ATTN: 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

JEFFE

MUNICIPAL DISCHARGE

EFFLUENT

*** NO DISCHARGE 1 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	*****	*****		7.4	*****	*****	(19)	0	1/7	Grab
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	7	*****	*****			WEEKLY	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.7	*****	6.8	(12)	0	1/7	Grab
PH	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	9.0			WEEKLY	GRAB
00400 1 0 0	SAMPLE MEASUREMENT	*****	*****		MINIMUM	*****	MAXIMUM	50			
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****		*****					
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	373	443	(26)	*****	98	135	(19)	0	1/7	Comp
00530 0 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT			WEEKLY	COMPOS
RAW SEW/INFLUENT	PERMIT REQUIREMENT	MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV	MG/L			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	26	30	(26)	*****	7	10	(19)	0	1/7	Comp
00530 1 0 0	PERMIT REQUIREMENT	90	134		*****	30	45			WEEKLY	COMPOS
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV	MG/L			
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	47	55	(26)	*****	12	19	(19)	0	1/7	Comp
00610 0 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT			WEEKLY	COMPOS
RAW SEW/INFLUENT	PERMIT REQUIREMENT	MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV	MG/L			
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	1	3	(26)	*****	.27	.62	(19)	0	1/7	Comp
00610 1 2 0	PERMIT REQUIREMENT	15	22		*****	5	7.5			WEEKLY	COMPOS
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV	MG/L			
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	2	2	(19)	0	2/29	Comp
00665 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT			WICE/COMPOS	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	MD AVG	MX WK AV	MG/L		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.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE	
11.5. Schudein Jr Exec Director						508 241-9093		08 03 25			
TYPED OR PRINTED						AREA CODE		NUMBER		YEAR MO DAY	

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 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

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
05	02	01		05	02	27

FROM

TO

MUNICIPAL DISCHARGE
EFFLUENT

*** NO DISCHARGE 1 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			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.419	0.788	(03)	*****	*****	*****		0	1/2	1/2
50050 1 0 0	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	*****	*****	*****	***			CONTINCONTIN
EFFLUENT GROSS VALUE					*****	*****	*****	***			UDUS
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	(19)	0	1/2	Grab
50060 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	0.011	0.019				WEEKLYGRAB
EFFLUENT GROSS VALUE				***		MD AVG	DAILY MX	MG/L			
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	8	49	(13)	0	1/2	Grab
74055 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	200	400	*/			WEEKLYGRAB
EFFLUENT GROSS VALUE				***		30DA GEO	7 DA GEO	100ML			
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	348	435	(26)	*****	93	136	(19)	0	1/2	Comp
80082 0 0 0	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L			WEEKLYCOMPOS
RAW SEW/INFLUENT											
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	12	3	(26)	*****	3	3	(19)	0	1/2	Comp
80082 1 0 0	PERMIT REQUIREMENT	30	45		*****	10	15				WEEKLYCOMPOS
EFFLUENT GROSS VALUE		MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV	MG/L			
BOD, CARB-5 DAY, 20 DEG C, PERCENT REMVL	SAMPLE MEASUREMENT	*****	*****		97%	*****	*****	(23)	0	1/29	Col
80091 K 0 0	PERMIT REQUIREMENT	*****	*****	***	85	*****	*****	PER-CENT			ONCE/ CALCTD MONTH
PERCENT REMOVAL				***	MD MIN						
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		93%	*****	*****	(23)	0	1/29	Col
81011 K 0 0	PERMIT REQUIREMENT	*****	*****	***	85	*****	*****	PER-CENT			ONCE/ CALCTD MONTH
PERCENT REMOVAL				***	MD MIN						
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			
Exec Director H.J. Schader, Jr.						500 1241-9093		08	03	25	
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)