



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

January 20, 2010

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

**Re: MSD Metro Operations
Hunting Creek North; WQTC KPDES No.: KY0029106
Discharge Monitoring Reports -December 2009**

Dear Ms. Bentley,

Attached are the Discharge Monitoring Reports (DMRs) and the Monthly Operator Report (MOR) for the Hunting Creek North WQTC, KPDES No.: KY0029106 for the month of December 2009.

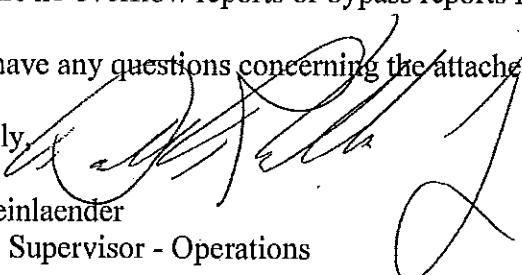
During this reporting period, this plant experienced exceedences for dissolved metals. Due to an oversight, the samples were only analyzed by MSD's laboratory for recoverable metals. Upon discovery of this omission in January of 2010, MSD re-sampled this plant for dissolved metals as well as total recoverable metals and have sent the samples to the laboratory to be analyzed. The results are currently pending.

MSD will implement a procedure to prevent recurrence of this exceedence.

There are no overflow reports or bypass reports for this month.

If you have any questions concerning the attached DMRs, please contact me at (502) 587-5856.

Sincerely,


D.J. Rheinlaender
Process Supervisor - Operations

DJR/HCN 0110

Enclosures

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



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

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

NAME HUNTING CREEK N WQTC MSD
 ADDRESS C/O CEDAR CREEK WQTC
 8405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY HUNTING CREEK N WQTC MSD
 LOCATION PROSPECT KY 40059
 ATTN: DENNIS THOMASSEN, SR METRO OPS

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

PERMIT NUMBER KY0029106
 DISCHARGE NUMBER 001 1

MINDR
 (SUBR LV)
 F - FINAL
 MUNICIPAL DISCHARGE
 EFFLUENT
 *** NO DISCHARGE 1-1 ***

JEFFE

Form Approved.
 OMB No. 2040-0004

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	12	01		07	12	01

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)		*****	*****		8	*****	*****	(19)	0	1/7	GR
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE											
PH		*****	*****		7.6	*****	7.9	(12)	0	1/7	GR
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	5.0	*****	7.0	SD		WEEKLY	GRAB
EFFLUENT GROSS VALUE					MINIMUM		MAXIMUM				
SOLIDS, TOTAL SUSPENDED		*****	*****	(25)	*****	*****	*****	(19)	0	1/7	CP
00530 0 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT	MG/L		WEEKLY	COMPOS
RAW SEW/INFLUENT		MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV				
SOLIDS, TOTAL SUSPENDED		*****	*****	(25)	*****	*****	*****	(19)	0	1/7	CP
00530 1 0 0	PERMIT REQUIREMENT	MD AVG	MX WK AV	LBS/DY	*****	MD AVG	MX WK AV	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE											
NITROGEN, AMMONIA TOTAL (AS N)		*****	*****	(25)	*****	*****	*****	(19)	0	1/7	CP
00610 0 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT	MG/L		WEEKLY	COMPOS
RAW SEW/INFLUENT		MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV				
NITROGEN, AMMONIA TOTAL (AS N)		*****	*****	(25)	*****	*****	*****	(19)	0	1/7	CP
00610 1 2 0	PERMIT REQUIREMENT	MD AVG	MX WK AV	LBS/DY	*****	MD AVG	MX WK AV	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE											
PHOSPHORUS, TOTAL (AS P)		*****	*****		*****	*****	*****	(19)	0	6/31	CP
00665 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE						MD 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
EXT. NO. TYPED OR PRINTED		

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY
	404	446 6000	10	1	13

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

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 ADDRESS C/O CEDAR CREEK WQTC
 8405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY HUNTING CREEK N WQTC MSD
 LOCATION PROSPECT KY 40059
 ATTN: DENNIS THOMASSON, SR METRO OPS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

KY0027106	001 1
PERMIT NUMBER	DISCHARGE NUMBER

MINOR
 (SUSP LV)
 F - FINAL
 MUNICIPAL DISCHARGE
 EFFLUENT
 *** NO DISCHARGE 1 1 ***

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	12	01		07	12	01

FROM

TO

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	0.193	0.291	(03)	*****	*****	*****	*****	0	C/N	C/N	
50050 1 0 0	PERMIT REQUIREMENT	30DA AVG	DAILY MX	MGD	*****	*****	*****	****	CONTINUOUS	UDUS	
CHLORINE, TOTAL RESIDUAL	*****	*****	*****	*****	*****	*****	*****	0	1/7	GR	
50060 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.011 MG AVG	0.019 DAILY MX	MG/L	WEEKLY	GRAB	
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	0	1/7	GR	
COLIFORM, FECAL GENERAL	*****	*****	*****	*****	*****	200	400	#/100ML	WEEKLY	GRAB	
74055 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	30DA GEO	7 DA GEO	100ML	*****	*****	
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	0	1/7	CP	
BOD, CARBONACEOUS 5 DAY, 20C	309	377	(25)	*****	*****	182	257	MG/L	WEEKLY	COMPL	
80082 5 0 0	PERMIT REQUIREMENT	MO AVG	MX WK AV	LBS/DY	*****	MO AVG	MX WK AV	MG/L	*****	*****	
RAW SEW/INFLUENT	*****	*****	*****	*****	*****	*****	*****	0	1/7	CP	
BOD, CARBONACEOUS 5 DAY, 20C	6	11	(25)	*****	*****	3	6	MG/L	WEEKLY	COMPL	
80082 1 0 0	PERMIT REQUIREMENT	MO AVG	MX WK AV	LBS/DY	*****	MO AVG	MX WK AV	MG/L	*****	*****	
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	0	1/31	CA	
BOD, CARB-5 DAY, 20 DEG C, PERCENT REMVL	*****	*****	*****	*****	*****	*****	*****	PER-CENT	ONCE / MONTH	CALCUL	
80091 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	
PERCENT REMOVAL	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	
SOLIDS, SUSPENDED PERCENT REMOVAL	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	
81011 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	
PERCENT REMOVAL	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	
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EXEC. OFF A. J. Schauder								401 341 6400		10 1 13	
TYPED OR PRINTED								AREA CODE NUMBER		YEAR MO DAY	

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8405 CEDAR CREEK RD

LOUISVILLE

KY 40211

FACILITY HUNTING CREEK N WQTC MSD

LOCATION PROSPECT

KY 40059

ATTN: DENNIS THOMASSON, SR METRO OPS

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

PERMIT NUMBER KY0027108

DISCHARGE NUMBER 001 M

MINOR
(SUBR LV)
F - FINAL
METALS
EFFLUENT

Form Approved.
OMB No. 2040-0004

JEFFIE

MONITORING PERIOD									
YEAR			MO	DAY	YEAR			MO	DAY
FROM					TO				

*** 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			
HARDNESS, TOTAL (AS CaCO3)	SAMPLE MEASUREMENT	*****	*****		*****	—	—	(17)	1	1/4R	CP
00900 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT NO AVG	REPORT DAILY MX	MG/L		ANNUAL	COMPOS
CADMIUM, DISSOLVED (AS Cd)	SAMPLE MEASUREMENT	*****	*****		*****	—	—	(17)	1	1/4R	CP
01025 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT NO AVG	REPORT DAILY MX	MG/L		ANNUAL	COMPOS
EFFLUENT GROSS VALUE											
COPPER, DISSOLVED (AS Cu)	SAMPLE MEASUREMENT	*****	*****		*****	—	—	(17)	1	1/4R	CP
01040 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT NO AVG	REPORT DAILY MX	MG/L		ANNUAL	COMPOS
EFFLUENT GROSS VALUE											
LEAD, DISSOLVED (AS Pb)	SAMPLE MEASUREMENT	*****	*****		*****	—	—	(17)	1	1/4R	CP
01049 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT NO AVG	REPORT DAILY MX	MG/L		ANNUAL	COMPOS
EFFLUENT GROSS VALUE											
ZINC, DISSOLVED (AS Zn)	SAMPLE MEASUREMENT	*****	*****		*****	—	—	(17)	1	1/4R	CP
01090 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT NO AVG	REPORT DAILY MX	MG/L		ANNUAL	COMPOS
EFFLUENT GROSS VALUE											
ZINC TOTAL RECOVERABLE	SAMPLE MEASUREMENT	*****	*****		*****	0.060	0.060	(17)	0	1/4R	CP
01094 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT NO AVG	REPORT DAILY MX	MG/L		ANNUAL	COMPOS
EFFLUENT GROSS VALUE											
CADMIUM TOTAL RECOVERABLE	SAMPLE MEASUREMENT	*****	*****		*****	0.003	0.003	(17)	0	1/4R	CP
01113 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT NO AVG	REPORT DAILY MX	MG/L		ANNUAL	COMPOS
EFFLUENT GROSS VALUE											
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H. J. Thomas							AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					44 54 66		10	1	13

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MONITORING PERIOD						
FROM			TO			
YEAR	MO	DAY	YEAR	MO	DAY	
00	01	01	00	12	31	

*** NO DISCHARGE 1 1 ***

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
LEAD	SAMPLE MEASUREMENT	*****	*****		*****			17		1/yr	CP
TOTAL RECOVERABLE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT			ANNUAL	COMPOS
01114 1 0 0						MD AVG	DAILY MX	MG/L			
EFFLUENT GROSS VALUE											
COPPER	SAMPLE MEASUREMENT	*****	*****		*****			17		1/yr	CP
TOTAL RECOVERABLE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT			ANNUAL	COMPOS
01119 1 0 0						MD AVG	DAILY MX	MG/L			
EFFLUENT GROSS VALUE											
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

AREA CODE

NUMBER

YEAR

MO

DAY

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

Hunting Creek North

Date	Flow	INFLUENT						
		Concentration			Pounds			
		TSS	BOD	NH3	TSS	BOD	NH3	
12/1/2009	0.16							
12/2/2009	0.175	172	257	0.34	251.034	375.092	0.496	
12/3/2009	0.162							
12/4/2009	0.149							
12/5/2009	0.155							
12/6/2009	0.164							
12/7/2009	0.159							
12/8/2009	0.258							
12/9/2009	0.281	116	120	12	271.851	281.225	28.122	
12/10/2009	0.19							
12/11/2009	0.175							
12/12/2009	0.18							
12/13/2009	0.214							
12/14/2009	0.199							
12/15/2009	0.181							
12/16/2009	0.175	136	140	10	198.492	204.330	14.595	
12/17/2009	0.179							
12/18/2009	0.182							
12/19/2009	0.252							
12/20/2009	0.235							
12/21/2009	0.216							
12/22/2009	0.205							
12/23/2009	0.213	202	212	13	358.837	376.601	23.093	
12/24/2009	0.205							
12/25/2009	0.216							
12/26/2009	0.198							
12/27/2009	0.184							
12/28/2009	0.174							
12/29/2009	0.179							
12/30/2009	0.175							
12/31/2009	0.197							
Average	0.193	157	182	8.84	270.053	309.312	16.577	
Maximum	0.281	202	257	13.00	358.8	376.60	28.122	

[illegible]