



**MSD**

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

February 23, 2009

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

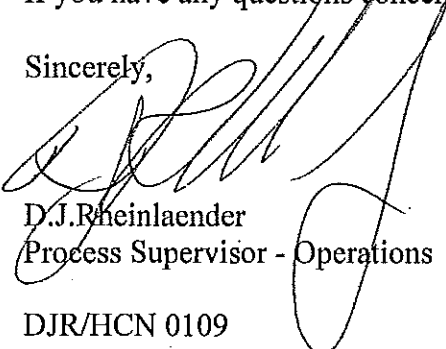
**Re: MSD Metro Operations  
North Hunting Creek; KPDES No.: KY0029106  
Discharge Monitoring Reports –February, 2009**

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 February 2009

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 0109

Enclosures

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



*Beneficial Use of Louisville's Biosolids*  
[www.louisvillegreen.com](http://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 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 ( ) \*\*\*

NOTE: Read Instructions before completing this form.

JEFFE

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
OXYGEN, DISSOLVED (DD) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		71	*****	*****	( 19 )		1/17	WEEKLY GRAB	
	PERMIT REQUIREMENT	*****	*****	****	7	*****	*****					
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.2	*****	*****	( 12 )		1/17	WEEKLY GRAB	
	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0					
SOLIDS, TOTAL SUSPENDED 00530 0 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	3014	113.5	( 26 )	*****	*****	*****	( 19 )		1/17	WEEKLY COMPOS	
	PERMIT REQUIREMENT	MD AVG	MX WK AV	LBS/DY	*****	REPORT	REPORT					
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	13	27	( 26 )	*****	*****	*****	( 19 )		1/17	WEEKLY COMPOS	
	PERMIT REQUIREMENT	MD AVG	MX WK AV	LBS/DY	*****	30	45					
NITROGEN, AMMONIA TOTAL (AS N) 00610 0 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	1.5	0.0	( 26 )	*****	*****	*****	( 19 )		1/17	WEEKLY COMPOS	
	PERMIT REQUIREMENT	REPORT	REPORT	LBS/DY	*****	REPORT	REPORT					
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.07	2.58	( 26 )	*****	*****	*****	( 19 )		1/17	WEEKLY COMPOS	
	PERMIT REQUIREMENT	MD AVG	MX WK AV	LBS/DY	*****	0.07	7.5					
PHOSPHORUS, TOTAL (AS P) 00565 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	( 19 )		2/31	WEEKLY COMPOS	
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT					
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		
TYPED OR PRINTED								AREA CODE	NUMBER	YEAR	MO	DAY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)												

NAME MSD NORTH HUNTING CREEK STP

ADDRESS C/O CEDAR CREEK STP

18405 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)  
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MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	07	01	01		07	01	31

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	0.000			( G3)	*****	*****	*****				
80050 1 0 0	PERMIT REQUIREMENT	30 DA AVG	DAILY MX	MGD	*****	*****	*****	****		CONTINUOUS	
EFFLUENT GROSS VALUE											
CHLORINE, TOTAL RESIDUAL	0.000			( 19)	*****	0.010	0.010			1/2	CONTIN
50060 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	0.011	0.019	MG/L		WEEKLY GRAB	
EFFLUENT GROSS VALUE						MD AVG	DAILY MX				
COLIFORM, FECAL GENERAL	0.000			( 13)	*****	1.00	1.00			1/4	GRAB
74055 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	*/		WEEKLY GRAB	
EFFLUENT GROSS VALUE						30 DA GED	7 DA GED	100ML			
BOD, CARBONACEOUS 05 DAY, 20C	41.9		53.9	( 26)	*****	176	241			1/4	COMPOS
80082 0 0 0	PERMIT REQUIREMENT	MD AVG	MX WK AV	LBS/DY	*****	REPORT	REPORT	MG/L		WEEKLY	
RAW SEW/INFLUENT						MD AVG	MX WK AV				
BOD, CARBONACEOUS 05 DAY, 20C	7		9	( 25)	*****	3	3			1/7	COMPOS
80082 1 0 0	PERMIT REQUIREMENT	30	45		*****	10	15	MG/L		WEEKLY	
EFFLUENT GROSS VALUE		MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV				
BOD, CARB-5 DAY, 20 DEG C, PERCENT REMVL	*****		*****			*****	*****	( 25)		1/4	PERCENT
80091 1 0 0	PERMIT REQUIREMENT	*****	*****	****	85	*****	*****	PERCENT		ONCE / MONTH	CALCUL
PERCENT REMOVAL					MD MIN						
SOLIDS, SUSPENDED PERCENT REMOVAL	*****		*****			*****	*****	( 25)		1/4	PERCENT
81011 1 0 0	PERMIT REQUIREMENT	*****	*****	****	85	*****	*****	PERCENT		ONCE / MONTH	CALCUL
PERCENT REMOVAL					MD MIN						

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 DAY

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

Hunting Creek North

INFLUENT

Date	Flow	Concentration			Pounds		
		TSS	BOD	NH3	TSS	BOD	NH3
1/1/2001	0.274						
1/2/2001	0.264						
1/3/2001	0.252						
1/4/2001	0.159						
1/5/2001	0.268	270	241	40	603.482	538.664	89.405
1/6/2001	0.3						
1/7/2001	0.304						
1/8/2001	0.289						
1/9/2001	0.262						
1/10/2001	0.393						
1/11/2001	0.373						
1/12/2001	0.32	136	176	25	362.957	469.709	66.720
1/13/2001	0.3						
1/14/2001	0.307						
1/15/2001	0.301						
1/16/2001	0.298						
1/17/2001	0.318						
1/18/2001	0.305						
1/19/2001	0.303						
1/20/2001	0.281	100	144	22	234.354	337.470	51.558
1/21/2001	0.283						
1/22/2001	0.3						
1/23/2001	0.246						
1/24/2001	0.256						
1/25/2001	0.267	128	144	23	285.028	320.656	51.216
1/26/2001	0.236						
1/27/2001	0.243						
1/28/2001	0.309						
1/29/2001	0.403						
1/30/2001	0.359						
1/31/2001							
Average	0.292	159	176	27.50	371.455	416.625	64.725
Maximum	0.403	270	241	40.00	603.5	538.66	89.405



Hunting Creek North

BOD Rem

0.987552

0.982955

0.979167

0.979167

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98%

0

0