



MSD

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

March 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 0209

Enclosures

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



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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
 NAME: MCD NORTH HUNTING CREEK STP
 ADDRESS: C/O CEDAR CREEK STP
 8402 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY: MCD NORTH HUNTING CREEK STP
 LOCATION: PROSPECT KY 40059
 ATTN: DENNIS THOMASSON, BR METRO DPS

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

KY0029106			001 1			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	02	01		07	02	20

MINOR (SUBR LV)
 F - FINAL
 MUNICIPAL DISCHARGE EFFLUENT
 *** 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			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****		7.3	*****	*****	(19)	0	1/9	Grab
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		WEEKLY	GRAB
PH	SAMPLE MEASUREMENT	*****	*****		6.6	*****	6.7	(12)	0	1/9	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	BU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	457	607	(26)	*****	173	179	(19)	0	1/9	Compos
00500 0 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT	REPORT	LBS/DY	*****	REPORT	REPORT	MG/L		WEEKLY	COMPOS
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	23	37	(26)	*****	7	14	(19)	0	1/9	Compos
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	90	134	LBS/DY	*****	30	45	MG/L		WEEKLY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	38	55	(26)	*****	14	21	(19)	0	1/9	Compos
00610 0 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT	REPORT	LBS/DY	*****	REPORT	REPORT	MG/L		WEEKLY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	1	3	(26)	*****	0.3	0.6	(19)	0	1/9	Compos
00620 1 2 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	15	22	LBS/DY	*****	0.5	0.5	MG/L		WEEKLY	COMPOS
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	1.20	1	(19)	0	1/9	Compos
00660 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L		WEEKLY	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	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
 2405 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)

KY00029106
 PERMIT NUMBER
 001 2
 DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	02	01		07	02	29

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	0.361	0.625	(03)	*****	*****	*****					
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30 DA AVG	DAILY MX	MGD	*****	*****	*****	****		CONT INCONT IN	DUOUS
CHLORINE, TOTAL RESIDUAL	0.011	0.019	(15)	*****	0.011	0.019				1/9	Cont
50040 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MD AVG	DAILY MX	MG/L	*****	*****	*****	****		WEEKLY GRAB	
COLORFORM, FECAL GENERAL	1	1	(13)	*****	200	400	#1			1/9	Cont
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30 DA GEO	7 DA GEO	100ML	*****	*****	*****	****		WEEKLY GRAB	
BOD, CARBONACEOUS 05 DAY, 20C	382	582	(26)	*****	135	235				1/9	Cont
50092 0 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	MD AVG	MX WK AV	LBS/DY	*****	*****	*****	****		WEEKLY COMPOS	
BOD, CARBONACEOUS 05 DAY, 20C	10	16	(26)	*****	3	3				1/9	Cont
50082 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MD AVG	MX WK AV	LBS/DY	*****	*****	*****	****		WEEKLY COMPOS	
BOD, CARB-5 DAY, 20 DEG C, PERCENT REMVL	98.2	95	(20)	*****	98.2	95				1/9	Cont
50091 0 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	MD MIN	*****	*****	*****	*****	*****	****		ONCE / CALCD MONTH	
SOLIDS, SUSPENDED PERCENT REMOVAL	96.2	95	(20)	*****	96.2	95				1/9	Cont
51011 0 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	MD MIN	*****	*****	*****	*****	*****	****		ONCE / CALCD MONTH	

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		
509	444-1111	19	03	99
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
2/1/2009	0.387						
2/2/2009	0.386						
2/3/2009	0.353						
2/4/2009	0.31	156	225	6	403.322	581.715	15.512
2/5/2009	0.287						
2/6/2009	0.289						
2/7/2009	0.443						
2/8/2009	0.429						
2/9/2009	0.348						
2/10/2009	0.464						
2/11/2009	0.635	54	73	6.5	285.979	386.601	34.423
2/12/2009	0.447						
2/13/2009	0.466						
2/14/2009	0.535						
2/15/2009	0.321						
2/16/2009	0.292						
2/17/2009	0.296						
2/18/2009	0.315	202	80	21	530.674	210.168	55.169
2/19/2009	0.29						
2/20/2009	0.264						
2/21/2009	0.297						
2/22/2009	0.294						
2/23/2009	0.267						
2/24/2009	0.258						
2/25/2009	0.262	278	160	21	607.452	349.613	45.887
2/26/2009	0.294						
2/27/2009	0.515						
2/28/2009	0.374						
3/1/2009	0						
3/2/2009	0						
3/3/2009							
Average	0.337	173	135	13.63	456.857	382.024	37.748
Maximum	0.635	278	225	21.00	607.5	581.72	55.169

Hunting Creek North

BOD Rem

0.986667

0.958904

0.9625

0.98125

98%

0

0