



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

January 18, 2011

Crystal Thompson
DMR Coordinator
200 Fair Oaks Lane
Frankfort, Kentucky 40601

Re: MSD Metro Operations
Hunting Creek North; WQTC KPDES No.: KY0029106
Discharge Monitoring Reports –December 2010

Dear Ms. Thompson:

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 2010.

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

Also attached are the Annual Metals DMR's.

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

Sincerely,

A handwritten signature in cursive script that reads "Richard Mills".

Richard Mills
Process Supervisor – East Region

RM/HCN 1210

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 THOMASSON, SR METRO OPS

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

000027106
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MINOR
(SUBR LV)

F - FINAL

MUNICIPAL DISCHARGE

EFFLUENT

*** NO DISCHARGE 1 ***

JEFF

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
10	12	01		10	12	01

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	*****	*****		8	*****	*****	(17)	0	5/30	GR
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	7	*****	*****	MG/L		WEEKLY	SPAB
EFFLUENT GROSS VALUE				****	INST MIN						
PH	SAMPLE MEASUREMENT	*****	*****		7.0	*****	7.1	(12)	0	5/30	GR
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0	SU		WEEKLY	SPAB
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	393	811	(26)	*****	330	778	(17)	0	1/7	CP
00500 0 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT	MG/L		WEEKLY	JUMPOS
RAW SEW/INFLUENT		MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	6	8	(26)	*****	5	7	(17)	0	1/7	CP
00500 1 0 0	PERMIT REQUIREMENT	50	134		*****	30	45	MG/L		WEEKLY	JUMPOS
EFFLUENT GROSS VALUE		MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV				
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	28	34	(26)	*****	22	32	(17)	0	1/7	CP
00610 0 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT	MG/L		WEEKLY	JUMPOS
RAW SEW/INFLUENT		MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV				
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.4	0.5	(26)	*****	0.3	0.5	(17)	0	1/7	CP
00610 1 2 0	PERMIT REQUIREMENT	15	22		*****	5	7.5	MG/L		WEEKLY	JUMPOS
EFFLUENT GROSS VALUE		MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV				
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	0.3	0.3	(17)	0	5/30	CP
00665 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L		WEEKLY	JUMPOS
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			
HJ Schardien JR. EXPL. DIRECTOR											
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					
						Richard Mills					
						602 540-6000		11 1 20			
						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 HUNTING CREEK N WQTC MSD

ADDRESS C/O CEDAR CREEK WQTC

6405 CEDAR CREEK RD

LOUISVILLE

KY 40211

FACILITY HUNTING CREEK N WQTC MSD

LOCATION PROSPECT

KY 40057

ATTN: DENNIS THOMASON, 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. I [] ***

JEFFE

Form Approved.
OMB No. 2040-0004

MONITORING PERIOD

FROM

YEAR	MO	DAY
10	12	01

TO

YEAR	MO	DAY
10	12	01

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	0.152	0-230	(03)	*****	*****	*****		0	CN	CN
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		UNIT IN	UNIT IN
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	MSD				****		UUUS	UUUS
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	(17)	0	5/30	GR
50060 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	0.011	0.014			WEEKLY	WEEKLY
EFFLUENT GROSS VALUE				****		MD AVG	DAILY MX	MG/L			
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	3	8	(13)	0	1/7	GR
74055 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	200	400 #/			WEEKLY	WEEKLY
EFFLUENT GROSS VALUE				****		30DA GED	7 DA GED	100ML			
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	147	179	(26)	*****	116	168	(17)	0	1/7	CP
80062 0 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT			WEEKLY	WEEKLY
RAW SEW/INFLUENT		MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV	MG/L			
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	3	4	(26)	*****	2	3	(17)	0	1/7	CP
80082 1 0 0	PERMIT REQUIREMENT	30	45		*****	10	15			WEEKLY	WEEKLY
EFFLUENT GROSS VALUE		MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV	MG/L			
BOD, CARB-E DAY, 20C	SAMPLE MEASUREMENT	*****	*****		98	*****	*****	(23)	0	CH	CH
DEG C, PERCENT REMVL	PERMIT REQUIREMENT	*****	*****	****	65	*****	*****	PER-CENT		WEEKLY	WEEKLY
80091 K 0 0				****	MD MIN					MONTH	MONTH
PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		99	*****	*****	(23)	0	CH	CH
SOLIDS, SUSPENDED PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	65	*****	*****	PER-CENT		WEEKLY	WEEKLY
81011 K 0 0				****	MD MIN					MONTH	MONTH
PERCENT REMOVAL											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

HJ Schandien Jr.
Exec. Director

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

Richard Mills

TELEPHONE

DATE

502.540-6000

11 1 20

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 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, GR METRO OPS

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

KY0029106
PERMIT NUMBER

001 M
DISCHARGE NUMBER

MINOR
(SUBR LV)
7 - FINAL
METALS
EFFLUENT

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
10	01	01		10	12	01

FROM

TO

*** NO DISCHARGE 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			
HARDNESS, TOTAL (AS CaCO3) 00900 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	227	228	(19)	0	01/YR	CP
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		ANNUAL	COMPOS
CADMIUM, DISSOLVED (AS CD) 01025 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.003	0.003	(19)	0	01/YR	CP
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		ANNUAL	COMPOS
COPPER, DISSOLVED (AS CU) 01040 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.018	0.018	(19)	0	01/YR	CP
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		ANNUAL	COMPOS
LEAD, DISSOLVED (AS PB) 01049 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.005	0.005	(19)	0	01/YR	CP
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		ANNUAL	COMPOS
ZINC, DISSOLVED (AS ZN) 01090 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.06	0.06	(19)	0	01/YR	CP
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		ANNUAL	COMPOS
ZINC TOTAL RECOVERABLE 01094 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.06	0.06	(19)	0	01/YR	CP
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		ANNUAL	COMPOS
CADMIUM TOTAL RECOVERABLE 01113 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.003	0.003	(19)	0	01/YR	CP
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		ANNUAL	COMPOS
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			
H.J. Schlegel Jr. Exec. Director											
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				512.546-6000		10 11 17			
						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 HUNTING CREEK N WQTC MSD
 ADDRESS C/O CEDAR CREEK WQTC
 5405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY HUNTING CREEK N WQTC MSD
 LOCATION PROSPECT KY 40039
 ATTN: DENNIS THOMASSEN, SR METRO OPS

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

KY00029106
 PERMIT NUMBER

001 M
 DISCHARGE NUMBER

MINOR
 (SUBR LV)
 F - FINAL
 METALS
 EFFLUENT

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
20	01	01		20	12	01

FROM

TO

*** 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			
LEAD TOTAL RECOVERABLE 01114 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.005	0.005	(19)		01/YR	CP
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MS/L		ANNUAL	LIMPLES
COPPER TOTAL RECOVERABLE 01119 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.021	0.021	(19)		01/YR	CP
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MS/L		ANNUAL	LIMPLES
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER H. J. Schrader Jr. Exec. Director	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.	Richard Mills SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE		
			512.546.6000 AREA CODE NUMBER	10 YEAR	11 MO	17 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	
12/1/2010	0.23	168	77	17	322.258	147.701	32.609	
12/2/2010	0.182							
12/3/2010	0.154							
12/4/2010	0.165							
12/5/2010	0.163							
12/6/2010	0.144							
12/7/2010	0.135							
12/8/2010	0.128	200	168	31.6	213.504	179.343	33.734	
12/9/2010	0.133							
12/10/2010	0.132							
12/11/2010	0.148							
12/12/2010	0.17							
12/13/2010	0.14							
12/14/2010	0.127							
12/15/2010	0.137							
12/16/2010	0.165							
12/17/2010	0.155							
12/18/2010	0.148							
12/19/2010	0.158	172	123	13.7	226.648	162.080	18.053	
12/20/2010	0.142							
12/21/2010	0.161							
12/22/2010	0.143							
12/23/2010	0.143							
12/24/2010	0.143							
12/25/2010	0.142							
12/26/2010	0.134							
12/27/2010	0.125	778	94	27	811.065	97.995	28.148	
12/28/2010	0.132							
12/29/2010	0.139							
12/30/2010	0.188							
12/31/2010								
Average	0.150	330	116	22.33	393.369	146.780	28.136	
Maximum	0.230	778	168	31.60	811.1	179.34	33.734	

Hunting Creek North

Hunting Cr. No.		Report for		Dec-10		Tot. Exc.=		0 (Influent data below.)				
Tot. Flow= 4.715				Concentrations				Pounds				
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	T. Phos	TSS Rem	BOD Rem	
12/1/10	0.23	4	2	0.14	3	7.673	3.836	0.269	0.258	0.97619	0.974026	
12/2/10	0.182											
12/3/10	0.154											
12/4/10	0.165											
12/5/10	0.163											
12/6/10	0.144											
12/7/10	0.135											
12/8/10	0.128	2	2	0.5	3	2.135	2.135	0.534	0.308	0.99	0.988095	
12/9/10	0.133											
12/10/10	0.132											
12/11/10	0.148											
12/12/10	0.17											
12/13/10	0.14											
12/14/10	0.127											
12/15/10	0.137											
12/16/10	0.165											
12/17/10	0.155											
12/18/10	0.148											
12/19/10	0.158	6	2	0.39	8	7.906	2.635	0.514	0.342	0.965116	0.98374	
12/20/10	0.142											
12/21/10	0.161								0.257			
12/22/10	0.143											
12/23/10	0.143											
12/24/10	0.143											
12/25/10	0.142											
12/26/10	0.134											
12/27/10	0.125	7	3	0.22	1	7.298	3.128	0.229	0.275	0.991003	0.968085	
12/28/10	0.132											
12/29/10	0.139											
12/30/10	0.188											
12/31/10	0.209											
Average	0.152	4.75	2.25	0.31	2.91	6.25	2.93	0.39	0.29	99%	98%	
Maximum	0.230	7.00	3.00	0.50	8.00	7.91	3.84	0.53	0.34			