



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

March 18, 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 –February 2010**

Dear Ms. Bentley

Attached is the Discharge Monitoring Reports (DMRs) and the Monthly Operator Report (MOR) for the Hunting Creek North WQTC, KPDES No.: KY0029106 for the month of February 2010.

There are no exceedences , 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 0310

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 HUNTING CREEK N WQTC MSD

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

Form Approved.
 OMB No. 2040-0004

ADDRESS C/O CEDAR CREEK WQTC
 5415 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY HUNTING CREEK N WQTC MSD
 LOCATION PROSPECT KY 40059
 ATTN: DANNIS THOMASSEN, SR METRE OPS

440029106	0012					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
10	02	01		10	02	20

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

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)	00300	*****	*****		9	*****	*****	(19)	0	1/7	CA
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		WEEKLY	GRAB
TSS	00400	*****	*****		7.8	*****	*****	(12)	0	1/7	CA
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	5.0	*****	9.0	LB		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	00500	*****	*****		*****	*****	*****	(19)	0	1/7	CP
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT	REPORT	LBS/DY	*****	REPORT	REPORT	MG/L		WEEKLY	COMPL
SOLIDS, TOTAL SUSPENDED	00600	*****	*****		*****	*****	*****	(17)	0	1/7	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MO AVG	MX WK AV	LBS/DY	*****	MO AVG	MX WK AV	MG/L		WEEKLY	COMPL
NITROGEN, AMMONIA TOTAL (AS N)	00810	*****	*****		*****	*****	*****	(19)	0	1/7	CP
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT	REPORT	LBS/DY	*****	REPORT	REPORT	MG/L		WEEKLY	COMPL
NITROGEN, AMMONIA TOTAL (AS N)	00910	*****	*****		*****	*****	*****	(19)	0	1/7	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MO AVG	MX WK AV	LBS/DY	*****	MO AVG	MX WK AV	MG/L		WEEKLY	COMPL
PHOSPHORUS, TOTAL (AS P)	00665	*****	*****		*****	*****	*****	(19)	0	1/7	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L		WEEKLY	COMPL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>DANNIS THOMASSEN, SR</i>	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 <i>[Signature]</i>	TELEPHONE	DATE		
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO
			513	311	11	3 17

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
 MADE CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY HUNTING CREEK N WQTC MSD
 LOCATION PROSPECT KY 40057
 ATTN: DENNIS THOMASSON, SR METRO DPE

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

KYSDP0106
 PERMIT NUMBER
 0011
 DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
10	06	04		10	06	20

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

NOTE: Read Instructions before completing this form.

PARAMETER	X	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		0.226	0.358	(G3)	*****	*****	*****		0	1/10	CW	
EFFLUENT GROSS VALUE		REPORT 30DA AVG	REPORT DAILY MX	MSD	*****	*****	*****	****		CONTINUOUS		
CHLORINE, TOTAL RESIDUAL		*****	*****		*****	10.010	10.010	(19)	0	1/7	GP	
EFFLUENT GROSS VALUE		*****	*****	***	*****	0.011	0.019	MG/L		WEEKLY	GP	
COI FORM. FECAL GENERAL		*****	*****	***	*****	5	14	(13)	0	1/7	GP	
EFFLUENT GROSS VALUE		*****	*****	***	*****	300	400	#/		WEEKLY	GP	
BOD, CARBONACEOUS 05 DAY, 20C		254	443	(26)	*****	143	233	(19)	0	1/7	CP	
RAW SEW/INFLUENT		REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		WEEKLY	COMPOS	
BOD, CARBONACEOUS 05 DAY, 20C		3	4	(25)	*****	2	2	(19)	0	1/7	CP	
EFFLUENT GROSS VALUE		30	45	LBS/DY	*****	10	15	MG/L		WEEKLY	COMPOS	
BOD, CARBONACEOUS 05 DAY, 20C		*****	*****		*****	99	*****	(23)	0	1/28	CA	
PERCENT REMOVAL		*****	*****	***	*****	MO MIN	*****	PERCENT		ONCE / MONTH	CALCUL	
SOLIDS, SUSPENDED		*****	*****		*****	97	*****	(23)	0	1/28	CA	
PERCENT REMOVAL		*****	*****	***	*****	MO MIN	*****	PERCENT		ONCE / MONTH	CALCUL	
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)

