



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

January 15, 2012

Cheryl Edwards
DMR Coordinator
200 Fair Oaks Lane
Frankfort, Kentucky 40601

**Re: MSD Metro Operations
North Hunting Creek WQTC; KPDES No.: KY 0029106
Discharge Monitoring Reports for Dec. 2011**

Dear Ms. Edwards:

Attached is the Discharge Monitoring Reports (DMRs) and the Monthly Operator Report (MOR) for the North Hunting Creek WQTC; KPDES No.: KY0029106 for the month of December 2011.

There were no exceedences or bypasses to report for this month.

Also attached are overflow reports and the Annual Metals DMR's.

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

Sincerely,

Kevin Thompson
Process Supervisor, East Region

KT/North Hunting Creek 12.11

Enclosures

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



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

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

Form Approved
OMB No. 2040-0004

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

NAME: CEDAR CREEK WQTC
ADDRESS: 8405 CEDAR CREEK RD
LOUISVILLE, KY 40211
FACILITY: HUNTING CREEK N WQTC MSD
LOCATION: 7300 SHADWELL LN
PROSPECT, KY 40059
ATTN: DENNIS THOMASSON, SR METRO OPS

KY0029106	001-1
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 40211
MINOR
(SUBR LV) JEFFE
MUNICIPAL DISCHARGE
External Outfall

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 12/01/2011	TO 12/31/2011

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved (DO) 00300 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	*****		0	1/1	GR
	PERMIT REQUIREMENT	*****	*****	*****	7 INST MIN	*****	*****	mg/L		Weekly	GRAB
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	8.0		0	1/1	GR
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	16	24		*****	7	9		0	1/7	CP
	PERMIT REQUIREMENT	90 30DA AVG	135 DAILY MX	lb/d	*****	30 30DA AVG	45 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, total 00600 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	8	13		0	1/7	CP
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMPOS
Nitrogen, ammonia total (as N) 00610 1 2 Effluent Gross	SAMPLE MEASUREMENT	1	1.5		*****	0.5	0.5		0	1/7	CP
	PERMIT REQUIREMENT	15 30DA AVG	22.5 DAILY MX	lb/d	*****	5 30DA AVG	7.5 DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total (as P) 00665 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.34	0.39		0	1/7	CP
	PERMIT REQUIREMENT	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Weekly	COMPOS
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.306	0.943		*****	*****	*****	*****	0	CN	CN
	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. INST MAX	Mgal/d	*****	*****	*****	*****		Weekly	INSTAN

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Greg C. Heitzman PE
Interim Executive 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.

Kevin Morgan
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
TELEPHONE: 502-540-6000
DATE: 01/15/2012
AREA Code: NUMBER: MM/DD/YYYY

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

TOTAL NITROGEN - TKN (AS N) AND NITRATE/NITRITE (AS N)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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ATTN: DENNIS THOMASSON, SR METRO OPS

KY0029106
PERMIT NUMBER

001-1
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DMR Mailing ZIP CODE: 40211
MINOR (SUBR LV) JEFFE
MUNICIPAL DISCHARGE
External Outfall

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
FROM 12/01/2011 TO 12/31/2011

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.010	<0.010		0	1/1	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 30DA AVG	.019 DAILY MX	mg/L		Weekly	GRAB
51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	8		0	1/7	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	130 30DA GEO	240 7 DA GEO	#/100mL		Weekly	GRAB
80082 1 0 Effluent Gross	SAMPLE MEASUREMENT	8	12		*****	4	6		0	1/7	CP
	PERMIT REQUIREMENT	30 30DA AVG	.45 DAILY MX	lb/d	*****	.10 30DA AVG	.15 DAILY MX	mg/L		Weekly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Greg C. Hertzman PE</i> <i>Interim Executive Director</i> 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 <i>Ken [Signature]</i>	TELEPHONE	DATE
			502 540-6000	01/15/2012
		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
TOTAL NITROGEN - TKN (AS N) AND NITRATE/NITRITE (AS N)

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

NAME HUNTING CREEK N WGTC MSD
 ADDRESS C/D CEDAR CREEK WGTC
 8405 CEDAR CREEK RD
 LOUISVILLE KY 40211

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

KY0027108
 PERMIT NUMBER

001 M
 DISCHARGE NUMBER

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

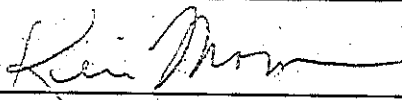
Form Approved.
 OMB No: 2040-0004

JETTE

FACILITY HUNTING CREEK N WGTC MSD
 LOCATION PROSPECT KY 40059
 ATTN: DENNIS THOMASSON, SR METRO OPS

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

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			
HARDNESS, TOTAL (AS CaCO3) 00900 1 0 0		*****	*****		*****	199	199			1/yr	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MD AVG	REPORT DAILY MX	MG/L			
CADMIUM, DISSOLVED (AS CD) 01025 1 0 0		*****	*****		*****	0.003	0.003			1/yr	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MD AVG	REPORT DAILY MX	MG/L			
COPPER, DISSOLVED (AS CU) 01040 1 0 0		*****	*****		*****	0.016	0.016			1/yr	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MD AVG	REPORT DAILY MX	MG/L			
LEAD, DISSOLVED (AS PB) 01049 1 0 0		*****	*****		*****	0.008	0.008			1/yr	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MD AVG	REPORT DAILY MX	MG/L			
ZINC, DISSOLVED (AS ZN) 01090 1 0 0		*****	*****		*****	0.060	0.060			1/yr	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MD AVG	REPORT DAILY MX	MG/L			
ZINC TOTAL RECOVERABLE 01094 1 0 0		*****	*****		*****	0.060	0.060			1/yr	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MD AVG	REPORT DAILY MX	MG/L			
CADMIUM TOTAL RECOVERABLE 01113 1 0 0		*****	*****		*****	0.003	0.003			1/yr	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MD AVG	REPORT DAILY MX	MG/L			
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)

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)

KY0029106
PERMIT NUMBER

001 M
DISCHARGE NUMBER

MINOR
(SUBR LV)

F - FINAL

METALS

EFFLUENT

*** NO DISCHARGE ***

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY

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			
LEAD TOTAL RECOVERABLE D1114 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.008	0.008	(17)	8	1/yr	CP
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		MINIMUM	UNITS
COPPER TOTAL RECOVERABLE D1119 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.017	0.017	(17)	8	Yr	CP
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		MINIMUM	UNITS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
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Ken Meyer
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
502 540-6000
DATE
12 01 15
AREA CODE NUMBER YEAR MO DAY

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

Hunting Creek North

Date	Flow	Concentration			INFLUENT		
		TSS	BOD	NH3	TSS	Pounds BOD NH3	
12/1/2011	0.303						
12/2/2011	0.248						
12/3/2011	0.252						
12/4/2011	0.297	310	214	28	767.295	529.681	69.304
12/5/2011	0.943						
12/6/2011	0.553						
12/7/2011	0.371						
12/8/2011	0.307						
12/9/2011	0.27						
12/10/2011	0.261						
12/11/2011	0.256	274	159	23	585.846	339.962	49.177
12/12/2011	0.246						
12/13/2011	0.226						
12/14/2011	0.237						
12/15/2011	0.294						
12/16/2011	0.246						
12/17/2011	0.249						
12/18/2011	0.249	226	219	22	469.212	454.679	45.676
12/19/2011	0.234						
12/20/2011	0.235						
12/21/2011	0.338						
12/22/2011	0.362						
12/23/2011	0.367	112	62	14	342.480	189.587	42.810
12/24/2011	0.308						
12/25/2011	0.288						
12/26/2011	0.271						
12/27/2011	0.391						
12/28/2011	0.279						
12/29/2011	0.218						
12/30/2011	0.194						
12/31/2011	0.18						
Average	0.306	231	164	21.75	541.208	378.477	51.742
Maximum	0.943	310	219	28.00	767.3	529.68	69.304

Report Selections: Excluding PPI, CSO, Excluding LAT and SSL, Result: WUS, Act Code: DISDW, DISREV

KPDES # KY0029106	Facility ID MSD0291	Water Quality Treatment Center HUNTING CREEK NORTH	Receiving Stream of Treatment Center HARRODS CREEK	Region EAST
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Facility Type SLS Sewer Lift Station	Facility ID MSD1060-LS	Facility Address 7501 HUNTING CREEK DR	If Pump Station, Name of Pump Station: RIDING RIDGE	Receiving Stream HARRODS CREEK	Discharge to DITCH
---	---------------------------	---	--	-----------------------------------	-----------------------

Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Event Date	Problem	Result	Completed	Condition
DISREV: RAIN EVENT DISCHARGE	1389124	12/05/11 08:00 PM	MARKS JR	MILLS	DOCUMENTED	12/16/00	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHARGE-WATER S	12/06/11 01:00 AM	

Spot Inspections:

Discharge Amount:	7,500 GAL
Cause:	LACK OF SYSTEM CAPACITY DUE TO RAIN EVENT IN THE AREA
Clean Up:	MSD CLEANED, SANITIZED & LIMED THE AREA
Control Zone:	TEMPORARY SIGNS POSTED
Impact:	SEWAGE OBSERVED
Repair:	SITE FOUND DURING RAIN EVENT RECON- WILL MONITOR & EVALUATE FOR REPAIR

Notifications:

12/06/11 01:00 AM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
12/05/11 08:00 PM	DISPUB	TEMPORARY SIGNS POSTED AROUND THE AFFECTED AREA