



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

August 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 July 2012.**

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 July 2012.

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

There was one exceedence for CBOD this month. At this time, we are not certain of the cause of the elevated CBOD results. All of our process control data of this plant indicates optimum treatment processes are occurring. During the investigation process, we had an independent laboratory analyze non-permitted CBOD process control samples. Those results were within allowable concentration limits. MSD's laboratory personnel are currently investigating their CBOD testing process. As a precaution, we cleaned the chlorine contact tank, replaced sampler tubing and container. MSD will conduct split sampling analysis of CBOD and non-permitted CBOD analyses until a determination is made.

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 07/12.

Enclosures

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



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

DISCHARGE MONITORING REPORT (DMR)

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

PERMIT NUMBER

001-1

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 40211

MINOR

(SUBR LV) JEFFE

MUNICIPAL DISCHARGE

External Outfall

No Discharge ☐

FROM

TO

MONITORING PERIOD

MM/DD/YYYY

07/01/2012

MM/DD/YYYY

07/31/2012

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	*****		0	1/1	GR
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	7 INST MIN	*****	*****	mg/L		Weekly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	8		0	1/1	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	5	6		*****	6	7		0	1/7	CP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	90 30DA AVG	135 DAILY MX	lb/d	*****	30 30DA AVG	45 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, total	SAMPLE MEASUREMENT	*****	*****	*****	*****	15	17		0	1/7	CP
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMPOS
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	0.3	0.4		*****	0.4	0.6		0	1/7	CP
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	6 30DA AVG	9 DAILY MX	lb/d	*****	2 30DA AVG	3 DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.38	0.51		0	1/7	CP
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Weekly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.109	0.145		*****	*****	*****	*****	0	CN	CN
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. INST MAX	MGD	*****	*****	*****	*****		Weekly	INSTAN

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Greg C. Hertzman</i> 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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Ken Thompson</i>	TELEPHONE	DATE
			502-540-6000	08/16/2012
			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)

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

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

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 LOCATION: 7300 SHADWELL LN
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 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	07/01/2012	TO	07/31/2012

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.010	<0.010		0	1/1	GR
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 30DA AVG	.019 DAILY MX	mg/L		Weekly	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	24		0	1/7	GR
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	130 30DA GEO	240 7 DA GEO	#/100mL		Weekly	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	6	16		*****	7	19		1	1/7	CP
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	30 30DA AVG	45 DAILY MX	lb/d	*****	10 30DA AVG	15 DAILY MX	mg/L		Weekly	COMP24

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Greg C. Heitzman Interim Executive Director TYPED OR PRINTED		502-540-6000 AREA Code NUMBER		08/16/2012 MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		See cover letter for explanation of exceedences		

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

Hunting Creek North

[illegible]