



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

January 14, 2013

Cheryl Edwards
Kentucky Division of Water
200 Fair Oaks Lane
Frankfort, Kentucky 40601

**Re: MSD Metro Operations
North Hunting Creek WQTC; KPDES No.: KY 0029106
Discharge Monitoring Reports for December 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 December 2012.

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

There were two exceedences for TSS this month. One exceedence was for TSS pounds and the other was for TSS concentration. After investigating MSD found one of the two returns stopped up on #4 plant clarifier causing the solids to overflow clarifier weirs. MSD personnel unclogged the RAS line and cleaned the chlorine contact tank. The follow up samples indicate we are back in compliance.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Thompson".

Kevin Thompson
Process Supervisor, East Region

KT/North Hunting Creek 12/12.

Enclosures

cc: 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	
12/01/2012	FROM	12/31/2012	TO

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)	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	*****		0	1/1	GR
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	7 INST MIN	*****	*****	mg/L		Weekly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	8	*****	8		0	1/1	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	50	204		*****	28	117		2	6/31	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	*****	*****	*****	*****	22	29		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	0.9	1.4		*****	0.5	0.8		0	1/7	CP
00610 1 2 Effluent Gross	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)	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.52	0.96		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	0.241	0.410		*****	*****	*****	*****	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 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

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

TOTAL NITROGEN = TKN (AS N) AND NITRATE/NITRITE (AS N) - Parameter 00610 - Use Season 1 for summer months (May, June, July, August, September, and October) and Season 2 for winter months (November, December, January, February, March, and April); enter NODI=9 for the Season not needed. SEE cover letter for exceedences

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.010	<0.010		8	1/1	GR
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 30DA AVG	.019 DAILY MX	mg/L		Weekly	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	3	.14		8	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	9	13		*****	5	7		8	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

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 persons 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
Greg C. Heitzman Executive Director TYPED OR PRINTED			502-540-6000	01/18/2013
		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) - Parameter 00610 - Use Season 1 for summer months (May, June, July, August, September, and October) and Season 2 for winter months (November, December, January, February, March, and April); enter NODI=9 for the Season not needed.

Hunting Creek North

Hunting Cr. No.	Report for	Dec-12	Tot. Exc.=			2	#DIV/0!			
Tot. Flow=	7.465	Concentrations				Pounds				
Date	Flow	TSS	BOD	NH3	Ecoli	TSS	BOD	NH3	T. Phos	Tot. N
12/1/12	0.209									
12/2/12	0.239									
12/3/12	0.218	8	4	0.39		14.521	7.260	0.708	0.472	24.48
12/4/12	0.268				1					
12/5/12	0.24									
12/6/12	0.184									
12/7/12	0.41									
12/8/12	0.377									
12/9/12	0.344									
12/10/12	0.394									
12/11/12	0.184									
12/12/12	0.173	7	5	0.28		10.089	7.206	0.404	0.422	15.41
12/13/12	0.173				7					
12/14/12	0.17									
12/15/12	0.197									
12/16/12	0.191									
12/17/12	0.216	5	7	0.78		8.987	12.581	1.402	0.957	28.51
12/18/12	0.229				1					
12/19/12	0.19									
12/20/12	0.325									
12/21/12	0.237									
12/22/12	0.203									
12/23/12	0.199									
12/24/12	0.209	117	5	0.56		203.509	8.697	0.974		
12/25/12	0.185								0.246	20.75
12/26/12	0.351				14					
12/27/12	0.258									
12/28/12	0.233	12				23.350				
12/29/12	0.239	21				41.853				
12/30/12	0.212									
12/31/12	0.21									
Average	0.241	28.33	5.25	0.50	3.15	50.38	8.94	0.87	0.52	22.29
Maximum	0.410	117.00	7.00	0.78	14.00	203.51	12.58	1.40	0.96	28.51
Exceed.	3	1	0	0	0	1	0	0	0	0