



MSD

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

March 26, 2008

Ms. Kathy Thurman
Kentucky Division of Water
14 Reilly Road
Frankfort, Kentucky 40601

**Re: MSD Metro Operations
Hunting Creek South; KPDES No.: KY0029114
Discharge Monitoring Reports – February 2008**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Hunting Creek South WTP, KPDES No.: KY0029114 for the month of February 2008.

If you have any questions concerning the attached DMRs, please contact me at (502)241-9093.

Sincerely,

John Kessel
Process Supervisor, East Region

JMK/HCS 0208

Enclosures

cc: C. Roth (DOW Louisville)
E. Brady
T. Singleton
P. Burgin
R. Shaw



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

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

NAME MSD HUNTING CREEK SOUTH STP

ADDRESS C/O CEDAR CREEK STP

18405 CEDAR CREEK RD

LOUISVILLE KY 40211

FACILITY MSD HUNTING CREEK SOUTH STP

LOCATION PROSPECT KY 40059

ATTN: DENNIS THOMASSON, SR METRO OPS

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

KY0029114
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MINOR
(SUBR LV)
F - FINAL

Form Approved.
OMB No. 2040-0004

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	02	01		08	02	29

MUNICIPAL DISCHARGE
EFFLUENT

*** NO DISCHARGE 1 ***

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			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****		7.9	*****	*****	(19)	0	1/2	Grab
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	***	7	*****	*****			WEEKLY	GRAB
EFFLUENT GROSS VALUE				***	INST MIN			MG/L			
PH	SAMPLE MEASUREMENT	*****	*****		6.7	*****	7.4	(12)	0	1/2	Grab
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	***	6.0	*****	9.0			WEEKLY	GRAB
EFFLUENT GROSS VALUE				***	MINIMUM		MAXIMUM	SV			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	283	626	(26)	*****	109	171	(19)	0	1/2	Comp
00530 0 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT			WEEKLY	COMPOS
RAW SEW/INFLUENT		MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV	MG/L			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	16	33	(26)	*****	6	9	(19)	0	1/2	Comp
00530 1 0 0	PERMIT REQUIREMENT	53	94		*****	30	45			WEEKLY	COMPOS
EFFLUENT GROSS VALUE		MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV	MG/L			
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	29	36	(26)	*****	13	17	(19)	0	1/2	Comp
00610 0 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT			WEEKLY	COMPOS
RAW SEW/INFLUENT		MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV	MG/L			
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	2	4	(26)	*****	0.50	1.0	(19)	0	1/2	Comp
00610 1 2 0	PERMIT REQUIREMENT	11	15		*****	5	7.5			WEEKLY	COMPOS
EFFLUENT GROSS VALUE		MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV	MG/L			
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	1.0	20	(19)	0	3/29	Comp
00665 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT	REPORT			WICE/COMPOS	
EFFLUENT GROSS VALUE				***		MO AVG	MX WK AV	MG/L		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			
Exec Director H.T. Schaefer TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		508	241-9693	08	03
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		AREA CODE		NUMBER		YEAR		MO		DAY	

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

NAME MSD HUNTING CREEK SOUTH STP
 ADDRESS C/O CEDAR CREEK STP
 18405 CEDAR CREEK RD
 LOUISVILLE KY 40211

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

KY0029114
 PERMIT NUMBER

001 1
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MINOR
 (SUBR LV)
 F - FINAL

Form Approved.
 OMB No. 2040-0004

FACILITY MSD HUNTING CREEK SOUTH STP
 LOCATION PROSPECT KY 40059

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	02	01		08	02	27

MUNICIPAL DISCHARGE
 EFFLUENT

JEFFS

*** 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				
FLOW, IN CONDUIT DR. THRU TREATMENT PLANT	0.240	0.540	(03)	*****	*****	*****		0	4x	4x		
50050 1 0 0 EFFLUENT GROSS VALUE	REPORT 30DA AVG	REPORT DAILY MX	MGD	*****	*****	*****	****			CONTIN UOUS		
CHLORINE, TOTAL RESIDUAL	*****	*****		*****	<0.010	<0.010	(19)	0	1/4	Grab		
50060 1 0 0 EFFLUENT GROSS VALUE	*****	*****	****	*****	0.011 MO AVG	0.019 MX WK AV	MG/L			WEEKLY GRAB		
COLIFORM, FECAL GENERAL	*****	*****		*****	3	53	(13)	0	1/4	Grab		
74055 1 0 0 EFFLUENT GROSS VALUE	*****	*****	****	*****	200 30DA GEO	400 #/ 7 DA GEO	100ML			WEEKLY GRAB		
BOD, CARBONACEOUS 05 DAY, 20C	205	275	(26)	*****	88	103	(19)	0	1/4	Comp		
80082 0 0 0 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	7	11	(26)	*****	3	3	(19)	0	1/4	Comp		
80082 1 0 0 EFFLUENT GROSS VALUE	21 MO AVG	31 MX WK AV	LBS/DY	*****	10 MO AVG	15 MX WK AV	MG/L			WEEKLY COMPOS		
BOD, CARB-5 DAY, 20 DEG C, PERCENT REMVL	*****	*****		97%	*****	*****	(23)	0	1/29	Cal		
80091 K 0 0 PERCENT REMOVAL	*****	*****	****	85 MO MIN	*****	*****	PER- CENT			ONCE/ MONTH		
SOLIDS, SUSPENDED PERCENT REMOVAL	*****	*****		95%	*****	*****	(23)	0	1/29	Cal		
01011 K 0 0 PERCENT REMOVAL	*****	*****	****	85 MO MIN	*****	*****	PER- CENT			ONCE/ 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.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE		DATE		
Exec Director H.J. Schwab, Jr. TYPED OR PRINTED								508 241-9093	08	03	25	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)								AREA CODE	NUMBER	YEAR	MO	DAY