

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

October 25, 2007

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 – September 2007.

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Hunting Creek South WTP, KPDES No.: KY0029114 for the month of September 2007.

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 0907

**Enclosures** 

cc:

C. Roth (DOW Louisville)

E. Brady

T. Singleton

P. Burgin

R. Shaw



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

NAME MST) HUNTING CREEK SOUTH STP

ADDRESS C/O CEDAR CREEK STP

ATTN: DEWNIE THOMASEUN

BAOS CEDAR CREEK RD

LOUISVILLE KY 40211

FACILITY MED HUNTING CREEK SOUTH STF LOCATION PROSPECT KY 40057 NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

TO

KYOO29114
PERMIT NUMBER

MO.

DAY

YEAR

FROM

DISCHARGE NUMBER

DAY

YEAR MO:

MINOR (SUBR LV) F - FINAL

. FFFF

Form Approved.

OMB No. 2040-0004

MUNICIPAL DISCHARGE

EFFLUENT

\*\*\* NO DISCHARGE | \*\*\*

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF	SAMPLE TYPE
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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				1	272			TELEPHONE		ATE	
Hat Schade	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>1</i> 93 -	07 /	0 23	
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

MSO MUNTING CREEK SOUTH STP

ADDRESS C/O CEDAR CREEK STP 8405 CEDAR CREEK RD

> LOUISVILLE KY 40211

FACILITY MED HUNTING CREEK SOUTH STP LOCATIONPRISPECT KY 40059

MORRAMOHT RIWMSO :WITA

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

MONITORING PERIOD

TO

KYO029114 PERMIT NUMBER

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MINOR (SUBR LV) F - FINAL

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