



MSD

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

November 26, 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 – October 2007.**

Dear Ms. Thurman:

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

During the month of October we exceeded our effluent NH₃ maximum weekly avg.

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 1007

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)

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

Form Approved.
OMB No. 2040-0004

NAME: 131 HUNTING CREEK SOUTH STP
ADDRESS: 0/0 CEDAR CREEK STP
4416 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY: 131 HUNTING CREEK SOUTH STP
LOCATION: PROSPECT KY 40057
JOHN DENNIS THORNTON

PERMIT NUMBER: KY00029114

DISCHARGE NUMBER: 0011

MINOR (SUBR LV)
F - FINAL
MUNICIPAL DISCHARGE EFFLUENT
*** NO DISCHARGE 1 1 ***
NOTE: Read instructions before completing this form.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	10	01		07	10	31

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PHOSPHORUS, TOTAL (PO)	*****	*****			7.4	*****	*****	(19)	0	1/2	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	INST MIN	*****	*****	MG/L		WEEKLY	GRAB
PHOSPHORUS, TOTAL (PO)	*****	*****			6.4	*****	6.8	(12)	0	1/2	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	5U		WEEKLY	GRAB
NITROGEN, TOTAL SUSPENDED	*****	352.340	762.4	(26)	*****	198	364	(19)	0	1/2	Comp
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LB/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		WEEKLY	COMPOS
NITROGEN, TOTAL SUSPENDED	*****	11.16	21.78	(26)	*****	6.75	11.0	(19)	0	1/2	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	ES MO AVG	74 MX WK AV	LB/DY	*****	30 MO AVG	45 MX WK AV	MG/L		WEEKLY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	*****	36.415	35.215	(26)	*****	23.87	36.40	(19)	0	1/2	Comp
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LB/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		WEEKLY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	*****	1.89	6.43	(26)	*****	0.59	1.18	(19)	1	1/2	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MO AVG	6 MX WK AV	LB/DY	*****	2 MO AVG	3 MX WK AV	MG/L		WEEKLY	COMPOS
DISPHORUS, TOTAL (AS P)	*****	*****	*****		*****	3.50	3.50	(19)	0	2/31	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		WICE/COMPOS	MONTH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Exec Director H.J. Scholtz 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 	TELEPHONE	DATE		
			AREA CODE NUMBER	YEAR	MO	DAY
			241-9693	07	11	20

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
 NAME 98.5 KENTING CREEK SOUTH STP

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

Form Approved.
 OMB No. 2040-0004

ADDRESS C/O CEDAR CREEK STP
 1495 CEDAR CREEK RD

WY0009114
 PERMIT NUMBER

001 1
 DISCHARGE NUMBER

MINOR
 (SUBR LV)
 F - FINAL

FACILITY 98.5 KENTING CREEK SOUTH STP
 LOCATION PROSPECT KY 40059

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	10	01		07	10	31

MUNICIPAL DISCHARGE
 EFFLUENT

*** 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			
1.00 IN CONDUIT OR THRU TREATMENT PLANT	0.173	0.653	(03)	*****	*****	*****		0	1/2	1/2	
1.00 EFFLUENT GROSS VALUE	REPORT	REPORT		*****	*****	*****			CONTIN	CONTIN	
1.00 PERMIT REQUIREMENT	30DA AVG	DAILY MX	MGD						UOUS		
1.00 RESIDUAL	*****	*****		*****	<0.010	<0.010	(19)	0	1/2	Grab	
1.00 EFFLUENT GROSS VALUE	*****	*****	*****	*****	0.011	0.019			WEEKLY	GRAB	
1.00 PERMIT REQUIREMENT	*****	*****	*****	*****	MO AVG	MX WK AV	MG/L				
1.00 GENERAL	*****	*****		*****	7.33	64.0	(13)	0	1/2	Grab	
1.00 EFFLUENT GROSS VALUE	*****	*****	*****	*****	200	400			WEEKLY	GRAB	
1.00 PERMIT REQUIREMENT	*****	*****	*****	*****	30DA GEO	7 DA GEO	100ML				
1.00 5 DAY, 200	207.9	359.44	(26)	*****	137	202	(19)	0	1/2	Comp	
1.00 RAW SEW/INFLUENT	REPORT	REPORT		*****	REPORT	REPORT			WEEKLY	COMPOS	
1.00 PERMIT REQUIREMENT	MO AVG	MX WK AV	LB/DY		MO AVG	MX WK AV	MG/L				
1.00 5 DAY, 200	4.20	10.89	(26)	*****	2.0	3.0	(19)	0	1/2	Comp	
1.00 EFFLUENT GROSS VALUE	*****	*****	*****	*****	10	15			WEEKLY	COMPOS	
1.00 PERMIT REQUIREMENT	*****	*****	*****	*****	MO AVG	MX WK AV	MG/L				
1.00 5 DAY, 20	*****	*****		99%	*****	*****	(23)	0	1/31	Cal	
1.00 DEG C. PERCENT REMVL	*****	*****	*****	*****	*****	*****			ONCE/	CALCTD	
1.00 PERCENT REMOVAL	*****	*****	*****	*****	MO MIN	*****	PER-		MONTH		
1.00 5 DAY, 20	*****	*****		97%	*****	*****	(23)	0	1/31	Cal	
1.00 PERCENT REMOVAL	*****	*****	*****	*****	*****	*****	PER-		ONCE/	CALCTD	
1.00 PERCENT REMOVAL	*****	*****	*****	*****	MO MIN	*****	CENT		MONTH		

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Exec Director
 H.J. Schuler
 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
 TELEPHONE 241-9693
 DATE 07 11 20
 AREA CODE NUMBER YEAR MO DAY

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