



MSD

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

February 23, 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 – January 2007**

Dear Ms. Thurman:

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

If you have any questions concerning the attached DMRs, please contact me at (502)540-6055.

Sincerely,

John Kessel
Process Supervisor, East Region

JMK/HCS 0107

Enclosures

cc: M. Mudd (DOW Louisville)
E. Brady
T. Singleton
P. Burgin
R. Shaw



Beneficial Use of Louisville's Biosolids
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MINOR

(SUBR LV)

F - FINAL

JEFFE

MUNICIPAL DISCHARGE

EFFLUENT

*** NO DISCHARGE 1 ☐ ***

NOTE: Read Instructions before completing this form.

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

NAME MSD HUNTING CREEK SOUTH STP

ADDRESS C/O LOUISVILLE/JEFF CO MSD

4502 ALDOUNGUIN PKWY

LOUISVILLE

KY 40211-2497

FACILITY MSD HUNTING CREEK SOUTH STP

LOCATION PROSPECT KY 40057

ATTN: ALEX E NOVAK, OPER MGR

KY0029114

PERMIT NUMBER

001 1

DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
07	01	01		07	01	31

PARAMETER		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	*****	*****		8.4	*****	*****	(19)	0	1/1	Grab
DO300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.6	*****	6.9	(12)	0	1/1	Grab
DO400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	9.0	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	213.817	301.4	(24)	*****	118	144	(19)	0	1/1	Comp
SOLIDS, TOTAL SUSPENDED	PERMIT REQUIREMENT	REPORT	REPORT	****	*****	REPORT	REPORT	MG/L		WEEKLY	COMPOS
DO530 0 0 0	SAMPLE MEASUREMENT	8.27	14.04	(25)	*****	4.75	9.00	(19)	0	1/1	Comp
RAW SEW/INFLUENT	PERMIT REQUIREMENT	MO AVG	MX WK AV	LBS/DY	*****	MO AVG	MX WK AV	MG/L		WEEKLY	COMPOS
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	63	94	(25)	*****	30	45	(19)	0	1/1	Comp
DO530 1 0 0	PERMIT REQUIREMENT	MO AVG	MX WK AV	LBS/DY	*****	MO AVG	MX WK AV	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	36.967	43.332	(26)	*****	20.53	22.10	(19)	0	1/1	Comp
NITROGEN, AMMONIA TOTAL (AS N)	PERMIT REQUIREMENT	REPORT	REPORT	****	*****	REPORT	REPORT	MG/L		WEEKLY	COMPOS
DO610 0 0 0	SAMPLE MEASUREMENT	1.47	3.24	(25)	*****	.77	1.68	(19)	0	1/1	Comp
RAW SEW/INFLUENT	PERMIT REQUIREMENT	MO AVG	MX WK AV	LBS/DY	*****	MO AVG	MX WK AV	MG/L		WEEKLY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	11	15	(25)	*****	5	7.5	(19)	0	1/1	Comp
DO610 1 2 0	PERMIT REQUIREMENT	MO AVG	MX WK AV	LBS/DY	*****	MO AVG	MX WK AV	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	2.34	2.45	(19)	0	2/31	Comp
PHOSPHORUS, TOTAL (AS P)	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L		WICE/	COMPOS
DO665 1 0 0	SAMPLE MEASUREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L		MONTH	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	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			
H.S. Schardein Jr. Exec Director						540-6000		07 02 20			
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE		NUMBER			

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

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

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

NAME HSD HUNTING CREEK SOUTH STP
ADDRESS C/O LOUISVILLE/JEFF CO MSD
4522 ALONGUIN PKWY
LOUISVILLE KY 40211-2497
FACILITY HSD HUNTING CREEK SOUTH STP
LOCATION PROSPECT KY 40059
ATTN: ALEX E NOVAK, OPER MGRKY0029114
PERMIT NUMBER001 1
DISCHARGE NUMBER

MINOR

(SUBR LV)

F - FINAL

JEFFE

MUNICIPAL DISCHARGE
EFFLUENT

*** NO DISCHARGE 1 1 ***

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 OR THRU TREATMENT PLANT	283	1.230	(03)	*****	*****	*****		0	C/N	C/N	
EFFLUENT GROSS VALUE	REPORT	REPORT		*****	*****	*****	****		CONTIN	CONTIN	
CHLORINE, TOTAL RESIDUAL	283	1.230	(19)	*****	<0.010	<0.010	MG/L	0	1/7	Grab	
EFFLUENT GROSS VALUE	REPORT	REPORT		*****	0.011	0.019	MG/L		WEEKLY	GRAB	
COLIFORM, FECAL GENERAL	283	1.230	(13)	*****	1.0	1.0	100ML	0	1/7	Grab	
EFFLUENT GROSS VALUE	REPORT	REPORT		*****	200	400	100ML		WEEKLY	GRAB	
BOD, CARBONACEOUS 5 DAY, 20C	180.067	276.32	(26)	*****	98	132	MG/L	0	1/7	Comp	
RAW SEW/INFLUENT	REPORT	REPORT		*****	REPORT	REPORT	MG/L		WEEKLY	COMPOS	
BOD, CARBONACEOUS 5 DAY, 20C	3.50	6.24	(26)	*****	2.00	4.00	MG/L	0	1/7	Comp	
EFFLUENT GROSS VALUE	REPORT	REPORT		*****	10	15	MG/L		WEEKLY	COMPOS	
BOD, CARB-5 DAY, 20C	98%	98%	(23)	*****	*****	*****	PER-CENT	0	1/31	Cal	
PERCENT REMOVAL	REPORT	REPORT		*****	*****	*****	PER-CENT		ONCE/MONTH	CALCTD	
SOLIDS, SUSPENDED	96%	96%	(23)	*****	*****	*****	PER-CENT	0	1/31	Cal	
PERCENT REMOVAL	REPORT	REPORT		*****	*****	*****	PER-CENT		ONCE/MONTH	CALCTD	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER											
H.J. Schandell Jr. Exec. 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											
TELEPHONE											
DATE											
502 540-6000 07 02 20											
AREA CODE NUMBER YEAR MO DAY											

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