



MSD

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

March 20, 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 – February 2007**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Hunting Creek South WTP, KPDES No.: KY0029114 for the month of February 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 0207

Enclosures

cc: M. Mudd (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 RSC HUNTING CREEK SOUTH STP

ADDRESS C/O LOUISVILLE/JEFF CO MSP

4500 ALONGQUIN PKWY

LOUISVILLE

KY 40211-2497

FACILITY RSC HUNTING CREEK SOUTH STP

LOCATION PROSPECT

KY 40059

ATTN: A. BA. E. NOVAK, OPER MGR

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

KY0029114
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MINOR

(SUBR LV)

F - FINAL

MUNICIPAL DISCHARGE

EFFLUENT

*** NO DISCHARGE [] ***

JEFF

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
07	02	01		07	02	20

NOTE: Read Instructions before completing this form.

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	*****	*****		8.6	*****	*****	(17)	0	1/1	6.6
DO200 1 0 0	PERMIT REQUIREMENT	*****	*****	***	INST MIN	*****	*****	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE											
PH	SAMPLE MEASUREMENT	*****	*****		6.7	*****	6.9	(12)	0	1/1	6.6
PH200 1 0 0	PERMIT REQUIREMENT	*****	*****	***	6.0	*****	7.0	BU		WEEKLY	GRAB
EFFLUENT GROSS VALUE					MINIMUM		MAXIMUM				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	243.88	434.60	(26)	*****	158	258	(17)	0	1/1	6.6
DO200 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT			WEEKLY	JUMPUS
RAW SEW/INFLUENT		MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV	MG/L			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	18.47	33.69	(26)	*****	11.50	20.0	(17)	0	1/1	6.6
DO200 1 0 0	PERMIT REQUIREMENT	63	94		*****	30	45			WEEKLY	JUMPUS
EFFLUENT GROSS VALUE		MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV	MG/L			
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	31.14	47.96	(26)	*****	20.8	25.7	(17)	0	1/1	6.6
DO200 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT			WEEKLY	JUMPUS
RAW SEW/INFLUENT		MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV	MG/L			
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	1.43	3.45	(26)	*****	0.88	2.13	(17)	0	1/1	6.6
DO200 1 0 0	PERMIT REQUIREMENT	1.1	1.5		*****	0.5	1.5			WEEKLY	JUMPUS
EFFLUENT GROSS VALUE		MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV	MG/L			
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	1.76	2.83	(17)	0	1/1	6.6
DO200 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT	REPORT			WEEKLY	JUMPUS
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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

Exec. Director

TYPED OR PRINTED

AREA CODE

NUMBER

YEAR

MO

DAY

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

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

NAME MSD HUNTING CREEK SOUTH STP

ADDRESS C/O LOUISVILLE/JEFF CO MSD

4922 ALYONQUIN PKWY

LOUISVILLE

KY 40211-2477

FACILITY MSD HUNTING CREEK SOUTH STP

LOCATION PROSPECT

KY 40059

ATTN: ALEX E NOVAK, OPER MGR

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

KY0027314
PERMIT NUMBER

003 1
DISCHARGE NUMBER

MINOR

(SUBR LV)

F - FINAL

JEFFS

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)	0.180	0.434	(03)	*****	*****	*****		0	6/2	6/2	
40050 1 0 0	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MSD	*****	*****	*****	*****	0	CONTINUOUS	
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	*****	0	DOVS	
CHLORINE, TOTAL RESIDUAL	*****	*****	*****	*****	*****	*****	*****	*****	0	1/2	
40040 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	WEEKLY GRAB	
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	*****	0	1/2	
CHLORINE, FACAL GENERAL	*****	*****	*****	*****	*****	*****	*****	*****	0	1/2	
40035 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	WEEKLY GRAB	
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	*****	0	1/2	
BOD, CARBONACEOUS 5 DAY, 20C	199.0	311.67	(26)	*****	*****	*****	*****	*****	0	1/2	
40022 0 0 0	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	*****	*****	*****	0	WEEKLY COMPOS	
RAW SEW/INFLUENT	*****	*****	*****	*****	*****	*****	*****	*****	0	1/2	
BOD, CARBONACEOUS 5 DAY, 20C	6.18	12.94	(20)	*****	*****	*****	*****	*****	0	1/2	
40022 1 0 0	PERMIT REQUIREMENT	21 MD AVG	31 MX WK AV	LBS/DY	*****	*****	*****	*****	0	WEEKLY COMPOS	
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	*****	0	1/2	
BOD, TARE-5 DAY, 20C	*****	*****	*****	*****	*****	*****	*****	*****	0	1/2	
40041 0 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	1/2	
PERCENT REMOVAL	*****	*****	*****	*****	*****	*****	*****	*****	0	1/2	
SOLIDS, SUSPENDED PERCENT REMOVAL	*****	*****	*****	*****	*****	*****	*****	*****	0	1/2	
40011 0 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	1/2	
PERCENT REMOVAL	*****	*****	*****	*****	*****	*****	*****	*****	0	1/2	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

H.S. Schaefer, 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

593 241 4073

AREA CODE NUMBER

TELEPHONE

DATE

67 03 20

YEAR MO DAY

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