



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

September 15, 2009

Ms. Carolena Bentley
DMR Coordinator
200 Fair Oaks Lane
Frankfort, Kentucky 40601

Re: MSD Metro Operations
Hunting Creek South; WQTC KPDES No.: KY0029114
Discharge Monitoring Reports – August 2009.

Dear Ms. Bentley

Attached is the Discharge Monitoring Reports (DMRs) and the Monthly Operator Report (MOR) for the Hunting Creek South WQTC, KPDES No.: KY0029114 for the month of August 2009.

Also Included are the Overflow Reports.

If you have any questions concerning the attached DMRs, please contact me at (502)587-5856.

Sincerely,

A handwritten signature in black ink, appearing to read "D.J. Rheinlaender", is written over a large, stylized, light-colored circular mark.

D.J. Rheinlaender
Process Supervisor, East Region

DJR/HCS 0809

Enclosures

cc: C. Roth (DOW Louisville)
T. Singleton
R. Shaw



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

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

MINOR
(SUBR LV)
F - FINAL

JEFFRE

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

NAME HUNTING CREEK S WQTC MSD
ADDRESS C/O CEDAR CREEK WQTC
2405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY HUNTING CREEK S WQTC MSD
LOCATION PROSPECT KY 40059
ATTN: DENNIS THOMASSON, SR METRO OPS

KY0029114
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
09	08	01		09	08	31

FROM

TO

MUNICIPAL DISCHARGE
EFFLUENT

*** NO DISCHARGE ***

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	*****	*****	(19)	0	1/7	GR
DO300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	7	*****	*****	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE				****	INST MIN						
PH	SAMPLE MEASUREMENT	*****	*****		6.2	*****	*****	(12)	0	1/7	GR
PH400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM	SU			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	277	325	(26)	*****	144	196	(19)	0	1/7	CP
DO530 2 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT	MG/L		WEEKLY	COMPOS
RAW SEW/INFLUENT		MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	29	68	(26)	*****	11	18	(19)	0	1/7	CP
DO530 1 0 0	PERMIT REQUIREMENT	63	94		*****	30	45	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE		MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV				
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	32	44	(26)	*****	17	23	(19)	0	1/7	CP
DO610 4 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT	MG/L		WEEKLY	COMPOS
RAW SEW/INFLUENT		MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV				
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	2	3	(26)	*****	0.8	1	(19)	0	1/7	CP
DO610 1 1 0	PERMIT REQUIREMENT	4	6		*****	2	3	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE		MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV				
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	0.36	0.59	(19)	0	1/7	CP
DO665 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L		WICE/MONTH	COMPOS
EFFLUENT GROSS VALUE				****		MD AVG	MX WK AV				
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			
Typed or Printed						400 644 6000		09	09	15	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				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 HUNTING CREEK S WQTC MSD

ADDRESS C/O CEDAR CREEK WQTC

8405 CEDAR CREEK RD

LOUISVILLE KY 40211

FACILITY HUNTING CREEK S WQTC MSD

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

MUNICIPAL DISCHARGE

EFFLUENT

*** NO DISCHARGE 1 1 ***

NOTE: Read Instructions before completing this form.

JEFFE

PARAMETER	X	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	SAMPLE MEASUREMENT	0.226	1.549	(03)	*****	*****	*****		0	C/N	C/N
50030 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		CONTINUOUS	
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	MGD				****		UDUS	
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	<0.016	<0.016	(19)	0	1/7	CR
50060 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	0.011	0.019			WEEKLY	CR
EFFLUENT GROSS VALUE				****		MD AVG	MX WK AV	MG/L			
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	1	1	(13)	0	1/7	CR
74055 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	200	400			WEEKLY	CR
EFFLUENT GROSS VALUE				****		30DA GED	7 DA GED	100ML			
300, CARBONACEOUS 5 DAY, 20C	SAMPLE MEASUREMENT	216	261	(26)	*****	117	162	(19)	0	1/7	CP
30082 3 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT			WEEKLY	CR
RAW SEW/INFLUENT		MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV	MG/L			
100, CARBONACEOUS 5 DAY, 20C	SAMPLE MEASUREMENT	7	11	(26)	*****	3	3	(19)	0	1/7	CP
30082 1 0 0	PERMIT REQUIREMENT	21	31		*****	10	15			WEEKLY	CR
EFFLUENT GROSS VALUE		MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV	MG/L			
100, CARB-5 DAY, 20C	SAMPLE MEASUREMENT	*****	*****		97	*****	*****	(23)	0	1/31	CA
50091 1 0 0	PERMIT REQUIREMENT	*****	*****	****	BS	*****	*****			WEEKLY	CA
PERCENT REMOVAL				****	MD MIN		PER-CENT			MONTH	
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		92	*****	*****	(23)	0	1/31	CA
31011 1 0 0	PERMIT REQUIREMENT	*****	*****	****	BS	*****	*****			WEEKLY	CA
PERCENT REMOVAL				****	MD MIN		PER-CENT			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	
TYPED OR PRINTED								AREA CODE	NUMBER	YEAR	MO
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)											

Hunting Creek South

Date	Flow	INFLUENT					
		TSS	Concentration BOD	NH3	TSS	Pounds BOD	NH3
8/1/2009	0.549						
8/2/2009	0.27						
8/3/2009	0.215						
8/4/2009	0.513						
8/5/2009	0.45	82	51	7.2	307.746	191.403	27.022
8/6/2009	0.306						
8/7/2009	0.242						
8/8/2009	0.234						
8/9/2009	0.226						
8/10/2009	0.281						
8/11/2009	0.389						
8/12/2009	0.295	132	106	18	324.760	260.792	44.285
8/13/2009	0.196						
8/14/2009	0.176						
8/15/2009	0.176						
8/16/2009	0.171						
8/17/2009	0.163						
8/18/2009	0.159						
8/19/2009	0.158	164	149	19	216.106	196.340	25.037
8/20/2009	0.105						
8/21/2009	0.15						
8/22/2009	0.153						
8/23/2009	0.149						
8/24/2009	0.154						
8/25/2009	0.145						
8/26/2009	0.158	196	162	23	258.273	213.471	30.308
8/27/2009	0.149						
8/28/2009	0.189						
8/29/2009	0.183						
8/30/2009	0.176						
8/31/2009	0.129						
Average	0.226	144	117	16.80	276.721	215.501	31.663
Maximum	0.549	196	162	23.00	324.8	260.79	44.285

Hunting Cr. So.	Total Flow=	Report for	Aug-09 Concentrations	Tot. Exc.=	0	(Influent data below.) Pounds
Date	Flow	TSS	BOD NH3 Fecal	TSS BOD NH3 Tot. Phos.	TSS Rem BOD Rem	
8/1/09	0.549					
8/2/09	0.27					
8/3/09	0.215					
8/4/09	0.513					
8/5/09	0.45	18	3 0.67	1	67.554 11.259 2.515	0.267 0.780488 0.941176
8/6/09	0.306					
8/7/09	0.242					
8/8/09	0.234					
8/9/09	0.226					
8/10/09	0.281					
8/11/09	0.389					
8/12/09	0.295	11	3 1	1	27.063 7.381 2.460	0.247 0.916667 0.971698
8/13/09	0.196					
8/14/09	0.176					
8/15/09	0.176					
8/16/09	0.171					
8/17/09	0.163					
8/18/09	0.159					
8/19/09	0.158	6	3 0.45	1	7.906 3.953 0.593	0.588 0.963415 0.979866
8/20/09	0.105					
8/21/09	0.15					
8/22/09	0.153					
8/23/09	0.149					
8/24/09	0.154					
8/25/09	0.145					
8/26/09	0.158	9	3 0.95	1	11.859 3.953 1.252	0.354 0.954082 0.981481
8/27/09	0.149					
8/28/09	0.189					
8/29/09	0.183					
8/30/09	0.176					
8/31/09	0.129					
Average	0.226	11.00	3.00 0.77	1.00	28.60 6.64 1.70	0.36 92% 97%
Maximum	0.549	18.00	3.00 1.00	1.00	67.55 11.26 2.51	0.59
Exceed.	8	0	0 0	0	0 0 0	0 1 0
DailyMX		0	0 0	0	0 0 0	0
MoAVG		0	0 0	0	0 0 0	0 0 0
Minimum	0.105 MIN					
DO (min)		MAX				



Report Selections: Excluding PPI, CSO, Result: WUS, Act Code: DISDW, DISREV, DISSUS

KPDES #	Facility ID	Water Quality Treatment Center	Receiving Stream of Treatment Center	Region
KY0029114	MSD0292	HUNTING CREEK SOUTH	HARRODS CREEK	EAST

Facility Type	Facility ID	Facility Address	If Pump Station, Name of Pump Station:	Receiving Stream	Discharge to
SLS Sewer Lift Station	MSD1063-PS	6210 DEEP CREEK CT	DEEP CREEK	HARRODS CREEK	DITCH

<u>Activity Code / Description</u>	<u>WO #</u>	<u>Initiated</u>	<u>Initiated By</u>	<u>Assigned To</u>	<u>Disch Status</u>	<u>Event Date</u>	<u>Problem</u>	<u>Result</u>	<u>Completed</u>	<u>Condition</u>
DISREV: RAIN EVENT DISCHARGE	938494	08/04/09 12:00 PM	ELDER	RHEINLAENDE R JR	DOCUMENTED	12/16/00	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHARGE - WATERS	08/04/09 01:15 PM	

Spot Inspections:

Discharge Amount:	5,625 GAL
Cause:	LACK OF SYSTEM CAPACITY
Clean Up:	MSD CLEANED & SANITIZED THE AREA
Control Zone:	TEMPORARY SIGNS POSTED
Impact:	SEWAGE & PERSONAL HYGIENE PRODUCTS OBSERVED
Repair:	THIS SITE FOUND DURING RAIN EVENT RECON- WILL BE MONITORED & EVALUATED FOR REPAIR.

Notifications:

08/04/09 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
08/04/09 12:00 PM	DISPUB	TEMPORARY SIGNS POSTED
08/04/09 01:00 PM	DISSNO	Supplemental Email notification of unauthorized discharge has been sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov

Total Facilities Printed: 107

Total Work Orders Printed: 110