



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

November 17, 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 – October 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 October 2009.

There is no exceedences or bypass reports for this month.
Included is a Overflow Report.

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

Sincerely,

D.J. Rheinlaender
Process Supervisor, East Region

DJR/HCS 1009

Enclosures

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



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

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)

KY0027119			DVI 1		
PERMIT NUMBER			DISCHARGE NUMBER		
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	10	01	07	10	01
FROM			TO		

MINOR
 (SUBR LV)
 F - FINAL
 MUNICIPAL DISCHARGE
 EFFLUENT
 *** NO DISCHARGE [] ***

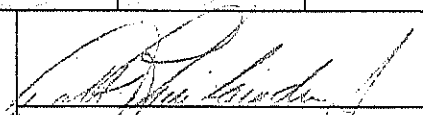
JEFF

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			
OXYGEN, DISSOLVED (DO)	00300 1.0 10	*****	*****		8	*****	*****	(17)	0	11/7	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST. MIN	*****	*****	MG/L		WEEKLY	GRAB
PH	00400 1.0 0	*****	*****		6.3	*****	6.6	(12)	0	11/7	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	00500 1.0 0	*****	*****	(25)	*****	302	322	(19)	0	11/7	CP
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT	REPORT	LBS/DY	*****	REPORT	REPORT	MG/L		WEEKLY	CUMFUS
SOLIDS, TOTAL SUSPENDED	00600 1.0 0	*****	*****	(25)	*****	25	31	(19)	0	11/7	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MD AVG	MX WK AV	LBS/DY	*****	MD AVG	MX WK AV	MG/L		WEEKLY	CUMFUS
NITROGEN, AMMONIA TOTAL (AS N)	00610 0.0 0	*****	*****	(25)	*****	15	18	(19)	0	11/7	CP
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT	REPORT	LBS/DY	*****	REPORT	REPORT	MG/L		WEEKLY	CUMFUS
NITROGEN, AMMONIA TOTAL (AS N)	00610 1.0 0	*****	*****	(25)	*****	0.9	2	(19)	0	11/7	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MD AVG	MX WK AV	LBS/DY	*****	MD AVG	MX WK AV	MG/L		WEEKLY	CUMFUS
PHOSPHORUS, TOTAL (AS P)	00625 0.0 0	*****	*****		*****	0.42	0.53	(19)	0	11/7	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L		WEEKLY	CUMFUS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 EXECUTIVE
 H. J. Schaefer
 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


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

TELEPHONE
 502 546 6000

DATE
 09 11 17

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

NAME HUNTING CREEK & WOTC MSD
 ADDRESS C/O CEDAR CREEK WOTC
 8405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY HUNTING CREEK & WOTC MSD
 LOCATION PROSPECT KY 40059
 ATTN: DENNIS THOMASSON, SR METRO OPS

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

PERMIT NUMBER KY0027114
 DISCHARGE NUMBER 001

MINOR
 (SUBR LV)
 F - FINAL

Form Approved,
 OMB No. 2040-0004

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

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			
FLOW IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.237	0.500	(L/S)	*****	*****	*****		0	C/N	C/N
50050 1 0 0	PERMIT REQUIREMENT	30 DA AVG	DAILY MX	MGD	*****	*****	*****	***		CONTINUOUS	
EFFLUENT GROSS VALUE								***			
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	40.010	40.010	(17)	0	11/7	GR
50060 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	0.011	0.017	MG/L		WEEKLY	GR
EFFLUENT GROSS VALUE				***		MO AVG	MX WK AV	MG/L			
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	1	1	(13)	0	11/7	GR
74015 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	200	400	MP		WEEKLY	GR
EFFLUENT GROSS VALUE				***		30 DA GEO	7 DA GEO	100ML			
BOD, CARBONACEOUS 5 DAY, 20C	SAMPLE MEASUREMENT	215	274	(25)	*****	137	195	(19)	0	11/7	CP
80082 0 0 0	PERMIT REQUIREMENT	MO AVG	MX WK AV	LBS/DY	*****	MO AVG	MX WK AV	MG/L		WEEKLY	CONF
RAW SEW/INFLUENT											
BOD, CARBONACEOUS 5 DAY, 20C	SAMPLE MEASUREMENT	8	16	(25)	*****	5	11	(17)	0	11/7	CP
90082 1 0 0	PERMIT REQUIREMENT	MO AVG	MX WK AV	LBS/DY	*****	MO AVG	MX WK AV	MG/L		WEEKLY	CONF
EFFLUENT GROSS VALUE											
BOD, CARB-5 DAY, 20C	SAMPLE MEASUREMENT	*****	*****		96	*****	*****	(25)	0	11/31	CA
90091 1 0 0	PERMIT REQUIREMENT	*****	*****	***	MO MIN	*****	*****	PER-CENT		ONCE / MONTH	CA
PERCENT REMOVAL				***							
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		88	*****	*****	(25)	0	11/31	CA
61011 1 0 0	PERMIT REQUIREMENT	*****	*****	***	MO MIN	*****	*****	PER-CENT		ONCE / MONTH	CA
PERCENT REMOVAL				***							
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			
EXECUTED BY H. J. Abrahamson, Jr. TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 504 440 6006		09	11	17	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)						AREA CODE	NUMBER	YEAR	MO	DAY	

Hunting Cr. So.	Report for	Oct-09	Tot. Exc.=	0	(Influent data below.)
Tot. Flow=	7.361	Concentrations			Pounds
Date	Flow	TSS	BOD	NH3	Fecal TSS BOD NH3 Tot. Phos. TSS Rem BOD Rem
10/1/09	0.164				
10/2/09	0.234				
10/3/09	0.197				
10/4/09	0.179				
10/5/09	0.169	26	11	2.4	1 36.646 15.504 3.383 0.416 0.919255 0.917293
10/6/09	0.189				
10/7/09	0.174				
10/8/09	0.26				
10/9/09	0.505				
10/10/09	0.42				
10/11/09	0.3				
10/12/09	0.245	15	4	0.4	1 30.650 8.173 0.817 0.368 0.880952 0.970149
10/13/09	0.21				
10/14/09	0.21				
10/15/09	0.293				
10/16/09	0.249				
10/17/09	0.214				
10/18/09	0.199				
10/19/09	0.184	28	2	0.28	1 42.968 3.069 0.430 0.525 0.658537 0.976471
10/20/09	0.184				
10/21/09	0.164				
10/22/09	0.163				
10/23/09	0.234				
10/24/09	0.202				
10/25/09	0.177				
10/26/09	0.164	31	3	0.34	1 42.401 4.103 0.465 0.351 0.887681 0.984615
10/27/09	0.206				
10/28/09	0.322				
10/29/09	0.233				
10/30/09	0.242				
10/31/09	0.475				
Average	0.237	25.00	5.00	0.86	1.00 38.17 7.71 1.27 0.42 88% 96%
Maximum	0.505	31.00	11.00	2.40	1.00 42.97 15.50 3.38 0.53
Exceed.	7	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	0.163 MIN		MAX		
DO (min)					

Hunting Creek South

Date	Flow	Concentration			INFLUENT	Pounds		
		TSS	BOD	NH3		TSS	BOD	NH3
10/1/2009	0.164							
10/2/2009	0.234							
10/3/2009	0.197							
10/4/2009	0.179							
10/5/2009	0.169	322	133	18	453.846	187.458	25.370	
10/6/2009	0.189							
10/7/2009	0.174							
10/8/2009	0.26							
10/9/2009	0.505							
10/10/2009	0.42							
10/11/2009	0.3							
10/12/2009	0.245	126	134	12	257.456	273.802	24.520	
10/13/2009	0.21							
10/14/2009	0.21							
10/15/2009	0.293							
10/16/2009	0.249							
10/17/2009	0.214							
10/18/2009	0.199							
10/19/2009	0.184	82	85	14	125.834	130.438	21.484	
10/20/2009	0.184							
10/21/2009	0.164							
10/22/2009	0.163							
10/23/2009	0.234							
10/24/2009	0.202							
10/25/2009	0.177							
10/26/2009	0.164	276	195	16	377.502	266.713	21.884	
10/27/2009	0.206							
10/28/2009	0.322							
10/29/2009	0.233							
10/30/2009	0.242							
10/31/2009	0.475							
Average	0.237	202	137	15.00	303.659	214.603	23.314	
Maximum	0.505	322	195	18.00	453.8	273.80	25.370	

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

KPDES # KY0029114	Facility ID MSD0292	Water Quality Treatment Center HUNTING CREEK SOUTH	Receiving Stream of Treatment Center HARRODS CREEK	Region EAST
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Facility Type SLS Sewer Lift Station	Facility ID MSD1064-PS	Facility Address 8619 WESTOVER DR	If Pump Station, Name of Pump Station: WESTOVER	Receiving Stream HARRODS CREEK	Discharge to DITCH
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<u>Activity Code / Description</u> DISDW: DRY WEATHER DISCHARGE	<u>WO #</u> 972767	<u>Initiated</u> 10/20/09 01:53 PM	<u>Initiated By</u> MARKS JR	<u>Assigned To</u> KAISER	<u>Disch Status</u> REPAIRED - ISSUE RESOLVED	<u>Event Date</u> 10/20/09	<u>Problem</u> MECHANICAL FAILURE	<u>Result</u> UNAUTHORIZED DISCHARGE - WATERS	<u>Completed</u> 10/20/09 02:05 PM	<u>Condition</u>
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Spot Inspections:

Discharge Amount:	150 GAL
Cause:	ONE PUMP HAS PROBLEM WITH BEARINGS
Clean Up:	MSD PERSONEL CLEANED AND SANITIZED THE AREA
Control Zone:	TEMPORARY SIGNS POSTED
Impact:	SEWAGE ON GROUND AND IN CREEK
Repair:	STATION BEING HAULED UNTIL REPAIRS ARE COMPLETED

Notifications:

10/20/09 02:36 PM	DISPUB	MSD notified public with temporary signs
10/20/09 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov

Total Facilities Printed: 25
Total Work Orders Printed: 36