

MSD

Metropolitan Sewer District

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

December 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 – November 2009.**

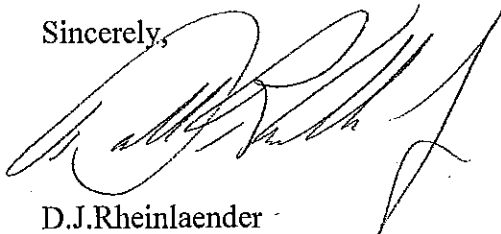
Dear Ms. Bentley

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 November 2009.

There are no exceedences or bypass reports or overflow reports for this month.

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 1109

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 5 WQTC MSD
ADDRESS C/O CEDAR CREEK WQTC
4405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY HUNTING CREEK 5 WQTC MSD
LOCATION PROSPECT KY 40057
ATTN: DENNIS THOMASSEN, SR METRO OPS

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

XY0029114
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR 07 MO 11 DAY 01 TO YEAR 07 MO 11 DAY 03

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

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	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	*****	*****	(17)	0	1/7	GR
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.2	*****	6.3	(12)	0	1/7	GR
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	50		WEEKLY	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	(25)	*****	*****	*****	(19)	0	1/7	CP
SOLIDS, TOTAL SUSPENDED	PERMIT REQUIREMENT	REPORT	REPORT	LBS/DY	*****	REPORT	REPORT	MG/L		WEEKLY	COMPOS
00500 1 0 0	RAW SEW/INFLUENT	MD AVG	MX WK AV		*****	MD AVG	MX WK AV				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	21	33	(25)	*****	14	17	(19)	0	1/7	CP
00500 1 0 0	PERMIT REQUIREMENT	MD AVG	MX WK AV	LBS/DY	*****	MD AVG	MX WK AV	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	25	33	(25)	*****	14	21	(19)	0	1/7	CP
NITROGEN, AMMONIA TOTAL (AS N)	PERMIT REQUIREMENT	REPORT	REPORT	LBS/DY	*****	REPORT	REPORT	MG/L		WEEKLY	COMPOS
00610 1 0 0	RAW SEW/INFLUENT	MD AVG	MX WK AV		*****	MD AVG	MX WK AV				
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.1	0.2	(25)	*****	0.1	0.1	(19)	0	1/7	CP
00610 1 2 0	PERMIT REQUIREMENT	MD AVG	MX WK AV	LBS/DY	*****	MD AVG	MX WK AV	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.42	0.67	(17)	0	1/7	CP
PHOSPHORUS, TOTAL (AS P)	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L		WICE/	COMPOS
00665 1 0 0	EFFLUENT GROSS VALUE	*****	*****	****	*****	MD AVG	MX WK AV			MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Exec. Dir
H. J. [Signature]
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]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
DATE
AREA CODE NUMBER YEAR MO DAY
504 246 688 09 12 15

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)

PERMIT NUMBER: KY0029114
DISCHARGE NUMBER: 001 1
MONITORING PERIOD:
FROM: 07 11 08 TO: 07 11 08

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	0.175	0.312	(CFS)	*****	*****	*****	*****	0	C/N	C/N	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	MGD	*****	*****	*****	****	CONTINGENT	DUOUS	
CHLORINE, TOTAL RESIDUAL	0.010	0.010	(17)	*****	0.011	0.017	MG/L	0	1/7	GR	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	MG AVG	MX WK AV	MG/L	****	WEEKLY	GR	
COLIFORM, FECAL GENERAL	1	1	(13)	*****	200	400	100ML	0	1/7	GR	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	30DA GEC	7 DA GEC	100ML	****	WEEKLY	GR	
5 DAY, 20C COD, CARBONACEOUS	172	287	(26)	*****	118	172	MG/L	0	1/7	CP	
RAW SEW/INFLUENT	PERMIT REQUIREMENT	MG AVG	MX WK AV	LBS/DY	*****	*****	*****	*****	WEEKLY	SAMPLE	
5 DAY, 20C COD, CARBONACEOUS	8	11	(26)	*****	6	9	MG/L	0	1/7	CP	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MG AVG	MX WK AV	LBS/DY	*****	*****	*****	*****	WEEKLY	SAMPLE	
5 DAY, 20C COD, CARB-5 DAY, 20C	95	95	(20)	*****	95	95	PER-CENT	0	1/30	CA	
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	MO MIN	*****	*****	*****	WEEKLY	CALCUL	
SOLID, SUSPENDED PERCENT REMOVAL	93	93	(20)	*****	93	93	PER-CENT	0	1/30	CA	
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	MO MIN	*****	*****	*****	WEEKLY	CALCUL	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Exec Dir
H. J. Behar
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 404 594 6506
DATE: 09 12 15
AREA CODE NUMBER YEAR MO DAY

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

Hunting Creek South

Date	Flow	INFLUENT Concentration			Pounds		
		TSS	BOD	NH3	TSS	BOD	NH3
11/1/2009	0.312						
11/2/2009	0.243						
11/3/2009	0.193	238	78	12	383.090	125.550	19.315
11/4/2009	0.196						
11/5/2009	0.186						
11/6/2009	0.178						
11/7/2009	0.188						
11/8/2009	0.186						
11/9/2009	0.163						
11/10/2009	0.147	58	97	17	71.107	118.920	20.842
11/11/2009	0.137						
11/12/2009	0.134						
11/13/2009	0.134						
11/14/2009	0.146						
11/15/2009	0.156						
11/16/2009	0.128						
11/17/2009	0.2	426	172	20	710.568	286.896	33.360
11/18/2009	0.233						
11/19/2009	0.186						
11/20/2009	0.165						
11/21/2009	0.168						
11/22/2009	0.166						
11/23/2009	0.157						
11/24/2009	0.148	102	126	21	125.901	155.524	25.921
11/25/2009	0.162						
11/26/2009	0.172						
11/27/2009	0.159						
11/28/2009	0.163						
11/29/2009	0.168						
11/30/2009	0.162						
12/1/2009							
Average	0.175	206	118	17.50	322.666	171.723	24.859
Maximum	0.312	426	172	21.00	710.6	286.90	33.360

