



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

January 20, 2010

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 – December 2009.

Dear Ms. Bentley,

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

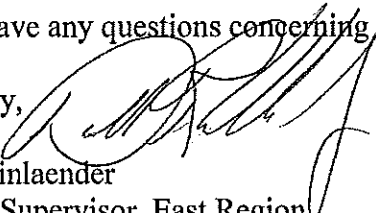
During this reporting period, this plant experienced exceedences for dissolved metals. Due to an oversight, the samples were only analyzed by MSD's laboratory for recoverable metals. Upon discovery of this omission in January of 2010, MSD re-sampled this plant for dissolved metals as well as total recoverable metals and have sent the samples to the laboratory to be analyzed. The results are currently pending.

MSD will implement a procedure to prevent recurrence of this exceedence.

There are no 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 0110

Enclosures

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



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

NAME HUNTING CREEK S WQTC MSD
ADDRESS C/O CEDAR CREEK WQTC
5405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY HUNTING CREEK S WQTC MSD
LOCATION PROSPECT KY 40059
ATTN: DENNIS THOMASSEN, SR METRO OPS

KY0027114		0011				
PERMIT NUMBER		DISCHARGE NUMBER				
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	12	01		07	12	01

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

JEFFE

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 0	*****	*****		8	*****	*****	(17)	0	1/7	GR	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	INST MIN	*****	*****	MG/L		WEEKLY	GR	
PH	00400 1 0 0	*****	*****		6.3	*****	*****	(12)	0	1/7	GR	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	MINIMUM	*****	*****	SU		WEEKLY	GR	
SOLIDS, TOTAL SUSPENDED	00500 2 0 0	*****	*****	(26)	*****	*****	*****	(17)	0	1/7	CP	
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		WEEKLY	COMPOS	
SOLIDS, TOTAL SUSPENDED	00500 1 0 0	*****	*****	(26)	*****	*****	*****	(17)	0	1/7	CP	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		WEEKLY	COMPOS	
NITROGEN, AMMONIA TOTAL (AS N)	00610 3 0 0	*****	*****	(25)	*****	*****	*****	(17)	0	1/7	CP	
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		WEEKLY	COMPOS	
NITROGEN, AMMONIA TOTAL (AS N)	00610 1 2 0	*****	*****	(25)	*****	*****	*****	(17)	0	1/7	CP	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		WEEKLY	COMPOS	
PHOSPHORUS, TOTAL (AS P)	00665 1 0 0	*****	*****		*****	*****	*****	(17)	0	3/31	CP	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		WEEKLY	COMPOS	
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			
Eric D...												
TYPED OR PRINTED								AREA CODE	NUMBER	YEAR	MO	DAY
								502	341 6666	10	1	01

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

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

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

RY0029114 PERMIT NUMBER
 0011 DISCHARGE NUMBER

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

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY

NOTE: Read Instructions before completing this form.

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				(GPD)	*****	*****	*****				
50050 1 0 0		0.159	0.314								
EFFLUENT GROSS VALUE		REPORT	REPORT	MGD	*****	*****	*****	****			
300A AVG			DAILY MX					****			
CHLORINE, TOTAL RESIDUAL		*****	*****		*****			(17)			
50080 1 0 0						50.010	50.010				
EFFLUENT GROSS VALUE		*****	*****	****	*****	0.011	0.017				
PERMIT REQUIREMENT				****		MG AVG	MX WK AV	MG/L			
COLIFORM, FECAL GENERAL		*****	*****		*****			(15)			
74055 1 0 0						1	1				
EFFLUENT GROSS VALUE		*****	*****	****	*****	200	400	#/			
PERMIT REQUIREMENT				****		30DA GED	7 DA GED	100ML			
BOD, CARBONACEOUS 05 DAY, 20C				(20)	*****			(17)			
80082 3 0 0		153	167		*****	98	131				
RAW SEW/INFLUENT		REPORT	REPORT	LBS/DY	*****	REPORT	REPORT				
PERMIT REQUIREMENT		MG AVG	MX WK AV			MG AVG	MX WK AV	MG/L			
BOD, CARBONACEOUS 05 DAY, 20C				(20)	*****			(17)			
80082 1 0 0		6	12		*****	3	7				
EFFLUENT GROSS VALUE		21	41		*****	10	15				
PERMIT REQUIREMENT		MG AVG	MX WK AV	LBS/DY		MG AVG	MX WK AV	MG/L			
BOD, CARB-5 DAY, 20 DEG C, PERCENT REMVL		*****	*****		*****			(25)			
80091 X 0 0					*****	97					
PERCENT REMOVAL		*****	*****	****	*****	MG MIN		PER-			
PERMIT REQUIREMENT				****				CENT			
SOLIDS, SUSPENDED PERCENT REMOVAL		*****	*****		*****			(25)			
81011 X 0 0					*****	92					
PERCENT REMOVAL		*****	*****	****	*****	MG MIN		PER-			
PERMIT REQUIREMENT				****				CENT			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 EXCUT. 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
 546 10 X 21

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

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

NAME HUNTING CREEK 5 WQTC MSD
 ADDRESS C/O CEDAR CREEK WQTC
 8405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY HUNTING CREEK 5 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 M DISCHARGE NUMBER

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

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
99	01	01		00	01	01

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			
HARDNESS, TOTAL (AS CaCO3) 00900 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	***	*****	-	-	(17)	1	1/YR	CP
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		ANNUAL	COMPL
CADMIUM, DISSOLVED (AS CD) 01025 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	***	*****	-	-	(17)	1	1/YR	CP
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		ANNUAL	COMPL
COPPER, DISSOLVED (AS CU) 01040 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	***	*****	-	-	(17)	1	1/YR	CP
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		ANNUAL	COMPL
LEAD, DISSOLVED (AS PB) 01049 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	***	*****	-	-	(17)	1	1/YR	CP
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		ANNUAL	COMPL
ZINC, DISSOLVED (AS ZN) 01090 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	***	*****	-	-	(17)	1	1/YR	CP
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		ANNUAL	COMPL
ZINC TOTAL RECOVERABLE 01094 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	***	*****	0.066	0.066	(17)	0	1/YR	CP
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		ANNUAL	COMPL
CADMIUM TOTAL RECOVERABLE 01113 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	***	*****	0.003	0.003	(17)	0	1/YR	CP
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		ANNUAL	COMPL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 [Signature]
 TYPED OR PRINTED

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[Signature]
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE [Area Code] [Number]
 DATE [Year] [MO] [DAY]

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

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 THOMASON, SR METRO OPS

PERMIT NUMBER
KY0029114

DISCHARGE NUMBER
001 14

MINOR (SUBR LV)
F - FINAL
METALS MONITORING EFFLUENT
*** NO DISCHARGE 1 ***
JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	01	01		07	12	31

NOTE: Read Instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
LEAD TOTAL RECOVERABLE 01114 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.006	0.006	(19)	0	1/yr	CP
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		ANNUAL	COMPL
COPPER TOTAL RECOVERABLE 01119 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.015	0.015	(19)	0	1/yr	CP
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		ANNUAL	COMPL
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
EX-101
H. J. Thomason, Sr.
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 502-446-1006
DATE 1/26/06
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
12/1/2009	0.144						
12/2/2009	0.167	66	112	15	91.923	155.991	20.892
12/3/2009	0.18						
12/4/2009	0.137						
12/5/2009	0.144						
12/6/2009	0.154						
12/7/2009	0.147						
12/8/2009	0.245						
12/9/2009	0.314	68	47	8.8	178.076	123.082	23.045
12/10/2009	0.203						
12/11/2009	0.175						
12/12/2009	0.186						
12/13/2009	0.21						
12/14/2009	0.186						
12/15/2009	0.155						
12/16/2009	0.153	174	131	16	222.027	167.159	20.416
12/17/2009	0.143						
12/18/2009	0.159						
12/19/2009	0.259						
12/20/2009	0.247						
12/21/2009	0.218						
12/22/2009	0.204						
12/23/2009	0.197	172	101	8.7	282.593	165.941	14.294
12/24/2009	0.204						
12/25/2009	0.227						
12/26/2009	0.199						
12/27/2009	0.178						
12/28/2009	0.173						
12/29/2009	0.173						
12/30/2009	0.173						
12/31/2009	0.192						
Average	0.189	120	98	12.13	193.655	153.043	19.662
Maximum	0.314	174	131	16.00	282.6	167.16	23.045

