



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

February 23, 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 – January 2010.**

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 January 2010.

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 0210

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 3 WGTG MSD

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

Form Approved.
 OMB No. 2040-0004

ADDRESS C/O CEDAR CREEK WGTG
 5415 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY HUNTING CREEK 3 WGTG MSD
 LOCATION PROSPECT KY 40059
 JAMES THOMASSON, SR METRO OPS

KY0009114
 PERMIT NUMBER

001
 DISCHARGE NUMBER

MINOR
 (SUFR LV)
 7 - FINAL
 MUNICIPAL DISCHARGE
 EFFLUENT
 *** NO DISCHARGE ***

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
90	03	01		90	03	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			
OXYGEN, DISSOLVED (DO)	*****	*****	*****		8	*****	*****	(19)	0	1/7	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST. MIN	*****	*****	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0	MG/L	0	1/7	GR
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	74	114	(25)	*****	49	92	(19)	0	1/7	CP
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		WEEKLY	COMPOS
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	12	20	(25)	*****	8	8	(19)	0	1/7	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	63	94	LBS/DY	*****	30	45	MG/L		WEEKLY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	20	29	(25)	*****	13	18	(19)	0	1/7	CP
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		WEEKLY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.4	1	(25)	*****	0.2	0.4	(19)	0	1/7	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	11	16	LBS/DY	*****	5	7.5	MG/L		WEEKLY	COMPOS
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	0.39	0.95	(19)	0	1/30	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		WICE/	COMPOS MONTH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Eric Dir
 H T Schaefer Jr
 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		DATE		
502	540 6043	10	09	96
AREA CODE	NUMBER	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
4405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY HUNTING CREEK S WQTC MSD
LOCATION PROSPECT KY 40059
ATTN: DENNIS THOMASSON, SR METRO OPS

PERMIT NUMBER KY0029112

DISCHARGE NUMBER 001 1

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
10	02	01	TO	10	01	31

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	0.264	0.461	(33)	*****	*****	*****	*****	0	C/N	C/N	
EFFLUENT GROSS VALUE	REPORT	REPORT	MGD	*****	*****	*****	*****		CONTINUOUS	CONTINUOUS	
CHLORINE, TOTAL RESIDUAL	*****	*****	*****	*****	<0.010	<0.010	(19)	0	1/7	GR	
EFFLUENT GROSS VALUE	*****	*****	*****	*****	0.011	0.017	MG/L		WEEKLY GRAB		
COLIFORM, FECAI GENERAL	*****	*****	*****	*****	1	2	(13)	0	1/7	GR	
EFFLUENT GROSS VALUE	*****	*****	*****	*****	300	400	1000/L		WEEKLY GRAB		
CO2, CARBONATEOUS 05 DAY, 20C	260	252	(25)	*****	131	172	(19)	0	1/7	CP	
RAW SEW/INFLUENT	REPORT	REPORT	LBS/DY	*****	REPORT	REPORT			WEEKLY COMPLE		
CO2, CARBONATEOUS 05 DAY, 20C	6	10	(25)	*****	4	8	(19)	0	1/7	CP	
EFFLUENT GROSS VALUE	21	31	LBS/DY	*****	10	15	MG/L		WEEKLY COMPLE		
CO2, CARB-5 DAY, 20C	*****	*****	*****	*****	97	*****	(23)	0	1/30	Cal	
PERCENT REMOVAL	*****	*****	*****	*****	85	*****	(23)	0	1/30	Cal	
PERCENT REMOVAL	*****	*****	*****	*****	85	*****	(23)	0	1/30	Cal	
PERCENT REMOVAL	*****	*****	*****	*****	85	*****	(23)	0	1/30	Cal	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Exec Dir
H.J. Schade, Jr
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 502 546-6600
DATE 10 02 26
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
1/1/2010	0.157						
1/2/2010	0.159						
1/3/2010	0.16						
1/4/2010	0.15						
1/5/2010	0.149	92	172	13	114.325	213.738	16.155
1/6/2010	0.149						
1/7/2010	0.142						
1/8/2010	0.149						
1/9/2010	0.151						
1/10/2010	0.151						
1/11/2010	0.143						
1/12/2010	0.133	28	133	15	31.058	147.526	16.638
1/13/2010	0.13						
1/14/2010	0.133						
1/15/2010	0.132						
1/16/2010	0.144						
1/17/2010	0.168						
1/18/2010	0.176						
1/19/2010	0.15						
1/20/2010	0.193	38	116	18	61.166	186.716	28.973
1/21/2010	0.402						
1/22/2010	0.366						
1/23/2010	0.285						
1/24/2010	0.461						
1/25/2010	0.457						
1/26/2010	0.293	36	103	7.5	87.970	251.693	18.327
1/27/2010	0.241						
1/28/2010	0.2						
1/29/2010	0.196						
1/30/2010	0.205						
1/31/2010	0.188						
Average	0.204	49	131	13.38	73.630	199.918	20.023
Maximum	0.461	92	172	18.00	114.3	251.69	28.973

