



Louisville and Jefferson County Metropolitan Sewer District  
700 West Liberty Street  
Louisville Kentucky 40203-1911  
502-540-6000  
[www.msdlouky.org](http://www.msdlouky.org)

April 9, 2013

Cheryl Edwards  
DMR Coordinator  
200 Fair Oaks Lane  
Frankfort, Kentucky 40601

**Re: MSD Metro Operations  
Hunting Creek South WQTC; KPDES No.: KY 0029114  
Discharge Monitoring Report for March of 2013**

Dear Ms. Edwards:

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 March 2013

There were no exceedences bypasses or overflows to report.

If you have any questions concerning the attached DMRs, please contact me at (502) 587-5832

Sincerely,

A handwritten signature in cursive script that reads "Richard Mills".

Richard Mills  
Process Supervisor of Metro Operations

RM/Hunting Creek South 03/13

Enclosures

CC T. Singleton  
R. Shaw



*Beneficial Use of Louisville's Biosolids*  
[www.louisvillegreen.com](http://www.louisvillegreen.com)

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

Form Approved  
OMB No. 2040-0004

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

NAME: CEDAR CREEK WQTC  
ADDRESS: 8405 CEDAR CREEK RD  
LOUISVILLE, KY 40211  
FACILITY: HUNTING CREEK S WQTC MSD  
LOCATION: 6530 MONTERO DR  
PROSPECT, KY 40059  
ATTN: KEVIN RIES

|               |                  |
|---------------|------------------|
| KY0029114     | 001-1            |
| PERMIT NUMBER | DISCHARGE NUMBER |

  

| MONITORING PERIOD |               |
|-------------------|---------------|
| MM/DD/YYYY        | MM/DD/YYYY    |
| FROM 03/01/2013   | TO 03/31/2013 |

DMR Mailing ZIP CODE: 40211  
MINOR (SUBR LV) JEFFE  
MUNICIPAL DISCHARGE  
External Outfall

No Discharge

| PARAMETER   |                    | QUANTITY OR LOADING |                   |       | QUALITY OR CONCENTRATION |                       |                       |       | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------------------|-------|--------------------------|-----------------------|-----------------------|-------|--------|-----------------------|-------------|
|   |                    | VALUE               | VALUE             | UNITS | VALUE                    | VALUE                 | VALUE                 | UNITS |        |                       |             |
| Oxygen, dissolved (DO)<br>00300 1 0<br>Effluent Gross         | SAMPLE MEASUREMENT | *****               | *****             | ***** | 8                        | *****                 | *****                 |       | 0      | 1/1                   | GR          |
|   | PERMIT REQUIREMENT | *****               | *****             | ***** | 7 INST MIN               | *****                 | *****                 | mg/L  |        | Weekly                | GRAB        |
| pH<br>00400 1 0<br>Effluent Gross                             | SAMPLE MEASUREMENT | *****               | *****             | ***** | 7                        | *****                 | 8                     |       | 0      | 1/1                   | GR          |
|   | PERMIT REQUIREMENT | *****               | *****             | ***** | 6 MINIMUM                | *****                 | 9 MAXIMUM             | SU    |        | Weekly                | GRAB        |
| Solids, total suspended<br>00530 1 0<br>Effluent Gross        | SAMPLE MEASUREMENT | 8.13                | 10.88             |       | *****                    | 4                     | 4                     |       | 0      | 1/7                   | CP          |
|   | PERMIT REQUIREMENT | 62.84<br>30DA AVG   | 94.26<br>DAILY MX | lb/d  | *****                    | 30<br>30DA AVG        | 45<br>DAILY MX        | mg/L  |        | Weekly                | COMP24      |
| Nitrogen, total<br>00600 1 0<br>Effluent Gross                | SAMPLE MEASUREMENT | *****               | *****             | ***** | *****                    | 16                    | 18                    |       | 0      | 1/7                   | CP          |
|   | PERMIT REQUIREMENT | *****               | *****             | ***** | *****                    | Reg. Mon.<br>30DA AVG | Reg. Mon.<br>DAILY MX | mg/L  |        | Weekly                | COMPOS      |
| Nitrogen, ammonia total (as N)<br>00610 1 1<br>Effluent Gross | SAMPLE MEASUREMENT | *****               | *****             | ***** | *****                    | *****                 | *****                 |       |        |                       |             |
|   | PERMIT REQUIREMENT | 4.19<br>30DA AVG    | 6.28<br>DAILY MX  | lb/d  | *****                    | 2<br>30DA AVG         | 3<br>DAILY MX         | mg/L  |        | Weekly                | COMP24      |
| Nitrogen, ammonia total (as N)<br>00610 1 2<br>Effluent Gross | SAMPLE MEASUREMENT | 0.8                 | 1.40              |       | *****                    | 0.4                   | 0.5                   |       | 0      | 1/7                   | CP          |
|   | PERMIT REQUIREMENT | 10.5<br>30DA AVG    | 15.71<br>DAILY MX | lb/d  | *****                    | 5<br>30DA AVG         | 7.5<br>DAILY MX       | mg/L  |        | Weekly                | COMP24      |
| Phosphorus, total (as P)<br>00665 1 0<br>Effluent Gross       | SAMPLE MEASUREMENT | *****               | *****             | ***** | *****                    | 0.3                   | 0.4                   |       | 0      | 1/7                   | CP          |
|   | PERMIT REQUIREMENT | *****               | *****             | ***** | *****                    | 1<br>30DA AVG         | 2<br>DAILY MX         | mg/L  |        | Weekly                | COMPOS      |

|   |   |   |              |            |
|---|---|---|--------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER<br><i>Greg C. Heitzman</i><br>Executive Director<br>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. | <i>Richard Miller</i><br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE    | DATE       |
|   |   |   | 502-540-6000 | 04/24/2013 |
|   |   | AREA Code   | NUMBER       | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
Parameter 00610 - Use Season 1 for summer months (May, June, July, August, September, and October) and Season 2 for winter months (November, December, January, February March, and April); enter NODI=9 for the Season not needed.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
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No Discharge

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|---|--------------------|-----------------------|-----------------------|-------|--------------------------|------------------|------------------|---------|--------|-----------------------|-------------|
|   |                    | VALUE                 | VALUE                 | UNITS | VALUE                    | VALUE            | VALUE            | UNITS   |        |                       |             |
| Flow, in conduit or thru treatment plant<br>50050 1 0<br>Effluent Gross | SAMPLE MEASUREMENT | 0.243                 | 0.527                 |       | *****                    | *****            | *****            | *****   | 0      | CW                    | CW          |
|   | PERMIT REQUIREMENT | Req. Mon.<br>30DA AVG | Req. Mon.<br>INST MAX | MGD   | *****                    | *****            | *****            | *****   |        | Weekly                | INSTAN      |
| Chlorine, total residual<br>50060 1 0<br>Effluent Gross                 | SAMPLE MEASUREMENT | *****                 | *****                 | ***** | *****                    | <0.010           | <0.010           |         | 0      | 1/1                   | GR          |
|   | PERMIT REQUIREMENT | *****                 | *****                 | ***** | *****                    | .011<br>30DA AVG | .019<br>DAILY MX | mg/L    |        | Weekly                | GRAB        |
| E. coli<br>51040 1 0<br>Effluent Gross                                  | SAMPLE MEASUREMENT | *****                 | *****                 | ***** | *****                    | 3                | 13               |         | 0      | 1/7                   | GR          |
|   | PERMIT REQUIREMENT | *****                 | *****                 | ***** | *****                    | 130<br>30DA GEO  | 240<br>7 DA GEO  | #/100mL |        | Weekly                | GRAB        |
| BOD, carbonaceous, 05 day, 20 C<br>80082 1 0<br>Effluent Gross          | SAMPLE MEASUREMENT | 4.7                   | 7.25                  |       | *****                    | 2                | 2                |         | 0      | 1/7                   | CP          |
|   | PERMIT REQUIREMENT | 20.9<br>30DA AVG      | 31.42<br>DAILY MX     | lb/d  | *****                    | 10<br>30DA AVG   | 15<br>DAILY MX   | mg/L    |        | Weekly                | COMP24      |

|   |   |  |              |            |
|---|---|--|--------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER<br><i>Greg C. Hertzman</i><br>EXECUTIVE DIRECTOR<br>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. | <i>Richard Melto</i><br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE    | DATE       |
|   |   |  | 502-540-6000 | 04/23/2013 |
|   |   |  | AREA Code    | NUMBER     |
|   |   |  |              | MM/DD/YYYY |

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