



700 West Liberty Street | Louisville, KY 40203-1911  
Phone: 502.540.6000 | LouisvilleMSD.org

January 24th, 2024

Crystal Dennis  
300 Sower Blvd., 3rd Floor  
Frankfort, Kentucky 40601

**RE: Hillview #3 STP, KPDES No: KY0034177  
Discharge Monitoring Report for December 2024.**

Dear Ms. Dennis:

Attached is the Discharge Monitoring Report (DMR) for the Hillview #3 STP, for the month of December 2024.

There were no bypasses or overflows. There were two exceedances for the month. One for daily max ammonia with the permit limit of 15 mg/L and a result of 18.7 mg/L. Another for monthly average ammonia with a permit limit of 10.0 mg/L and a result of 10.1 mg/L.

If you have any questions concerning the attached DMR's, please contact me at (502)540-6717.

Sincerely,

A handwritten signature in black ink, appearing to be 'AS' or 'Alex Smither', written over a faint, large, yellow leaf-like graphic that serves as a background for the lower half of the page.

Alex Smither  
Process Supervisor

CAS/ HV#3 12/24.

Cc: V. Teague/B. Tinnell

EPA may make all the information submitted through this form (including all attachments) available to the public without further notice to you. Do not use this online form to submit personal information (e.g., non-business cell phone number or non-business email address), confidential business information (CBI), or if you intend to assert a CBI claim on any of the submitted information. Pursuant to 40 CFR 2.203(a), EPA is providing you with notice that all CBI claims must be asserted at the time of submission. EPA cannot accommodate a late CBI claim to cover previously submitted information because efforts to protect the information are not administratively practicable since it may already be disclosed to the public. Although we do not foresee a need for persons to assert a claim of CBI based on the types of information requested in this form, if persons wish to assert a CBI claim we direct submitters to contact the [NPDES eReporting Help Desk](#) for further guidance. Please note that EPA may contact you after you submit this report for more information.

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2040-0004). Responses to this collection of information are mandatory in accordance with this permit and EPA NPDES regulations 40 CFR 122.41(l)(4)(i). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information are estimated to average 2 hours per outfall. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to the Regulatory Support Division Director, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

Permit

Permit #:  
Major:

KY0034177  
No

Permittee:  
Permittee Address:

Louisville and Jefferson County MSD  
700 W Liberty St  
Louisville, KY 40203

Facility:  
Facility Location:

BCSD HILLVIEW #3  
12325 WESTERN RD  
HILLVIEW, KY 40129

Permitted Feature:

001  
External Outfall

Discharge:

001-1  
Domestic Wastewater

Report Dates & Status

Monitoring Period:

From 12/01/24 to 12/31/24

DMR Due Date:

01/28/25

Status:

NetDMR Validated

Considerations for Form Completion

Principal Executive Officer

First Name:  
Last Name:

Tony  
Parrott

Title:

Executive Director

Telephone:

502-540-6533

No Data Indicator (NODI)

Form NODI: --

| Parameter |                                          | Monitoring Location | Season # | Param. NODI |             | Quantity or Loading |                |             |                  |          | Quality or Concentration |              |             |                |             |                  |              | # of Ex. | Frequency of Analysis | Sample Type          |
|-----------|------------------------------------------|---------------------|----------|-------------|-------------|---------------------|----------------|-------------|------------------|----------|--------------------------|--------------|-------------|----------------|-------------|------------------|--------------|----------|-----------------------|----------------------|
| Code      | Name                                     |                     |          |             |             | Qualifier 1         | Value 1        | Qualifier 2 | Value 2          | Units    | Qualifier 1              | Value 1      | Qualifier 2 | Value 2        | Qualifier 3 | Value 3          | Units        |          |                       |                      |
| 00300     | Oxygen, dissolved [DO]                   | 1 - Effluent Gross  | 0        | --          | Sample      |                     |                |             |                  |          | =                        | 7.0          |             |                |             |                  | 19 - mg/L    |          | 01/07 - Weekly        | GR - Grab            |
|           |                                          |                     |          |             | Permit Req. |                     |                |             |                  |          | >=                       | 7.0 INST MIN |             |                |             |                  | 19 - mg/L    |          | 01/07 - Weekly        | GR - Grab            |
|           |                                          |                     |          |             | Value NODI  |                     |                |             |                  |          |                          |              |             |                |             |                  |              |          |                       |                      |
| 00400     | pH                                       | 1 - Effluent Gross  | 0        | --          | Sample      |                     |                |             |                  |          | =                        | 7.1          |             |                | =           | 7.6              | 12 - SU      |          | 01/07 - Weekly        | GR - Grab            |
|           |                                          |                     |          |             | Permit Req. |                     |                |             |                  |          | >=                       | 6.0 MINIMUM  |             |                | <=          | 9.0 MAXIMUM      | 12 - SU      |          | 01/07 - Weekly        | GR - Grab            |
|           |                                          |                     |          |             | Value NODI  |                     |                |             |                  |          |                          |              |             |                |             |                  |              |          |                       |                      |
| 00530     | Solids, total suspended                  | 1 - Effluent Gross  | 0        | --          | Sample      |                     |                |             |                  |          |                          |              | =           | 15.0           | =           | 28.0             | 19 - mg/L    |          | 01/07 - Weekly        | CP - Composite       |
|           |                                          |                     |          |             | Permit Req. |                     |                |             |                  |          |                          |              | <=          | 30.0 MO AVG    | <=          | 45.0 MX WK AV    | 19 - mg/L    |          | 01/07 - Weekly        | CP - Composite       |
|           |                                          |                     |          |             | Value NODI  |                     |                |             |                  |          |                          |              |             |                |             |                  |              |          |                       |                      |
| 00600     | Nitrogen, total [as N]                   | 1 - Effluent Gross  | 0        | --          | Sample      |                     |                |             |                  |          |                          |              | =           | 15.9           | =           | 18.7             | 19 - mg/L    |          | 01/07 - Weekly        | CP - Composite       |
|           |                                          |                     |          |             | Permit Req. |                     |                |             |                  |          |                          |              |             | Req Mon MO AVG |             | Req Mon DAILY MX | 19 - mg/L    |          | 01/07 - Weekly        | CP - Composite       |
|           |                                          |                     |          |             | Value NODI  |                     |                |             |                  |          |                          |              |             |                |             |                  |              |          |                       |                      |
| X00610    | Nitrogen, ammonia total [as N]           | 1 - Effluent Gross  | 2        | --          | Sample      |                     |                |             |                  |          |                          |              | =           | 10.1           | =           | 18.7             | 19 - mg/L    |          | 01/07 - Weekly        | CP - Composite       |
|           |                                          |                     |          |             | Permit Req. |                     |                |             |                  |          |                          |              | <=          | 10.0 MO AVG    | <=          | 15.0 DAILY MX    | 19 - mg/L    |          | 01/07 - Weekly        | CP - Composite       |
|           |                                          |                     |          |             | Value NODI  |                     |                |             |                  |          |                          |              |             |                |             |                  |              |          |                       |                      |
| 00665     | Phosphorus, total [as P]                 | 1 - Effluent Gross  | 0        | --          | Sample      |                     |                |             |                  |          |                          |              | =           | 1.48           | =           | 2.14             | 19 - mg/L    |          | 01/07 - Weekly        | CP - Composite       |
|           |                                          |                     |          |             | Permit Req. |                     |                |             |                  |          |                          |              |             | Req Mon MO AVG |             | Req Mon DAILY MX | 19 - mg/L    |          | 01/07 - Weekly        | CP - Composite       |
|           |                                          |                     |          |             | Value NODI  |                     |                |             |                  |          |                          |              |             |                |             |                  |              |          |                       |                      |
| 50050     | Flow, in conduit or thru treatment plant | 1 - Effluent Gross  | 0        | --          | Sample      | =                   | 0.186          | =           | 0.562            | 03 - MGD |                          |              |             |                |             |                  |              |          | 99/99 - Continuous    | RC - Recorder (auto) |
|           |                                          |                     |          |             | Permit Req. |                     | Req Mon MO AVG |             | Req Mon DAILY MX | 03 - MGD |                          |              |             |                |             |                  |              |          | 99/99 - Continuous    | RC - Recorder (auto) |
|           |                                          |                     |          |             | Value NODI  |                     |                |             |                  |          |                          |              |             |                |             |                  |              |          |                       |                      |
| 50060     | Chlorine, total residual                 | 1 - Effluent Gross  | 0        | --          | Sample      |                     |                |             |                  |          |                          |              | <           | 0.01           | <           | 0.01             | 19 - mg/L    |          | 01/07 - Weekly        | GR - Grab            |
|           |                                          |                     |          |             | Permit Req. |                     |                |             |                  |          |                          |              | <=          | 0.011 MO AVG   | <=          | 0.019 DAILY MX   | 19 - mg/L    |          | 01/07 - Weekly        | GR - Grab            |
|           |                                          |                     |          |             | Value NODI  |                     |                |             |                  |          |                          |              |             |                |             |                  |              |          |                       |                      |
| 51040     | E. coli                                  | 1 - Effluent Gross  | 0        | --          | Sample      |                     |                |             |                  |          |                          |              | =           | 6.0            | =           | 29.0             | 13 - #/100mL |          | 01/07 - Weekly        | GR - Grab            |
|           |                                          |                     |          |             | Permit Req. |                     |                |             |                  |          |                          |              | <=          | 130.0 30DA GEO | <=          | 240.0 7 DA GEO   | 13 - #/100mL |          | 01/07 - Weekly        | GR - Grab            |
|           |                                          |                     |          |             | Value NODI  |                     |                |             |                  |          |                          |              |             |                |             |                  |              |          |                       |                      |
| 80082     | BOD, carbonaceous [5 day, 20 C]          | 1 - Effluent Gross  | 0        | --          | Sample      |                     |                |             |                  |          |                          |              | =           | 10.0           | =           | 15.0             | 19 - mg/L    |          | 01/07 - Weekly        | CP - Composite       |
|           |                                          |                     |          |             | Permit Req. |                     |                |             |                  |          |                          |              | <=          | 15.0 MO AVG    | <=          | 22.5 MX WK AV    | 19 - mg/L    |          | 01/07 - Weekly        | CP - Composite       |
|           |                                          |                     |          |             |             |                     |                |             |                  |          |                          |              |             |                |             |                  |              |          |                       |                      |

|                                                                                                                                                                                                                            |                                |                                      |                                         |      |                                                                                                                   |             |  |  |  |  |  |      |  |  |         |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------|-----------------------------------------|------|-------------------------------------------------------------------------------------------------------------------|-------------|--|--|--|--|--|------|--|--|---------|--|--|--|
|                                                                                                                                                                                                                            |                                |                                      |                                         |      | Value NODI                                                                                                        |             |  |  |  |  |  |      |  |  |         |  |  |  |
| <b>Submission Note</b>                                                                                                                                                                                                     |                                |                                      |                                         |      |                                                                                                                   |             |  |  |  |  |  |      |  |  |         |  |  |  |
| If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type. |                                |                                      |                                         |      |                                                                                                                   |             |  |  |  |  |  |      |  |  |         |  |  |  |
| <b>Edit Check Errors</b>                                                                                                                                                                                                   |                                |                                      |                                         |      |                                                                                                                   |             |  |  |  |  |  |      |  |  |         |  |  |  |
| Parameter                                                                                                                                                                                                                  |                                | Monitoring Location                  | Field                                   | Type | Description                                                                                                       | Acknowledge |  |  |  |  |  |      |  |  |         |  |  |  |
| Code                                                                                                                                                                                                                       | Name                           |                                      |                                         |      |                                                                                                                   |             |  |  |  |  |  |      |  |  |         |  |  |  |
| 00610                                                                                                                                                                                                                      | Nitrogen, ammonia total [as N] | 1 - Effluent Gross                   | Quality or Concentration Sample Value 2 | Soft | The provided sample value is outside the permit limit. Please verify that the value you have provided is correct. | Yes         |  |  |  |  |  |      |  |  |         |  |  |  |
| 00610                                                                                                                                                                                                                      | Nitrogen, ammonia total [as N] | 1 - Effluent Gross                   | Quality or Concentration Sample Value 3 | Soft | The provided sample value is outside the permit limit. Please verify that the value you have provided is correct. | Yes         |  |  |  |  |  |      |  |  |         |  |  |  |
| <b>Comments</b>                                                                                                                                                                                                            |                                |                                      |                                         |      |                                                                                                                   |             |  |  |  |  |  |      |  |  |         |  |  |  |
|                                                                                                                                                                                                                            |                                |                                      |                                         |      |                                                                                                                   |             |  |  |  |  |  |      |  |  |         |  |  |  |
| <b>Attachments</b>                                                                                                                                                                                                         |                                |                                      |                                         |      |                                                                                                                   |             |  |  |  |  |  |      |  |  |         |  |  |  |
| Name                                                                                                                                                                                                                       |                                |                                      |                                         |      |                                                                                                                   |             |  |  |  |  |  | Type |  |  | Size    |  |  |  |
| HILLVIEW_3_COVER_12_24.pdf                                                                                                                                                                                                 |                                |                                      |                                         |      |                                                                                                                   |             |  |  |  |  |  | pdf  |  |  | 43029.0 |  |  |  |
| <b>Report Last Saved By</b>                                                                                                                                                                                                |                                |                                      |                                         |      |                                                                                                                   |             |  |  |  |  |  |      |  |  |         |  |  |  |
| <b>Louisville and Jefferson County MSD</b>                                                                                                                                                                                 |                                |                                      |                                         |      |                                                                                                                   |             |  |  |  |  |  |      |  |  |         |  |  |  |
| User:                                                                                                                                                                                                                      |                                | ALEX.SMITHER@LOUISVILLEMSD.ORG       |                                         |      |                                                                                                                   |             |  |  |  |  |  |      |  |  |         |  |  |  |
| Name:                                                                                                                                                                                                                      |                                | Charles Smither                      |                                         |      |                                                                                                                   |             |  |  |  |  |  |      |  |  |         |  |  |  |
| E-Mail:                                                                                                                                                                                                                    |                                | alex.smither@louisvillemSD.org       |                                         |      |                                                                                                                   |             |  |  |  |  |  |      |  |  |         |  |  |  |
| Date/Time:                                                                                                                                                                                                                 |                                | 2025-01-24 14:01 (Time Zone: -05:00) |                                         |      |                                                                                                                   |             |  |  |  |  |  |      |  |  |         |  |  |  |
| <b>Report Last Signed By</b>                                                                                                                                                                                               |                                |                                      |                                         |      |                                                                                                                   |             |  |  |  |  |  |      |  |  |         |  |  |  |
| User:                                                                                                                                                                                                                      |                                | ALEX.SMITHER@LOUISVILLEMSD.ORG       |                                         |      |                                                                                                                   |             |  |  |  |  |  |      |  |  |         |  |  |  |
| Name:                                                                                                                                                                                                                      |                                | Charles Smither                      |                                         |      |                                                                                                                   |             |  |  |  |  |  |      |  |  |         |  |  |  |
| E-Mail:                                                                                                                                                                                                                    |                                | alex.smither@louisvillemSD.org       |                                         |      |                                                                                                                   |             |  |  |  |  |  |      |  |  |         |  |  |  |
| Date/Time:                                                                                                                                                                                                                 |                                | 2025-01-24 14:01 (Time Zone: -05:00) |                                         |      |                                                                                                                   |             |  |  |  |  |  |      |  |  |         |  |  |  |