



**MSD**

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

May 22, 2007

Ms. Kathy Thurman  
Kentucky Division of Water  
14 Reilly Road  
Frankfort, Kentucky 40601

**Re: MSD Metro Operations  
North Hunting Creek; KPDES No.: KY0029106  
Discharge Monitoring Reports – April 2007**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Hunting Creek North WTP, KPDES No.: KY0029106 for the month of April 2007.

If you have any questions concerning the attached DMRs, please contact me at (502)241-9093.

Sincerely,

John Kessel  
Process Supervisor - Operations

JK/HCN 0407

Enclosures

cc: M. Mudd (DOW Louisville)  
E. Brady  
T. Singleton  
P. Burgin  
R. Shaw



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

ERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
**NAME** MSC NORTH HUNTING CREEK STP  
**ADDRESS** C/O LOUISVILLE/JEFF CO MSD  
 4875 ALCONQUIN HWY  
 LOUISVILLE KY 40211-2497  
**FACILITY** MSD NORTH HUNTING CREEK STP  
**LOCATION** PROJECT KY 40059  
**ATTN:** ALEX Z NOVAK/ OPER MGR

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


KY0029106  
**PERMIT NUMBER**  
 0011  
**DISCHARGE NUMBER**

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

**MONITORING PERIOD**  
 FROM YEAR MO DAY TO YEAR MO DAY  
 07 07 01 TO 07 07 01

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	*****	*****		7.8	*****	*****	( 17 )	0	1/7	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	INST MIN	*****	*****	MG/L			
	SAMPLE MEASUREMENT	*****	*****		6.8	*****	6.9	( 12 )	0	1/7	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	SU			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	572.63	872.0	( 26 )	*****	191.0	222.0	( 17 )	0	1/7	Comp
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT NO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT NO AVG	REPORT MX WK AV	MG/L			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	30.17	39.28	( 26 )	*****	6.50	10.0	( 17 )	0	1/7	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT NO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT NO AVG	REPORT MX WK AV	MG/L			
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	69.62	94.67	( 26 )	*****	23.83	31.10	( 17 )	0	1/7	Comp
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT NO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT NO AVG	REPORT MX WK AV	MG/L			
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.77	2.05	( 26 )	*****	0.24	0.67	( 17 )	0	1/7	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT NO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT NO AVG	REPORT MX WK AV	MG/L			
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	2.65	2.72	( 17 )	0	2/30	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT NO AVG	REPORT MX WK AV	MG/L		MONTH	

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b> H.J. Schardewin Exec. Director 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	<b>TELEPHONE</b> 502 241 7093		<b>DATE</b> 07 05 22		
			<b>AREA CODE</b>	<b>NUMBER</b>	<b>YEAR</b>	<b>MO</b>	<b>DAY</b>

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

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

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

MINOR  
(SUBR LV)  
F - FINAL  
MUNICIPAL DISCHARGE  
EFFLUENT

NAME H&H NORTH HUNTING CREEK STP  
ADDRESS C/O LOUISVILLE/JEFF CO WSD  
2522 ALDINGQUIN Pkwy  
LOUISVILLE KY 40211-2497

AY0029106  
PERMIT NUMBER

001  
DISCHARGE NUMBER

FACILITY H&H NORTH HUNTING CREEK STP  
LOCATION PROJECT KY 40059

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	10	01		07	04	30

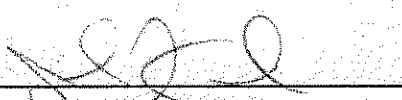
\*\*\* NO DISCHARGE \*\*\*

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		0.349	0.539	(03)	*****	*****	*****		0	6/m	6/m
EFFLUENT GROSS VALUE		REPORT	REPORT		*****	*****	*****	***		6/m	6/m
CHLORIDE (M)		*****	*****		*****	<0.010	<0.010	(17)	0	1/7	6-ab
EFFLUENT GROSS VALUE		*****	*****		*****	0.011	0.019			6/m	6/m
EFFLUENT GROSS VALUE		*****	*****		*****	MD AVG	DAILY MX	MG/L		6/m	6/m
COBALTUM - FECAI GENERAL		*****	*****		*****	17.27	88.0	(13)	0	1/7	6-ab
EFFLUENT GROSS VALUE		*****	*****		*****	300A GEO	7 DA GEO	100ML		6/m	6/m
5 DAY, 20C BOD, CARBONACEOUS		331.38	444.44	(26)	*****	110	146	(17)	0	1/7	Comp
EFFLUENT GROSS VALUE		REPORT	REPORT		*****	MD AVG	MX WK AV	MG/L		6/m	6/m
5 DAY, 20C BOD, CARBONACEOUS		5.97	7.86	(26)	*****	2.0	2.0	(17)	0	1/7	Comp
EFFLUENT GROSS VALUE		*****	*****		*****	MD AVG	MX WK AV	MG/L		6/m	6/m
5 DAY, 20C BOD, CARBONACEOUS		*****	*****		*****	98%	*****	(23)	0	1/30	6-l
PERCENT REMOVAL		*****	*****		*****	MD MIN	*****	PERCENT		6/m	6/m
PERCENT REMOVAL		*****	*****		*****	97%	*****	(23)	0	1/30	6-l
PERCENT REMOVAL		*****	*****		*****	MD MIN	*****	PERCENT		6/m	6/m

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
H.J. Schardein  
Exec. Director  
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	241-7093	07	05	22
AREA CODE	NUMBER	YEAR	MO	DAY

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