

MSD

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

June 25, 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 – May 2007**

Dear Ms. Thurman:

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

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

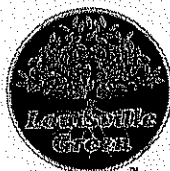
Sincerely,

John Kessel
Process Supervisor - Operations

JK/HCN 0507

Enclosures

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



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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
 NAME: 1150 NORTH HUNTING CREEK STP
 ADDRESS: 670 LOUISVILLE/JEFF CO MSD
 4522 ALONGDALE HWY
 LOUISVILLE KY 40211-2497
 FACILITY: 1150 NORTH HUNTING CREEK STP
 LOCATION: PROSPECT KY 40059
 ATTN: ALEX E NEVAK, OWNER MGR

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

KY0029106
 PERMIT NUMBER
 0011
 DISCHARGE NUMBER

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

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 07 | 05 | 01 | | 07 | 05 | 01 |

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 | | | |
| OXYGEN, DISSOLVED (DO) | | ***** | ***** | | 7.5 | ***** | ***** | (17) | 0 | 1/2 | 6.6 |
| 00300 EFFLUENT GROSS VALUE | | ***** | ***** | **** | INST MIN | ***** | ***** | MG/L | | WEEKLY | MAX |
| 00400 EFFLUENT GROSS VALUE | | ***** | ***** | **** | 6.8 | ***** | 6.9 | (12) | 0 | 1/2 | 6.6 |
| 00500 EFFLUENT GROSS VALUE | | ***** | ***** | **** | 6.0 | ***** | 9.0 | MG/L | | WEEKLY | MAX |
| 00500 SOLIDIFIED SUSPENDED | | ***** | ***** | **** | MINIMUM | ***** | MAXIMUM | MG/L | | WEEKLY | MAX |
| 00500 RAW SEW/INFLUENT | | ***** | ***** | **** | REPORT | REPORT | REPORT | MG/L | | WEEKLY | MAX |
| 00500 SOLIDIFIED SUSPENDED | | ***** | ***** | **** | MO AVG | MX WK AV | MX WK AV | MG/L | | WEEKLY | MAX |
| 00500 EFFLUENT GROSS VALUE | | ***** | ***** | **** | 10.0 | ***** | 18.82 | (26) | 0 | 1/2 | 6.6 |
| 00500 NITROGEN AMMONIA TOTAL (AS N) | | ***** | ***** | **** | REPORT | REPORT | REPORT | MG/L | | WEEKLY | MAX |
| 00500 RAW SEW/INFLUENT | | ***** | ***** | **** | MO AVG | MX WK AV | MX WK AV | MG/L | | WEEKLY | MAX |
| 00500 NITROGEN AMMONIA TOTAL (AS N) | | ***** | ***** | **** | 0.26 | ***** | 0.40 | (26) | 0 | 1/2 | 6.6 |
| 00500 EFFLUENT GROSS VALUE | | ***** | ***** | **** | MO AVG | MX WK AV | MX WK AV | MG/L | | WEEKLY | MAX |
| 00600 PHOSPHORUS, TOTAL (AS P) | | ***** | ***** | **** | ***** | ***** | ***** | (17) | 0 | 2/3 | 6.6 |
| 00600 EFFLUENT GROSS VALUE | | ***** | ***** | **** | 2.86 | ***** | 3.37 | MG/L | | MONTH | MAX |

| | | | | | | |
|---|---|--|-----------|--------|------|----|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER H.J. Schadin Exec Director | 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 | | |
| | | | AREA CODE | NUMBER | YEAR | MO |
| TYPED OR PRINTED | | | 091403 | 07 | 06 | 20 |

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
 NAME WEST NORTH HUNTING CREEK STP
 ADDRESS C/O LOUISVILLE/JEFF CO MSD
 ABOVE ALBUQUIN HWY
 LOUISVILLE KY 40211-2497
 FACILITY WEST NORTH HUNTING CREEK STP
 LOCATION PROSPECT KY 40059
 ATTN: ALEX E NOVAK, OPER MGR

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

KY0029106
 PERMIT NUMBER
 001 1
 DISCHARGE NUMBER

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

JEFF

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 07 | 05 | 01 | | 07 | 05 | 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 | | | |
| FLOW IN CONDUIT OR THRU TREATMENT PLANT | | 0.303 | 0.394 | (.05) | ***** | ***** | ***** | | 0 | 9x | 9x |
| EFFLUENT GROSS VALUE | | REPORT | REPORT | | ***** | ***** | ***** | | | | |
| PERMIT REQUIREMENT | | 30 DA AVG | DAILY MX | MGD | | | | | | | |
| CHLORINE, TOTAL | | ***** | ***** | | ***** | <0.010 | <0.010 | (.19) | 0 | 1/2 | Gib. |
| RESIDUAL | | ***** | ***** | | ***** | 0.011 | 0.019 | | | | |
| EFFLUENT GROSS VALUE | | ***** | ***** | | ***** | MG AVG | DAILY MX | MG/L | | | |
| PERMIT REQUIREMENT | | ***** | ***** | | ***** | | | | | | |
| COLEFORM, FECAL GENERAL | | ***** | ***** | | ***** | 10.4 | 78.0 | (.19) | 0 | 1/2 | Gib |
| EFFLUENT GROSS VALUE | | ***** | ***** | | ***** | 200 | 400 | | | | |
| PERMIT REQUIREMENT | | ***** | ***** | | ***** | 30 DA GED | 7 DA GED | 100ML | | | |
| BOD, CARBOXYLIC | | 111.791 | 597.38 | (.25) | ***** | 173 | 254 | (.19) | 0 | 1/2 | Coap |
| 05 DAY, 20C | | REPORT | REPORT | | ***** | REPORT | REPORT | | | | |
| PERMIT REQUIREMENT | | MG AVG | MX WK AV | LBS/DY | ***** | MG AVG | MX WK AV | MG/L | | | |
| RAW SEW INFLUENT | | 3.55 | 7.06 | (.25) | ***** | 1.50 | 3.0 | (.19) | 0 | 1/2 | Coap |
| BOD, CARBOXYLIC | | 30 | 45 | | ***** | 10 | 15 | | | | |
| 05 DAY, 20C | | MG AVG | MX WK AV | LBS/DY | ***** | MG AVG | MX WK AV | MG/L | | | |
| PERMIT REQUIREMENT | | ***** | ***** | | ***** | ***** | ***** | | | | |
| DEG CL PERCENT REMVL | | ***** | ***** | | 99% | ***** | ***** | (.23) | 0 | 1/31 | Cl. |
| PERCENT REMOVAL | | ***** | ***** | | NO MIN | ***** | ***** | | | | |
| PERMIT REQUIREMENT | | ***** | ***** | | ***** | ***** | ***** | | | | |
| SOLIDS, SUSPENDED | | ***** | ***** | | 98% | ***** | ***** | (.23) | 0 | 1/31 | Cl. |
| PERCENT REMOVAL | | ***** | ***** | | NO MIN | ***** | ***** | | | | |
| PERMIT REQUIREMENT | | ***** | ***** | | ***** | ***** | ***** | | | | |

| | | | | | | |
|---|---|--|----------------------------------|------|----|----|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Exec. Director H.J. Schwaben 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 | | |
| | | | 508 241 9678 AREA CODE NUMBER | 07 | 06 | 20 |

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