



MSD

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

August 23, 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 – July 2007.**

Dear Ms. Thurman:

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

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

Sincerely,

John Kessel
Process Supervisor - Operations

JMK/HCN 0707

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 MSD NORTH HUNTING CREEK STP
 ADDRESS C/O CEDAR CREEK STP
 8405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY MSD NORTH HUNTING CREEK STP
 LOCATION PROSPECT KY 40059
 ATTN: DENNIS THOMASSON

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

KY0029106
 PERMIT NUMBER

001 1
 DISCHARGE NUMBER

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

JEFF

MONITORING PERIOD							
FROM	YEAR	MO.	DAY	TO	YEAR	MO.	DAY

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	*****	*****		7.5	*****	*****	(17)	0	1/7	Grab
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		WEEKLY	COMP
PH	SAMPLE MEASUREMENT	*****	*****		6.8	*****	6.9	(12)	0	1/7	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	SU		WEEKLY	COMP
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	444.234	60.86	(25)	*****	165	212	(17)	0	1/7	Comp
00530 0 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		WEEKLY	COMP
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	17.81	24.23	(25)	*****	6.50	10.6	(17)	0	1/7	Comp
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	70 MD AVG	134 MX WK AV	LBS/DY	*****	30 MD AVG	45 MX WK AV	MG/L		WEEKLY	COMP
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	68.264	86.436	(25)	*****	26.10	33.60	(17)	0	1/7	Comp
00610 0 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		WEEKLY	COMP
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	3.29	0.48	(25)	*****	0.10	0.10	(17)	0	1/7	Comp
00610 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	6.0 MD AVG	9.0 MX WK AV	LBS/DY	*****	2 MD AVG	5 MX WK AV	MG/L		WEEKLY	COMP
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	3.81	3.89	(17)	0	2/31	Comp
00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		MONTH	COMP

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER H.J. Sch... 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	DAY
TYPED OR PRINTED			208	241 7693	07	08	21

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	07	01		07	07	01

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	0.275	0.581			*****	*****	*****		0	1/3	1/3
	PERMIT REQUIREMENT	30DA AVG	DAILY MX	MGD	*****	*****	*****	***		QUARTERLY	
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	*****	*****			*****	20.010	20.010	(17)	0	1/3	6-b
	PERMIT REQUIREMENT	*****	*****	***	*****	0.011	0.017	MG/L		WEEKLY	6-b
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	*****	*****			*****	4.69	23.0	(18)	0	1/3	6-b
	PERMIT REQUIREMENT	*****	*****	***	*****	200	400	100ML		WEEKLY	6-b
BOD, CARBONACEOUS 5 DAY 20C 30082 0 0 0 RAW SEW/INFLUENT	308.620	471.71			*****	111	174	(17)	0	1/3	Comp
	PERMIT REQUIREMENT	REPORT	REPORT	LBS/DY	*****	REPORT	REPORT	MG/L		WEEKLY	6-b
BOD, CARBONACEOUS 5 DAY, 20C 30082 1 0 0 EFFLUENT GROSS VALUE	3.38	4.85			*****	1.25	2.0	(17)	0	1/3	Comp
	PERMIT REQUIREMENT	30	45	LBS/DY	*****	10	15	MG/L		WEEKLY	6-b
BOD, CARB-5 DAY, 20 DEG C. PERCENT REMVL 30091 K 0 0 PERCENT REMOVAL	*****	*****			99	*****	*****	(20)	0	1/31	Cal.
	PERMIT REQUIREMENT	*****	*****	***	05	*****	*****	PER-CENT		MONTH	6-b
SOLIDS, SUSPENDED PERCENT REMOVAL 31011 K 0 0 PERCENT REMOVAL	*****	*****			90	*****	*****	(20)	0	1/31	Cal.
	PERMIT REQUIREMENT	*****	*****	***	05	*****	*****	PER-CENT		MONTH	6-b

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			509	241-9093	07	08	21

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