



**MSD**

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

September 11, 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 – August 2007.**

Dear Ms. Thurman:

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

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

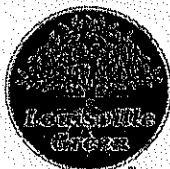
Sincerely,

John Kessel  
Process Supervisor - Operations

JMK/HCN 0807

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)

AY0029106  
 PERMIT NUMBER  
 0011  
 DISCHARGE NUMBER

MINOR (SUBR LV)  
 F - FINAL  
 MUNICIPAL DISCHARGE  
 EFFLUENT

JEFFE

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY

\*\*\* NO DISCHARGE 1 1 \*\*\*

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	*****	*****		7.1	*****	*****	( 17 )	0	1/7	Grab
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	INST MIN	*****	*****	MG/L			WEEKLY GRAB
PH	SAMPLE MEASUREMENT	*****	*****		6.8	*****	7.0	( 12 )	0	1/7	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	MINIMUM	*****	MAXIMUM	SU			WEEKLY GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	538.526	644.50	( 26 )	*****	225	276	( 17 )	0	1/7	Comp
00530 6 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT	MG/L			WEEKLY COMPOS
MO AVG	MX WK AV	LBS/DY				MO AVG	MX WK AV				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	11.85	16.35	( 26 )	*****	5.0	7.0	( 17 )	0	1/7	Comp
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	70	134		*****	30	45	MG/L			WEEKLY COMPOS
MO AVG	MX WK AV	LBS/DY				MO AVG	MX WK AV				
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	83.877	88.070	( 26 )	*****	24.95	38.40	( 17 )	0	1/7	Comp
00610 6 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT	MG/L			WEEKLY COMPOS
MO AVG	MX WK AV	LBS/DY				MO AVG	MX WK AV				
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.30	0.47	( 26 )	*****	0.13	0.20	( 17 )	0	1/7	Comp
00610 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	6.0	7.0		*****	2	3	MG/L			WEEKLY COMPOS
MO AVG	MX WK AV	LBS/DY				MO AVG	MX WK AV				
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	3.47	3.64	( 17 )	0	2/31	Comp
00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT	REPORT	MG/L			TWICE/MONTH
MO AVG	MX WK AV					MO AVG	MX WK AV				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER H.S. Schwedel 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		
			AREA CODE NUMBER	YEAR	MO	DAY
			241-9693	07	29	10

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
 NAME MSD NORTH HUNTING CREEK STP  
 ADDRESS C/O CEDAR CREEK STP  
 6405 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)

Form Approved  
 OMB No. 2040-0004

KY0029106  
 PERMIT NUMBER

001 1  
 DISCHARGE NUMBER

MINOR  
 (SUBR LV)  
 F - FINAL  
 MUNICIPAL DISCHARGE  
 EFFLUENT


JEFFE

MONITORING PERIOD						
YEAR	MO.	DAY	TO	YEAR	MO.	DAY
07	08	01		07	08	01

\*\*\* NO DISCHARGE 1 [ ] \*\*\*

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		0.270	0.351	( CFS)	*****	*****	*****		0	C/W	C/W
50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	REPORT	REPORT		*****	*****	*****	***		CONTINUOUS	
	PERMIT REQUIREMENT	30DA AVG	DAILY MX	MGD				***		DUOS	
CHLORINE, TOTAL RESIDUAL		*****	*****		*****	<0.010	<0.010	( 17)	0	1/7	Grab
50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	***	*****	0.011	0.019			WEEKLY	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	MO AVG	DAILY MX	MG/L			
COLIFORM, FECAL GENERAL		*****	*****		*****	15.71	68.0	( 15)	0	1/7	Grab
74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	***	*****	200	400 #/			WEEKLY	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	30DA GED	7 DA GED	100ML			
BOD, CARBONACEOUS 5 DAY, 20C		386.615	539.76	( 26)	*****	111	231	( 17)	0	1/7	Comp
80082 G 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	REPORT	REPORT		*****	REPORT	REPORT			WEEKLY	COMPO
	PERMIT REQUIREMENT	MO AVG	MX WK AV	LBS/DY	*****	MO AVG	MX WK AV	MG/L			
BOD, CARBONACEOUS 5 DAY, 20C		4.75	9.17	( 26)	*****	2.0	4.0	( 17)	0	1/7	Comp
80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	30	45		*****	10	15			WEEKLY	COMPO
	PERMIT REQUIREMENT	MO AVG	MX WK AV	LBS/DY	*****	MO AVG	MX WK AV	MG/L			
BOD, CARB-5 DAY, 20 DEG C, PERCENT REMVL		*****	*****		*****	99%		( 25)	0	1/31	Cal.
80091 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	***	*****	85	*****			ONCE /	CALCTD
	PERMIT REQUIREMENT	*****	*****	***	*****	MO MIN	*****	PER-CENT		MONTH	
SOLIDS, SUSPENDED, PERCENT REMOVAL		*****	*****		*****	98%		( 25)	0	1/31	Cal.
81011 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	***	*****	85	*****			ONCE /	CALCTD
	PERMIT REQUIREMENT	*****	*****	***	*****	MO MIN	*****	PER-CENT		MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  H.S. Scherlein 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		
			AREA CODE NUMBER	YEAR	MO	DAY
			502 241-9093	07	09	10

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