



MSD

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

November 26, 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 – October 2007.**

Dear Ms. Thurman:

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

During the month of October we exceeded our maximum 7 day average for Fecal.

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

Sincerely,

John Kessel
Process Supervisor - Operations

JMK/HCN 1007

Enclosures

cc: C. Roth (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 135 NORTH MOUNTAIN CREEK STP
 ADDRESS C/O DEDAR CREEK STP
 135 NORTH MOUNTAIN CREEK RD
 LOUISVILLE KY 40211
 FACILITY 135 NORTH MOUNTAIN CREEK STP
 LOCATION PROSPECT KY 40059

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

AV000910A
 PERMIT NUMBER 001 1
 DISCHARGE NUMBER

MINOR (SUBR LV)
 F - FINAL
 MUNICIPAL DISCHARGE EFFLUENT
 *** NO DISCHARGE 1/1 ***
 NOTE: Read instructions before completing this form.

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	10	01	07	10	31

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
EFFLUENT GROSS VALUE	*****	*****	*****	*****	7.2	*****	*****	(19)	0	1/2	Grab	
PERMIT REQUIREMENT	*****	*****	*****	*****	INST MIN	*****	*****	MG/L		WEEKLY	GRAB	
EFFLUENT GROSS VALUE	*****	*****	*****	*****	6.6	*****	6.9	(12)	0	1/2	Grab	
PERMIT REQUIREMENT	*****	*****	*****	*****	MINIMUM	*****	MAXIMUM	50		WEEKLY	GRAB	
RAW SEW INFLUENT	*****	*****	*****	*****	*****	222	402	(19)	0	1/2	Comp	
PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	REPORT MX WK AV	REPORT MX WK AV	MG/L		WEEKLY	COMPOS	
EFFLUENT GROSS VALUE	*****	*****	*****	*****	14.63	43.08	3.25	6.0	(19)	0	1/2	Comp
PERMIT REQUIREMENT	*****	*****	*****	*****	MO AVG	MX WK AV	MO AVG	MX WK AV	MG/L		WEEKLY	COMPOS
RAW SEW INFLUENT	*****	*****	*****	*****	74.083	107.71	25.88	40.70	(19)	0	1/2	Comp
PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	REPORT MX WK AV	REPORT MX WK AV	REPORT MX WK AV	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE	*****	*****	*****	*****	0.40	0.72	0.12	0.17	(19)	0	1/2	Comp
PERMIT REQUIREMENT	*****	*****	*****	*****	MO AVG	MX WK AV	MO AVG	MX WK AV	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	3.90	3.90	(19)	0	2/3	Comp	
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT MO AVG	REPORT MX WK AV	REPORT MX WK AV	MG/L		WEEKLY	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Exec Director H. J. Schaefer	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.	TELEPHONE	DATE			
			AREA CODE	NUMBER	YEAR	MO
TYPED OR PRINTED		500	241 9097	07	11	20

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

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

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

Form Approved.
OMB No. 2040-0004

1037 NORTH HUNTING CREEK STP
1070 CEDAR CREEK STP
1940 CEDAR CREEK RD
LOUISVILLE KY 40211
1150 NORTH HUNTING CREEK STP
PROSPECT KY 40059

5V0009104
PERMIT NUMBER

001
DISCHARGE NUMBER

MINOR
(SUBR LV)
F - FINAL

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	10	01		07	10	31

MUNICIPAL DISCHARGE
EFFLUENT

*** NO DISCHARGE 1 1 ***

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW IN TREATMENT OR THRU TREATMENT PLANT	0.317	0.986	(03)	*****	*****	*****		0	1/2	C/W	
EFFLUENT GROSS VALUE	REPORT	REPORT		*****	*****	*****			CONTIN	CONTIN	
RESIDUAL	*****	*****		*****	<0.010	0.010	(19)	0	1/4	Grab	
EFFLUENT GROSS VALUE	*****	*****		*****	0.011	0.019	MG/L		WEEKLY	GRAB	
GENERAL	*****	*****		*****	66.17	731	(13)	1	1/7	Grab	
EFFLUENT GROSS VALUE	*****	*****		*****	300	400	MG/100ML		WEEKLY	GRAB	
5 DAY BOD	476.39	732.44	(26)	*****	158	240	(19)	0	1/4	Comp	
RAW SEW INFLUENT	REPORT	REPORT		*****	REPORT	REPORT	MG/L		WEEKLY	COMPOS	
5 DAY BOD	3.96	7.18	(26)	*****	1.25	2.0	(19)	0	1/7	Comp	
EFFLUENT GROSS VALUE	30	45		*****	10	15	MG/L		WEEKLY	COMPOS	
5 DAY BOD	*****	*****		99%	*****	*****	(23)	0	1/31	Calc.	
PERCENT REMOVAL	*****	*****		85	*****	*****	PER-		ONCE/	CALCTD	
PERCENT REMOVAL	*****	*****		85	*****	*****	PER-		ONCE/	CALCTD	
PERCENT REMOVAL	*****	*****		85	*****	*****	PER-		ONCE/	CALCTD	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER 115 Sch... 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
			500 241-9073	07	11	26

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