



MSD

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

January 24, 2008

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 – December 2007.**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Hunting Creek North WTP, KPDES No.: KY0029106 for the month of December 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 1207

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

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

Form Approved.
 OMB No. 2040-0004

ADDRESS

PERMIT NUMBER

DISCHARGE NUMBER

MINOR
 (SUPER LV)
 F - FINAL

FACILITY

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
07	12	01		07	12	31

MUNICIPAL DISCHARGE
 EFFLUENT

LOCATION

*** 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			
EFFLUENT GROSS VALUE		*****	*****		7.6	*****	*****	(19)	0	1/7	Grab
PERMIT REQUIREMENT		*****	*****	***	INST MIN	*****	*****	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE		*****	*****		6.7	*****	6.9	(12)	0	1/7	Grab
PERMIT REQUIREMENT		*****	*****	***	MINIMUM	*****	MAXIMUM	SU		WEEKLY	GRAB
SUSPENDED SOLIDS		406.348	512.4	(26)	*****	122.0	136.0	(19)	0	1/7	Comp
PERMIT REQUIREMENT		REPORT	REPORT	HS/DY	*****	REPORT	REPORT	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE		26.84	40.03	(26)	*****	8.25	13.0	(19)	0	1/7	Comp
PERMIT REQUIREMENT		70	134	HS/DY	*****	30	45	MG/L		WEEKLY	COMPOS
TOTAL (AS N)		96.108	96.077	(26)	*****	20.03	24.0	(19)	0	1/7	Comp
PERMIT REQUIREMENT		REPORT	REPORT	HS/DY	*****	REPORT	REPORT	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE		0.53	1.03	(26)	*****	0.15	0.28	(19)	0	1/7	Comp
PERMIT REQUIREMENT		15	22	HS/DY	*****	5	7.5	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE		*****	*****		*****	1.81	2.12	(19)	0	2/31	Comp
PERMIT REQUIREMENT		*****	*****	***	*****	REPORT	REPORT	MG/L		WICE/MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Exec Director
 H.J. Schneider
 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

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

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

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ADDRESS

PERMIT NUMBER

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FACILITY LOCATION

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	12	01		07	12	31

MINOR
 (SUCH AS)
 FINAL
 MUNICIPAL DISCHARGE
 EFFLUENT
 *** 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			
THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.449	1.872	(03)	*****	*****	*****		0	1/2	1/2
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30 DA AVG	DAILY MX	100	*****	*****	*****	*****			CONTINUOUS
RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	(19)	0	1/7	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	0.011	0.019	MG/L			WEEKLY
GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	4.46	22.0	(13)	0	1/7	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	200	400	100ML			WEEKLY
5 DAY, 200	SAMPLE MEASUREMENT	289.692	328.08	(26)	*****	58.0	107.0	(19)	0	1/7	Comp
RAW SEWAGE INFLUENT	PERMIT REQUIREMENT	REPORT	REPORT	PER DAY	*****	REPORT	REPORT	MG/L			WEEKLY
5 DAY, 200	SAMPLE MEASUREMENT	6.67	8.01	(26)	*****	2.0	2.0	(19)	0	1/7	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30	45	PER DAY	*****	10	15	MG/L			WEEKLY
DEG O PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		*****	98%	*****	(23)	0	1/31	Cal
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	*****	*****	85	*****	PERCENT			ONCE/ MONTH
PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		*****	93%	*****	(23)	0	1/31	Cal
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	*****	*****	85	*****	PERCENT			ONCE/ MONTH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Eric Dimer H.J. Schardel 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
			600	241 5043	07	11	22

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