



MSD

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

July 23, 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 – June 2008**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Hunting Creek North WTP, KPDES No.: KY0029106 for the month of June 2008

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

Sincerely,

John Kessel
Process Supervisor - Operations

JMK/HCN 0608

Enclosures

cc: C. Roth (DOW Louisville)
T. Singleton
P. Burgin
R. Shaw



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

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

ERMITTEE 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 THUMABSON SR METRO OPS

KY0029106
PERMIT NUMBER

0011
DISCHARGE NUMBER

MINOR (SUBR LV)
F - FINAL
MUNICIPAL DISCHARGE EFFLUENT
*** NO DISCHARGE 1/1/00 ***
JEFFERSON COUNTY

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
00	06	01		00	06	30

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			
000000 OXYGEN, DISSOLVED (DO)		*****	*****		7.2	*****	*****	(19)	0	1/2	Grab
003000 EFFLUENT GROSS VALUE		*****	*****	****	INST MIN	*****	*****	MG/L		WEEKLY	GRAB
004000 EFFLUENT GROSS VALUE		*****	*****	****	6.4	*****	6.9	(12)	0	1/2	Grab
005000 EFFLUENT GROSS VALUE		*****	*****	****	5.0	*****	9.0	MINIMUM MAXIMUM	0	WEEKLY	GRAB
005300 SOLIDS, TOTAL SUSPENDED		400.0	503.0	(26)	*****	232.0	282.0	(19)	0	1/2	Comp
005610 RAW SEW/INFLUENT		REPORT	REPORT	LBS/DY	*****	REPORT	REPORT	MG/L		WEEKLY	COMPOS
005610 RAW SEW/INFLUENT		MO AVG	MX WK AV	LBS/DY	*****	MO AVG	MX WK AV	MG/L		WEEKLY	COMPOS
005630 EFFLUENT GROSS VALUE		11.0	15.0	(26)	*****	6.0	8.0	(19)	0	1/2	Comp
005630 EFFLUENT GROSS VALUE		90	134	LBS/DY	*****	30	45	MG/L		WEEKLY	COMPOS
005630 EFFLUENT GROSS VALUE		MO AVG	MX WK AV	LBS/DY	*****	MO AVG	MX WK AV	MG/L		WEEKLY	COMPOS
006100 NITROGEN, AMMONIA TOTAL (AS N)		50.0	75.0	(26)	*****	28.0	39.0	(19)	0	1/2	Comp
006100 RAW SEW/INFLUENT		REPORT	REPORT	LBS/DY	*****	REPORT	REPORT	MG/L		WEEKLY	COMPOS
006100 RAW SEW/INFLUENT		MO AVG	MX WK AV	LBS/DY	*****	MO AVG	MX WK AV	MG/L		WEEKLY	COMPOS
006110 NITROGEN, AMMONIA TOTAL (AS N)		2.0	6.0	(26)	*****	0.82	2.0	(19)	0	1/2	Comp
006110 EFFLUENT GROSS VALUE		6.0	9.0	LBS/DY	*****	2	3	MG/L		WEEKLY	COMPOS
006110 EFFLUENT GROSS VALUE		MO AVG	MX WK AV	LBS/DY	*****	MO AVG	MX WK AV	MG/L		WEEKLY	COMPOS
006650 PHOSPHORUS, TOTAL (AS P)		*****	*****		*****	3.0	3.0	(19)	0	2/30	Comp
006650 EFFLUENT GROSS VALUE		*****	*****	****	*****	REPORT	REPORT	MG/L		WEEKLY	COMPOS
006650 EFFLUENT GROSS VALUE		*****	*****	****	*****	MO AVG	MX WK AV	MG/L		WEEKLY	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Exec Dir H.J. Scherdel Jr 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
			502	241 9693	08	07 22

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

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ADDRESS C/O CEDAR CREEK STP
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F - FINAL
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EFFLUENT
*** NO DISCHARGE [] ***
JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
05	05	01		05	05	30

FROM

TO

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			
LOW, IN CONDUIT OR THRU TREATMENT PLANT	0.979	0.360	(03)	*****	*****	*****		0	9	9/2	
EFFLUENT GROSS VALUE	REPORT	REPORT		*****	*****	*****	****		CONTIN	CONTIN	
CHLORINE, TOTAL RESIDUAL	*****	*****		*****	<0.010	<0.010	(19)	0	1/3	Grab	
EFFLUENT GROSS VALUE	*****	*****	****	*****	0.011	0.019	MG/L		WEEKLY	GRAB	
COLIFORM, FECAL GENERAL	*****	*****	****	*****	2.0	5.0	(13)	0	1/7	Grab	
EFFLUENT GROSS VALUE	*****	*****	****	*****	200	400	#/		WEEKLY	GRAB	
5 DAY, 20C	400.0	565.0	(26)	*****	324.0	332.0	(19)	0	1/7	Comp	
RAW SEW/INFLUENT	REPORT	REPORT		*****	REPORT	REPORT	MG/L		WEEKLY	COMPOS	
5 DAY, 20C	4.0	9.0	(26)	*****	2.0	3.0	(19)	0	1/7	Comp	
EFFLUENT GROSS VALUE	30	45		*****	10	15	MG/L		WEEKLY	COMPOS	
5 DAY, 20C	*****	*****		99%	*****	*****	(23)	0	1/30	Cal	
PERCENT REMOVAL	*****	*****	****	85	*****	*****	PER-		ONCE/	CALCUL	
SOLIDS, SUSPENDED	*****	*****		97%	*****	*****	(23)	0	1/30	Cal	
PERCENT REMOVAL	*****	*****	****	85	*****	*****	PER-		ONCE/	CALCUL	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Exec Dir.
H.J. Schaefer, Jr.
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
502 241-9093 08 07 22
AREA CODE NUMBER YEAR MO DAY

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