



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

May 26, 2009

Ms. Carolena Bentley
DMR Coordinator
200 Fair Oaks Lane
Frankfort, Kentucky 40601

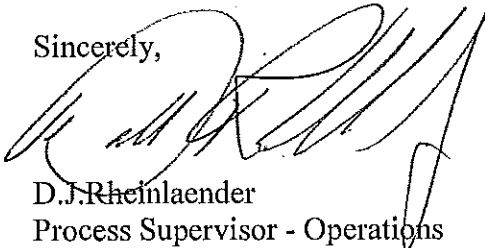
**Re: MSD Metro Operations
North Hunting Creek; KPDES No.: KY0029106
Discharge Monitoring Reports –April, 2009**

Dear Ms. Prather

Attached is the Discharge Monitoring Reports (DMRs) and the Monthly operator report (MOR) for the Hunting Creek North WTP, KPDES No.: KY0029106 for the month of April 2009

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

Sincerely,



D.J. Rheinlaender
Process Supervisor - Operations

DJR/HCN 0409

Enclosures

cc: C. Roth (DOW Louisville)
T. Singleton
R. Shew



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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
 NAME MFC NORTH HUNTING CREEK STP
 ADDRESS 570 CEDAR CREEK STP
 8405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY MFC NORTH HUNTING CREEK STP
 LOCATION PROSPECT KY 40069
 ATTN: DENNIS THOMASSON, SR METRO OPS

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

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

RY0027105	001 1
PERMIT NUMBER	DISCHARGE NUMBER

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

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			
OXYGEN, DISSOLVED (DO)	*****	*****	*****		7	*****	*****	MG/L	0	1/7	CR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	INLET MIN	*****	*****	MG/L		WEEKLY	GRND
PH	*****	*****	*****		6.9	*****	7.5	BU	0	1/7	CR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	MINIMUM	*****	MAXIMUM	BU		WEEKLY	GRND
SOLIDS, TOTAL SUSPENDED	*****	*****	*****		*****	*****	*****	MG/L	0	1/7	CP
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT	REPORT	LBS/DY	*****	REPORT	REPORT	MG/L		WEEKLY	GRND
SOLIDS, TOTAL SUSPENDED	*****	*****	*****		*****	*****	*****	MG/L	0	1/7	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MD AVG	MX WK AV	LBS/DY	*****	MD AVG	MX WK AV	MG/L		WEEKLY	GRND
NITROGEN, AMMONIA TOTAL (AS N)	*****	*****	*****		*****	*****	*****	MG/L	0	1/7	CP
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT	REPORT	LBS/DY	*****	REPORT	REPORT	MG/L		WEEKLY	GRND
NITROGEN, AMMONIA TOTAL (AS N)	*****	*****	*****		*****	*****	*****	MG/L	0	1/7	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MD AVG	MX WK AV	LBS/DY	*****	MD AVG	MX WK AV	MG/L		WEEKLY	GRND
PHOSPHORUS, TOTAL (AS P)	*****	*****	*****		*****	*****	*****	MG/L	0	3/7	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT	REPORT	MG/L		WEEKLY	GRND

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>EXCUT DIR</i> <i>H. J. ...</i>	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 <i>[Signature]</i>	TELEPHONE	DATE		
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME HND NORTH HUNTING CREEK STP
ADDRESS C/O CEDAR CREEK STP
 6405 CEDAR CREEK RD
 LOUISVILLE KY 40211
FACILITY HND NORTH HUNTING CREEK STP
LOCATION PROSPECT KY 40059
 1111 JENNIS THOMASSON, SR METRO OPS

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

HYDROXYLUS
PERMIT NUMBER
 0011
DISCHARGE NUMBER

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

JEFF

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	04	01				

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 THRU TREATMENT PLANT											
EFFLUENT GROSS VALUE		0.395	0.453	MGD	*****	*****	*****	*****	0	C/N	C/N
CHLORINE RESIDUAL		*****	*****		*****	*****	*****	*****	0	1/7	CR
EFFLUENT GROSS VALUE		*****	*****		*****	0.011	0.019	MG/L	0	1/7	CR
GENERAL		*****	*****		*****	1	2	100ML	0	1/7	CR
EFFLUENT GROSS VALUE		*****	*****		*****	300	400	100ML	0	1/7	CR
CARBONACEOUS		865	1069	LBS/DY	*****	353	496	MS/L	0	1/7	CP
EFFLUENT GROSS VALUE		*****	*****		*****	*****	*****	*****	0	1/7	CP
CARBONACEOUS		11	18	LBS/DY	*****	4	6	MG/L	0	1/7	CP
EFFLUENT GROSS VALUE		*****	*****		*****	*****	*****	*****	0	1/30	CA
PERCENT REMOVAL		*****	*****		*****	99	99	PERCENT	0	1/30	CA
PERCENT REMOVAL		*****	*****		*****	97	97	PERCENT	0	1/30	CA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 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

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

Hunting Creek North

HCN

INFLUENT

Date	Flow	Concentration			Pounds		
		TSS	BOD	NH3	TSS	BOD	NH3
4/1/2009	0.244	168	496	25	341.873	1009.340	50.874
4/2/2009	0.285						
4/3/2009	0.335						
4/4/2009	0.335						
4/5/2009	0.372						
4/6/2009	0.413						
4/7/2009	0.364						
4/8/2009	0.316	126	295	30	332.065	777.455	79.063
4/9/2009	0.325						
4/10/2009	0.337						
4/11/2009	0.35						
4/12/2009	0.374						
4/13/2009	0.356						
4/14/2009	0.429						
4/15/2009	0.36	248	269	15	744.595	807.646	45.036
4/16/2009	0.328						
4/17/2009	0.309						
4/18/2009	0.308						
4/19/2009	0.453						
4/20/2009	0.436						
4/21/2009	0.359						
4/22/2009	0.311	122		15	316.436		38.906
4/23/2009	0.314						
4/24/2009	0.293						
4/25/2009	0.293						
4/26/2009	0.296						
4/27/2009	0.284						
4/28/2009	0.279						
4/29/2009	0.291						
4/30/2009	0.293						
5/1/2009							
Average	0.335	166	353	21.25	433.743	864.814	53.470
Maximum	0.453	248	496	30.00	744.6	1009.34	79.063

