



MSD

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

April 23, 2009

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

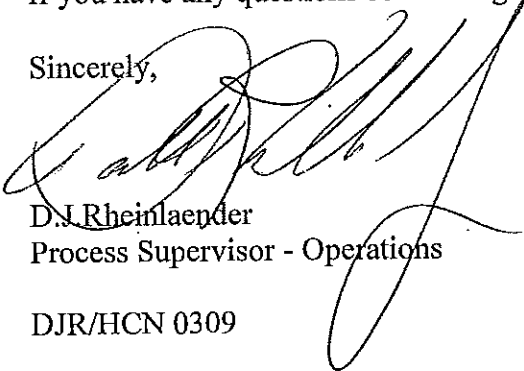
**Re: MSD Metro Operations
North Hunting Creek; KPDES No.: KY0029106
Discharge Monitoring Reports –March, 2009**

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 March 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 0309

Enclosures

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



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

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

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

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, SR METRO OPS

XY0029106	001 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	03	01	07	03	01

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) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT *****	*****	*****	*****	7.6	*****	*****	(19)	1	1/1	GRAB
	PERMIT REQUIREMENT *****	*****	*****	*****	7 INST MIN	*****	*****	MG/L		WEEKLY	GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT *****	*****	*****	*****	7.0	*****	*****	(12)	1	1/1	GRAB
	PERMIT REQUIREMENT *****	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 0 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT 292	45	(25)	*****	*****	191	118	(19)	1	1/1	COMPOS
	PERMIT REQUIREMENT REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L			WEEKLY	COMPOS
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT 16	14	(25)	*****	*****	33	45	(19)	1	1/1	COMPOS
	PERMIT REQUIREMENT 90 MD AVG	134 MX WK AV	LBS/DY	*****	30 MD AVG	45 MX WK AV	MG/L			WEEKLY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 0 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT 1.6	7.0	(25)	*****	*****	4.6	7.0	(19)	1	1/1	COMPOS
	PERMIT REQUIREMENT REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L			WEEKLY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT 0.12	0.12	(25)	*****	*****	0.11	0.14	(19)	1	1/1	COMPOS
	PERMIT REQUIREMENT 15 MD AVG	22 MX WK AV	LBS/DY	*****	5 MD AVG	7.5 MX WK AV	MG/L			WEEKLY	COMPOS
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT *****	*****	(19)	*****	*****	0.11	0.11	(19)	1	1/1	COMPOS
	PERMIT REQUIREMENT *****	*****	*****	*****	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		WEEKLY	COMPOS

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		
			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)

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ADDRESS C/O CEDAR CREEK STP
3405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY MSD NORTH HUNTING CREEK STP
LOCATION PROSPECT KY 40059
ATTN: DENNIS THOMASSON, SR METRO OPS

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

XY0029106
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MINOR (SUBR LV)
F - FINAL JETFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	03	01		07	03	01

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 CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0	4.996	1.91	(03)	*****	*****	*****					
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	MSD	*****	*****	*****	****		CONTIN	CONTIN
CHLORINE, TOTAL RESIDUAL 50060 1 0 0	*****	*****		*****	*****	*****	(19)				
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.011	0.019	MS/L		WEEKLY	GRAB
COLIFORM, FECAL GENERAL 74055 1 0 0	*****	*****		*****	*****	200	400	#/		WEEKLY	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30DA GED	7 DA GED	100ML			
BOD, CARBONACEOUS 05 DAY, 20C 80082 9 0 0	2.71	3.42	(26)	*****	*****	1.31	1.41	(19)		WEEKLY	COMPOSE
RAW SEW/INFLUENT	PERMIT REQUIREMENT	MO AVG	MX WK AV	LBS/DY	*****	REPORT	REPORT				
BOD, CARBONACEOUS 05 DAY, 20C 80088 1 0 0	7	9.1	(26)	*****	*****	3.1	3.5	(19)		WEEKLY	COMPOSE
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30	45		*****	10	15	MG/L		WEEKLY	COMPOSE
BOD, CARB-S DAY, 20 DEG C, PERCENT REMVL 80091 K 0 0	*****	*****		*****	*****	*****	*****	(25)			
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	PER-CENT		ONCE / MONTH	CALCUL
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K 0 0	*****	*****		*****	*****	*****	*****	(20)			
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	PER-CENT		ONCE / MONTH	CALCUL
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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			
TYPED OR PRINTED											SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

Hunting Creek North

Date	Flow	INFLUENT Concentration			Pounds		
		TSS	BOD	NH3	TSS	BOD	NH3
3/1/2009	0.347						
3/2/2009	0.32						
3/3/2009	0.306						
3/4/2009	0.287	188	104	13	449.993	248.932	31.117
3/5/2009	0.304						
3/6/2009	0.292						
3/7/2009	0.298						
3/8/2009	0.297						
3/9/2009	0.271						
3/10/2009	0.283						
3/11/2009	0.279	154	147	34	358.336	342.048	79.113
3/12/2009	0.272						
3/13/2009	0.264						
3/14/2009	0.275						
3/15/2009	0.274						
3/16/2009	0.259						
3/17/2009	0.241						
3/18/2009	0.262	170	144	24	371.464	314.652	52.442
3/19/2009	0.291						
3/20/2009	0.255						
3/21/2009	0.254						
3/22/2009	0.275						
3/23/2009	0.248						
3/24/2009	0.245	192	139	34	392.314	284.019	69.472
3/25/2009	0.316						
3/26/2009	0.311						
3/27/2009	0.282						
3/28/2009	0.278						
3/29/2009	0.361						
3/30/2009	0.25						
3/31/2009							
Average	0.283	176	134	26.25	393.027	297.413	58.036
Maximum	0.361	192	147	34.00	450.0	342.05	79.113

Hunting Creek North

BOD Rem

0.971154

0.979592

0.979167

0.978417

98%

0

0