

MSD

Metropolitan Sewer District

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

July 22, 2009

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

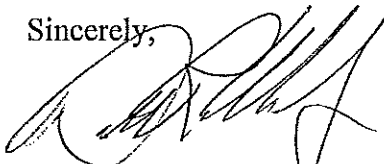
**Re: MSD Metro Operations
North Hunting Creek; KPDES No.: KY0029106
Discharge Monitoring Reports –June, 2009**

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 June 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 0609

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 HGT NORTH HUNTING CREEK STP
 ADDRESS C/O CEDAR CREEK STP
 4405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY HGT NORTH HUNTING CREEK STP
 LOCATION PROSPECT KY 40057
 ATTN DENNIS THOMASSON, SR METRO OPS

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

MINOR (SEWER LV)
 F - FINAL
 MUNICIPAL DISCHARGE EFFLUENT
 *** NO DISCHARGE [] ***
 JEFFE

070029105
 PERMIT NUMBER
 0011
 DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	01	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	*****	*****	1.17	0	1/1	CR
00300 : G O EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		WEEKLY	CR
00400 : G O EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.3	*****	*****	1.12	0	1/1	CR
00400 : G O EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	7.0 MAXIMUM	50		WEEKLY	CR
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	677	1350	(20)	*****	256	412	(17)	0	1/1	CR
00500 : G O RAW SEN/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		WEEKLY	CR
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	12	17	(25)	*****	5	7	(17)	0	1/1	CR
00500 : G O EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	90 MO AVG	134 MX WK AV	LBS/DY	*****	30 MO AVG	45 MX WK AV	MG/L		WEEKLY	CR
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	64	92	(20)	*****	27	35	(17)	0	1/1	CR
00610 : G O RAW SEN/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		WEEKLY	CR
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	1.7	1.6	(20)	*****	0.3	1	(17)	0	1/1	CR
00610 : G O EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	5.0 MO AVG	7.0 MX WK AV	LBS/DY	*****	2 MO AVG	3 MX WK AV	MG/L		WEEKLY	CR
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	0.4	0.6	(17)	0	1/1	CR
00665 : G O EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		MONTH	CR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 [Signature]
 H. J. Schardin, Sr
 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]
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 [Area Code] [Number]
 DATE
 YEAR MO DAY
 09 07 10

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
 NAME MSD NORTH HUNTING CREEK STP
 ADDRESS 670 CEDAR CREEK STP
 6405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY MSD NORTH HUNTING CREEK STP
 LOCATION PROSPECT KY 40059
 ATTN: DENNIS THOMASSEN, SR. METRO OPS

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

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

Form Approved.
 OMB No. 2040-0004

JEFFE

KY0029106
 PERMIT NUMBER

001 1
 DISCHARGE NUMBER

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	07	05	01		07	05	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 IN CONDUIT OR THRU TREATMENT PLANT	0.325	6.586	(05)	*****	*****	*****	*****				
EFFLUENT GROSS VALUE	REPORT	REPORT	MSD	*****	*****	*****	*****				
CHLORINE TOTAL RESIDUAL	*****	*****	*****	*****	*****	*****	*****				
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****				
COLIFORM - FECAL GENERAL	*****	*****	*****	*****	*****	*****	*****				
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****				
BOD - CARBONACEOUS 5 DAY, 20C	431	574	(26)	*****	*****	*****	*****				
RAW SEW/INFLUENT	REPORT	REPORT	LBS/DY	*****	*****	*****	*****				
BOD - CARBONACEOUS 5 DAY, 20C	9	12	(26)	*****	*****	*****	*****				
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****				
DEG C. PERCENT REMVL	*****	*****	*****	*****	*****	*****	*****				
PERCENT REMOVAL	*****	*****	*****	*****	*****	*****	*****				
PERCENT REMOVAL	*****	*****	*****	*****	*****	*****	*****				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 EXEC. DIR
 H. J. Schardin 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 DAY

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

Hunting Creek North

Date	Flow	INFLUENT Concentration			Pounds		
		TSS	BOD	NH3	TSS	BOD	NH3
6/1/2009	0.283						
6/2/2009	0.267						
6/3/2009	0.28	248	190	35	579.130	443.688	81.732
6/4/2009	0.286						
6/5/2009	0.264						
6/6/2009	0.262						
6/7/2009	0.264						
6/8/2009	0.264						
6/9/2009	0.256						
6/10/2009	0.254	160	100	32	338.938	211.836	67.788
6/11/2009	0.312						
6/12/2009	0.58						
6/13/2009	0.325						
6/14/2009	0.351						
6/15/2009	0.301						
6/16/2009	0.412						
6/17/2009	0.393	412	175	13	1350.379	573.584	42.609
6/18/2009	0.397						
6/19/2009	0.425						
6/20/2009	0.343						
6/21/2009	0.33						
6/22/2009	0.341						
6/23/2009	0.313						
6/24/2009	0.295	178	203	26	437.933	499.441	63.968
6/25/2009	0.286						
6/26/2009	0.476						
6/27/2009	0.336						
6/28/2009	0.305						
6/29/2009	0.273						
6/30/2009	0.261						
7/1/2009							
Average	0.325	250	167	26.50	676.595	432.137	64.024
Maximum	0.580	412	203	35.00	1350.4	573.58	81.732

