



Louisville and Jefferson County Metropolitan Sewer District  
700 West Liberty Street  
Louisville Kentucky 40203-1911  
502-540-6000  
[www.msdlouky.org](http://www.msdlouky.org)

July 18, 2011

Cheryl Edwards  
DMR Coordinator  
200 Fair Oaks Lane  
Frankfort, Kentucky 40601

**Re: MSD Metro Operations  
North Hunting Creek WQTC; KPDES No.: KY 0029106  
Discharge Monitoring Reports for June of 2011**

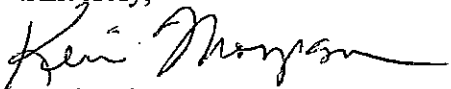
Dear Ms. Edwards:

Attached is the Discharge Monitoring Reports (DMRs) and the Monthly Operator Report (MOR) for the North Hunting Creek WQTC; KPDES No.: KY0029106 for the month of June 2011.

There were no exceedences, overflows or bypasses to report for this month.

If you have any questions concerning the attached DMRs, please contact me at (502)587-5856.

Sincerely,

  
Kevin Thompson  
Process Supervisor, East Region

RM/North Hunting Creek 6 11

Enclosures

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



*Beneficial Use of Louisville's Biosolids*  
[www.louisvillegreen.com](http://www.louisvillegreen.com)

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

NAME HUNTING CREEK N METC MSD

ADDRESS C/O CEDAR CREEK WOTC

8405 CEDAR CREEK RD

LOUISVILLE

KY 40211

FACILITY HUNTING CREEK N METC MSD

LOCATION PROSPECT

KY 40059

ATTN: DENNIS THOMASSEN, SR METRO OPS

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

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

FROM

TO

MINOR (SUBR LV)  
F - FINAL  
MUNICIPAL DISCHARGE  
EFFLUENT

JETTE

\*\*\* NO DISCHARGE \*\*\*

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) 00300 1 0 0 EFFLUENT GROSS VALUE					8					17/30	GR
	PERMIT REQUIREMENT			***	INST MIN			MG/L			
PH 00400 1 0 0 EFFLUENT GROSS VALUE					7.2		7.6			17/30	GR
	PERMIT REQUIREMENT			***	MINIMUM		MAXIMUM	EU			
SOLIDS, TOTAL SUSPENDED 00500 9 0 0 RAW SEW/INFLUENT		195	299	(LBS/DY)		135	196			1/7	CP
	PERMIT REQUIREMENT	NO AVG	MX WK AV	LBS/DY		NO AVG	MX WK AV	MG/L			
SOLIDS, TOTAL SUSPENDED 00500 2 0 0 EFFLUENT GROSS VALUE		10	22	(LBS/DY)		6	9			1/7	CP
	PERMIT REQUIREMENT	NO AVG	MX WK AV	LBS/DY		NO AVG	MX WK AV	MG/L			
NITROGEN, AMMONIA TOTAL (AS N) 00610 9 0 0 RAW SEW/INFLUENT		29	45	(LBS/DY)		22	37			1/7	CP
	PERMIT REQUIREMENT	NO AVG	MX WK AV	LBS/DY		NO AVG	MX WK AV	MG/L			
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 1 0 EFFLUENT GROSS VALUE		0.4	0.5	(MG/L)		0.3	0.3			1/7	CP
	PERMIT REQUIREMENT	NO AVG	MX WK AV	LBS/DY		NO AVG	MX WK AV	MG/L			
FREESTRONS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE						0.4	0.6			5/30	CP
	PERMIT REQUIREMENT			***		NO AVG	MX WK AV	MG/L		MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
H. J. Schaefer Jr  
Executive Director  
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.

*Karin Thompson*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 502 540-6000  
DATE 11 07 19  
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 HUNTING CREEK N WQTC MSD  
 ADDRESS C/O CEDAR CREEK WQTC  
 8405 CEDAR CREEK RD  
 LOUISVILLE KY 40211  
 FACILITY HUNTING CREEK N WQTC MSD  
 LOCATION PROSPECT KY 40059  
 ATTN: DENNIS THOMASSON, SR METRO DPE

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

WY0027106  
 PERMIT NUMBER

001 1  
 DISCHARGE NUMBER

MINOR (SUBR LV)  
 F - FINAL  
 MUNICIPAL DISCHARGE EFFLUENT  
 \*\*\* NO DISCHARGE 1 [ ] \*\*\*

Form Approved.  
 OMB No. 2040-0004

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

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	0.155	0.289	( CFS )	*****	*****	*****					
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	MGD	*****	*****	*****	****			
CHLORINE, TOTAL RESIDUAL	*****	*****			*****	20.010	20.010	( LBS )			
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	NO AVG	DAILY MX	MG/L			
COLIFORM, FECAL GENERAL	*****	*****			*****	5	15	( PER )			
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	30DA SEC	7 DA SEC	100ML			
BOD, CARBONACEOUS 5 DAY, 20C	159	200	( LBS )	*****	*****	120	164	( LBS )			
RAW SEW/INFLUENT	PERMIT REQUIREMENT	NO AVG	MX WK AV	LBS/DY	*****	NO AVG	MX WK AV	MG/L			
BOD, CARBONACEOUS 5 DAY, 20C	3	5	( LBS )	*****	*****	2	2	( LBS )			
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	NO AVG	MX WK AV	LBS/DY	*****	NO AVG	MX WK AV	MG/L			
BOD, CARB-S, 5 DAY, 20C	*****	*****			*****	98	*****	( PER )			
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	*****	NO MIN	*****	*****	PER-CENT			
SOLIDS, SUSPENDED PERCENT REMOVAL	*****	*****			*****	96	*****	( PER )			
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	*****	NO MIN	*****	*****	PER-CENT			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 H.J. Schardein JK  
 Executive Director  
 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.

Ken Thomasson  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 502 540 6000  
 DATE 11 07 19  
 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
6/1/2011	0.159						
6/2/2011	0.146	196	164	37	238.657	199.693	45.053
6/3/2011	0.137						
6/4/2011	0.136						
6/5/2011	0.14						
6/6/2011	0.138						
6/7/2011	0.141						
6/8/2011	0.127						
6/9/2011	0.147	92	125	17	112.790	153.248	20.842
6/10/2011	0.124						
6/11/2011	0.141						
6/12/2011	0.151						
6/13/2011	0.137						
6/14/2011	0.13						
6/15/2011	0.156						
6/16/2011	0.12	128	122	24	128.102	122.098	24.019
6/17/2011	0.117						
6/18/2011	0.143						
6/19/2011	0.191						
6/20/2011	0.144						
6/21/2011	0.163						
6/22/2011	0.215						
6/23/2011	0.289	124	67	11	298.872	161.487	26.513
6/24/2011	0.157						
6/25/2011	0.136						
6/26/2011	0.156						
6/27/2011	0.169						
6/28/2011	0.177						
6/29/2011	0.189						
6/30/2011	0.165						
Average	0.155	135	120	22.25	194.606	159.131	29.107
Maximum	0.289	196	164	37.00	298.9	199.69	45.053