



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

October 14, 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 Sept. 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 Sept. 2011.

Also attached is a overflow report.

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

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

Sincerely,

A handwritten signature in black ink that reads "Kevin Thompson". The signature is written in a cursive style with a long, sweeping underline.

Kevin Thompson
Process Supervisor, East Region

RM/North Hunting Creek 9.11

Enclosures

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



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

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

NAME HUNTING CREEK N WQTC MSD

ADDRESS C/O CEDAR CREEK WQTC

6405 CEDAR CREEK RD

LOUISVILLE

KY 40211

FACILITY HUNTING CREEK N WQTC MSD

LOCATION PROSPECT

KY 40069

ATTN: DENNIS THOMASSEN, SR METRO OPS

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

KY0027105
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MINOR

(SUBR LV)

F - FINAL

MUNICIPAL DISCHARGE

EFFLUENT

*** NO DISCHARGE 1 [] ***

LEFPE

MONITORING PERIOD

FROM	YEAR	MO.	DAY	TO	YEAR	MO.	DAY

NOTE: Read Instructions before completing this form.

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		*****	*****		8	*****	*****		E	1/1	GR
		*****	*****	***	INST MIN	*****	*****	MG/L			
PH 00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****		6.5	*****	7.1		E	1/1	GR
		*****	*****	***	MINIMUM	*****	MAXIMUM	SD			
SOLIDS, TOTAL SUSPENDED 00500 0 0 0 RAW SEW/INFLUENT		381	548	LB/DY		387	572		E	1/7	CP
		MO AVG	MX WK AV	LB/DY		MO AVG	MX WK AV	MG/L			
SOLIDS, TOTAL SUSPENDED 00500 1 0 0 EFFLUENT GROSS VALUE		6	16	LB/DY		4	5		E	1/7	CP
		MO AVG	MX WK AV	LB/DY		MO AVG	MX WK AV	MG/L			
NITROGEN, AMMONIA TOTAL (AS N) 00610 0 0 0 RAW SEW/INFLUENT		27	42	LB/DY		27	40		E	1/7	CP
		MO AVG	MX WK AV	LB/DY		MO AVG	MX WK AV	MG/L			
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 1 0 EFFLUENT GROSS VALUE		0.7	1.6	LB/DY		0.4	0.5		E	1/7	CP
		MO AVG	MX WK AV	LB/DY		MO AVG	MX WK AV	MG/L			
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE						0.93	1.6		E	1/7	CP
				***		MO AVG	MX WK AV	MG/L		MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H.J. Schardain 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.

Klein Thomas
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 502 540-6000
DATE: 11 10 10
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
 6405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY HUNTING CREEK N WQTC MSD
 LOCATION PROSPECT KY 40089
 ATTN: DENNIS THOMASSON, SR METRO OPS

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

Form Approved.
 OMB No. 2040-0004

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO.	DAY	TO	YEAR	MO.	DAY

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

NOTE: Read instructions before completing this form.

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			
FLOW IN CONDUIT OR THRU TREATMENT PLANT		0.131	0.373	MGD							
EFFLUENT GROSS VALUE		30 DA AVG	DAILY MX	MGD							
CHLORINE, TOTAL RESIDUAL						10.010	10.010	MG/L			
EFFLUENT GROSS VALUE						MO AVG	DAILY MX	MG/L			
CALIFORNIA PICAL GENERAL						6	33	MG/L			
EFFLUENT GROSS VALUE						30 DA GED	7 DA GED	100ML			
RED. CARBONACEOUS		262	321	MG/DAY		265	337	MG/L			
ON DAY, 20C						MO AVG	MX WK AV	MG/L			
RAW SEW/INFLUENT											
RED. CARBONACEOUS		5	10	MG/DAY		4	9	MG/L			
ON DAY, 20C						MO AVG	MX WK AV	MG/L			
EFFLUENT GROSS VALUE											
RED. CARBONACEOUS						99		PER CENT			
ON DAY, 20C						NO MIN		PER CENT			
EFFLUENT GROSS VALUE											
PERCENT REMOVAL						99		PER CENT			
ON DAY, 20C						NO MIN		PER CENT			
EFFLUENT GROSS VALUE											
PERCENT REMOVAL											
ON DAY, 20C											
EFFLUENT GROSS VALUE											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 H.S. Schardein 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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 Kevin Thompson

TELEPHONE 502 546-6000
 DATE 11 10 10
 AREA CODE NUMBER YEAR MO DAY

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

Hunting Creek North

Date	Flow	Concentration			INFLUENT		
		TSS	BOD	NH3	TSS	BOD	NH3
9/1/2011	0.126						
9/2/2011	0.122						
9/3/2011	0.125						
9/4/2011	0.113	468	337	28	442.173	318.402	26.455
9/5/2011	0.129						
9/6/2011	0.111						
9/7/2011	0.119						
9/8/2011	0.122						
9/9/2011	0.104						
9/10/2011	0.11						
9/11/2011	0.127	300	212	40	318.329	224.953	42.444
9/12/2011	0.13						
9/13/2011	0.122						
9/14/2011	0.122						
9/15/2011	0.104						
9/16/2011	0.112						
9/17/2011	0.108						
9/18/2011	0.115	572	335	31	548.128	321.019	29.706
9/19/2011	0.131						
9/20/2011	0.129						
9/21/2011	0.114						
9/22/2011	0.108						
9/23/2011	0.149						
9/24/2011	0.122						
9/25/2011	0.124	208	176	7.3	215.348	182.218	7.558
9/26/2011	0.373						
9/27/2011	0.159						
9/28/2011	0.125						
9/29/2011	0.116						
9/30/2011	0.104						
Average	0.131	387	265	26.58	380.995	261.648	26.541
Maximum	0.373	572	337	40.00	548.1	321.02	42.444



Report Selections: Excluding PPI, CSO, Excluding LAT, Result: WUS, Act Code: DISDW, DISREV

KPDES # KY0029106
 Facility ID MSD0291
 Water Quality Treatment Center HUNTING CREEK NORTH
 Receiving Stream of Treatment Center HARRODS CREEK
 Region EAST

Facility Type	Facility ID	Facility Address	If Pump Station, Name of Pump Station:	Receiving Stream	Discharge to
SLS Sewer Lift Station	MSD1055-LS	6709 GUNPOWDER LN	GUNPOWDER	HARRODS CREEK	DITCH

<u>Activity Code / Description</u>	<u>WO #</u>	<u>Initiated</u>	<u>Initiated By</u>	<u>Assigned To</u>	<u>Disch Status</u>	<u>Event Date</u>	<u>Problem</u>	<u>Result</u>	<u>Completed</u>	<u>Condition</u>
DISREV: RAIN EVENT DISCHARGE	1345412	09/26/11 02:20 AM	SINGLETON	SPENCER	DOCUMENTED	01/24/02	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHARGE-WATER S	09/26/11 09:54 AM	

Spot Inspections:

Discharge Amount:	267,000 GAL
Cause:	LACK OF SYSTEM CAPACITY DUE TO RAIN EVENT
Clean Up:	RAKED & LIMED AREA
Control Zone:	CONES & TEMPORARY SIGNS PLACED
Impact:	DEBRIS, SEWAGE & SOLIDS OBSERVED
Repair:	SITE FOUND DURING RAIN EVENT RECON- WILL MONITOR & EVALUATE FOR REPAIR

Notifications:

09/26/11 02:20 AM	DISPUB	CONES & TEMPORARY SIGNS PLACED
09/26/11 01:00 AM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
09/26/11 01:00 AM	DISSNO	Supplemental Email notification of unauthorized discharge has been sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov