



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)

November 11, 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 Oct. 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 Oct. 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

KT/North Hunting Creek 10.11

Enclosures

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



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

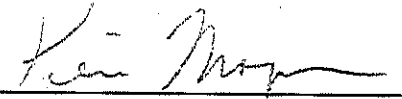
PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
 NAME HUNTING CREEK N WQTC MSD  
 ADDRESS C/O CEDAR CREEK WQTC  
 8405 CEDAR CREEK RD  
 LOUISVILLE KY 40211  
 FACILITY HUNTING CREEK N WQTC MSD  
 LOCATION PROSPECT KY 40059  
 ATTN: DENNIS THOMASSON, SR METRO OPS

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

00027100	001
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
FROM	TO
YEAR MO. DAY	YEAR MO. DAY

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

NOTE: Read Instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****		8	*****	*****			1/1	GR
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	INST MIN	*****	*****	MG/L			
PH	SAMPLE MEASUREMENT	*****	*****		6.6	*****	7.5			1/1	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	MINIMUM	*****	MAXIMUM	SV			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	239	280	LBS/DY		245	320			1/7	CP
00500 0 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT	REPORT	LBS/DY		REPORT	REPORT	MG/L			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	3	6	LBS/DY		4	6			1/7	CP
00500 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MG AVG	MX WK AV	LBS/DY		MG AVG	MX WK AV	MG/L			
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	31	41	LBS/DY		31	35			1/7	CP
00610 0 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT	REPORT	LBS/DY		REPORT	REPORT	MG/L			
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.3	0.4	LBS/DY		0.3	0.4			1/7	CP
00610 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MG AVG	MX WK AV	LBS/DY		MG AVG	MX WK AV	MG/L			
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT					0.49	0.62			1/7	CP
00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***		MG AVG	MX WK AV	MG/L		MONTH	
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.				 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE		
TYPED OR PRINTED							502 540-6000	11	11	15	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)											

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

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

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  
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LOCATION PROSPECT KY 40059  
ATTN: DENNIS THOMASSEN, SR METRO OPS

KY0029106	001 1					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
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NOTE: Read Instructions before completing this form.

PARAMETER	X	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		0.112	0.155	(MGD)	*****	*****	*****				
EFFLUENT GROSS VALUE		REFUR: 30DA AVG	REFUR: DAILY MX	MGD	*****	*****	*****	***			
CHLORINE, TOTAL RESIDUAL		*****	*****		*****	<0.010	<0.010	(17)			
EFFLUENT GROSS VALUE		*****	*****	***	*****	0.014 MD AVG	0.017 DAILY MX	MG/L			
COLIFORM, FECAL GENERAL		*****	*****		*****	5	55	(23)			
EFFLUENT GROSS VALUE		*****	*****	***	*****	30DA GED	7 DA GED	100ML			
BOD, CARBONACEOUS 5 DAY, 20C		184	231	(20)	*****	186	234	(17)			
EFFLUENT GROSS VALUE		REFUR: MG AVG	REFUR: MX WK AV	LB/DY	*****	MD AVG	MX WK AV	MG/L			
BOD, CARBONACEOUS 5 DAY, 20C		2	2	(20)	*****	2	2	(17)			
EFFLUENT GROSS VALUE		MD AVG	MX WK AV	LB/DY	*****	MD AVG	MX WK AV	MG/L			
BOD, CARE-5 DAY, 20 DEG C, PERCENT REMVL		*****	*****		99	*****	*****	(20)			
PERCENT REMOVAL		*****	*****	***	MD MIN	*****	*****	PER-CENT			
SOLIDS, SUSPENDED PERCENT REMOVAL		*****	*****		99	*****	*****	(20)			
PERCENT REMOVAL		*****	*****	***	MD MIN	*****	*****	PER-CENT			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
H.J. 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.

*Ken Mow*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
502.540.6000		11	11	15
AREA CODE	NUMBER	YEAR	MO	DAY

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



Hunting Creek North

INFLUENT

Date	Flow	Concentration			Pounds		
		TSS	BOD	NH3	TSS	BOD	NH3
10/1/11	0.103						
10/2/11	0.112						
10/3/11	0.103						
10/4/11	0.143	216	193	34	258.345	230.836	40.665
10/5/11	0.092						
10/6/11	0.121						
10/7/11	0.106						
10/8/11	0.104						
10/9/11	0.108						
10/10/11	0.108						
10/11/11	0.116	158	119	35	152.737	115.036	33.834
10/12/11	0.101						
10/13/11	0.119						
10/14/11	0.104						
10/15/11	0.103						
10/16/11	0.111						
10/17/11	0.1						
10/18/11	0.112	284	199	27	265.279	185.882	25.220
10/19/11	0.107						
10/20/11	0.138						
10/21/11	0.128						
10/22/11	0.107						
10/23/11	0.115						
10/24/11	0.108						
10/25/11	0.105	320	234	26	280.438	205.070	22.786
10/26/11	0.11						
10/27/11	0.155						
10/28/11	0.099						
10/29/11	0.106						
10/30/11	0.114						
10/31/11	0.117						
Average	0.112	245	186	30.50	239.199	184.206	30.626
Maximum	0.155	320	234	35.00	280.4	230.84	40.665