



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

November 19, 2012

Cheryl Edwards
Kentucky Division of Water
200 Fair Oaks Lane
Frankfort, Kentucky 40601

**Re: MSD Metro Operations
North Hunting Creek WQTC; KPDES No.: KY 0029106
Discharge Monitoring Reports for October 2012.**

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 October 2012.

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,

A handwritten signature in black ink, appearing to read "Kevin Thompson", written over a white background.

Kevin Thompson
Process Supervisor, East Region

KT/North Hunting Creek 10/12.

Enclosures

cc: T. Singleton
R. Shaw



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

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

Form Approved
OMB No. 2040-0004

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

NAME: CEDAR CREEK WQTC
ADDRESS: 8405 CEDAR CREEK RD.
LOUISVILLE, KY 40211
FACILITY: HUNTING CREEK N WQTC MSD
LOCATION: 7300 SHADWELL LN
PROSPECT, KY 40059
ATTN: DENNIS THOMASSON, SR METRO OPS

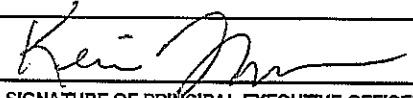
KY0029106	001-1
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 40211
MINOR (SUBR LV) JEFFE
MUNICIPAL DISCHARGE
External Outfall

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 10/01/2012	TO 10/31/2012

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved (DO) 00300 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	8	*****	*****		0	1/1	GR
	PERMIT REQUIREMENT	*****	*****	*****	7 INST MIN	*****	*****	mg/L		Weekly	GRAB
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	8		0	1/1	GR
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	14	32	*****	8	16			0	1/7	CP
	PERMIT REQUIREMENT	90 30DA AVG	135 DAILY MX	lb/d	30 30DA AVG	45 DAILY MX		mg/L		Weekly	COMP24
Nitrogen, total 00600 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	25	28		0	1/7	CP
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMPOS
Nitrogen, ammonia total (as N) 00610 1 1 Effluent Gross	SAMPLE MEASUREMENT	0.9	1		*****	0.5	0.7		0	1/7	CP
	PERMIT REQUIREMENT	6 30DA AVG	9 DAILY MX	lb/d	*****	2 30DA AVG	3 DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total (as P) 00665 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.46	0.79		0	5/31	CP
	PERMIT REQUIREMENT	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Weekly	COMPOS
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.229	0.318		*****	*****	*****	*****	0	CN	CN
	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. INST MAX	MGD	*****	*****	*****	*****		Weekly	INSTAN

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Greg C. Heitzman Facility 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 persons 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
			502-540-6000	11/20/2012	
			AREA Code	NUMBER	MM/DD/YYYY

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

TOTAL NITROGEN = TKN (AS N) AND NITRATE/NITRITE (AS N) - Parameter 00610 - Use Season 1 for summer months (May, June, July, August, September, and October) and Season 2 for winter months (November, December, January, February March, and April); enter NODI=9 for the Season not needed.

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

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10/01/2012	FROM	10/31/2012	TO

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
Chlorine, total residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.010	<0.010			0	1/1	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 30DA AVG	.019 DAILY MX	mg/L			Weekly	GRAB
E. coli 51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1			0	1/7	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	130 30DA GEO	240 7 DA GEO	#/100mL			Weekly	GRAB
BOD, carbonaceous, 05 day, 20 C 80082 1 0 Effluent Gross	SAMPLE MEASUREMENT	5	8		*****	3	4			0	1/7	CP
	PERMIT REQUIREMENT	30 30DA AVG	45 DAILY MX	lb/d	*****	10 30DA AVG	15 DAILY MX	mg/L			Weekly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Greg C. Heitzman</i> Interim 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 <i>Ken Moran</i>	TELEPHONE		DATE
			AREA Code	NUMBER	MM/DD/YYYY
			502-540-6600		11/20/2012

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
TOTAL NITROGEN = TKN (AS N) AND NITRATE/NITRITE (AS N) - Parameter 00610 - Use Season 1 for summer months (May, June, July, August, September, and October) and Season 2 for winter months (November, December, January, February, March, and April); enter NODI=9 for the Season not needed.

