



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

March 14, 2013

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 February 2013.**

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 February 2013.

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 horizontal line.

Kevin Thompson
Process Supervisor, East Region

KT/North Hunting Creek 02/13.

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: KEVIN RIES

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	
02/01/2013	FROM	02/28/2013	TO

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
00300 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	8	*****	*****		0	1/1	GR
	PERMIT REQUIREMENT	*****	*****	*****	7 INST MIN	*****	*****	mg/L		Weekly	GRAB
00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	9		0	1/1	GR
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	17	36		10	20			0	1/7	CP
	PERMIT REQUIREMENT	90 30DA AVG	135 DAILY MX	lb/d	30 30DA AVG	45 DAILY MX		mg/L		Weekly	COMP24
00600 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	19	21			0	1/7	CP
	PERMIT REQUIREMENT	*****	*****	*****	Reg. Mon. 30DA AVG	Reg. Mon. DAILY MX		mg/L		Weekly	COMPOS
00610 1 2 Effluent Gross	SAMPLE MEASUREMENT	0.6	0.7		0.4	0.5			0	1/7	CP
	PERMIT REQUIREMENT	15 30DA AVG	22.5 DAILY MX	lb/d	5 30DA AVG	7.5 DAILY MX		mg/L		Weekly	COMP24
00665 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	0.4	0.7			0	1/7	CP
	PERMIT REQUIREMENT	*****	*****	*****	1 30DA AVG	2 DAILY MX		mg/L		Weekly	COMPOS
50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.199	0.266		*****	*****	*****	*****	0	CN	CN
	PERMIT REQUIREMENT	Reg. Mon. 30DA AVG	Reg. Mon. INST MAX	MGD	*****	*****	*****	*****		Weekly	INSTAN

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Greg C. Heitzman</i> 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.	TELEPHONE 502-540-6000	DATE 03/14/2013
			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Kevin Ries</i>

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.

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.010	<0.010		A	1/1	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 30DA AVG	.019 DAILY MX	mg/L		Weekly	GRAB
E. coli 51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	3	10		B	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	4	5		*****	2	3		B	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 A. Heftman</i> 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>Kevin Ries</i>	TELEPHONE	DATE
			502-540-6060	03/14/2013
		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 NOD=9 for the Season not needed.

