



MSD

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

July 24, 2008

Ms. Kathy Thurman
Kentucky Division of Water
14 Reilly Road
Frankfort, Kentucky 40601

**Re: MSD Metro Operations
Hunting Creek South; KPDES No.: KY0029114
Discharge Monitoring Reports – June 2008**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Hunting Creek South WTP, KPDES No.: KY0029114 for the month of June 2008.

During the month of June we exceeded our limits for Ammonia for mx avg for loading and both limits for concentration. We believe this was due to some maintenance that we performed on the plant. The last week of May we cleaned the solids holding tank out completely. This cleaning project kept us from wasting for about ten days. This in part with high Inf. Concentration and low flow contributed to the plant not recovering as quickly. The last week of June the plant had recovered and is back in compliance.

If you have any questions concerning the attached DMRs, please contact me at (502)241-9093.

Sincerely,

John Kessel
Process Supervisor, East Region

JMK/HCS 0608

Enclosures

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



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

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

NAME MSD HUNTING CREEK SOUTH STP
ADDRESS C/O CEDAR CREEK STP
8405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY MSD HUNTING CREEK SOUTH STP
LOCATION PROSPECT KY 40059
ATTN: DENNIS THOMASSON, SR METRO OPS

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

KY0029114
PERMIT NUMBER

001 I
DISCHARGE NUMBER

MINOR
(SUBR LV)
F - FINAL

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	08	01		08	08	30

MUNICIPAL DISCHARGE
EFFLUENT

*** 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			
00300 1 0 0 OXYGEN, DISSOLVED (DO) EFFLUENT GROSS VALUE	7.2	*****	*****		7	*****	*****	(19)	0	1/7	Grab
	PERMIT REQUIREMENT	*****	*****	****	INST MIN			MG/L			WEEKLY GRAB
00400 1 0 0 PH EFFLUENT GROSS VALUE	6.3	*****	*****		6.0	*****	9.0	(12)	0	1/7	Grab
	PERMIT REQUIREMENT	*****	*****	****	MINIMUM		MAXIMUM	SU			WEEKLY GRAB
00530 0 0 0 SOLIDS, TOTAL SUSPENDED RAW SEW/INFLUENT	213.0	279.0	(26)	*****	189.0	252.0	(19)	0	1/7	Comp	
	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L			WEEKLY COMPOS
00530 1 0 0 SOLIDS, TOTAL SUSPENDED EFFLUENT GROSS VALUE	11.0	15.0	(26)	*****	10.0	21.0	(19)	0	1/7	Comp	
	PERMIT REQUIREMENT	63	94	*****	30	45		MG/L			WEEKLY COMPOS
00610 0 0 0 NITROGEN, AMMONIA TOTAL (AS N) RAW SEW/INFLUENT	30.0	68.0	(26)	*****	29.0	30.0	(19)	0	1/7	Comp	
	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L			WEEKLY COMPOS
00610 1 1 0 NITROGEN, AMMONIA TOTAL (AS N) EFFLUENT GROSS VALUE	4.0	8.0	(26)	*****	3.0	4.0	(19)	3	1/7	Comp	
	PERMIT REQUIREMENT	4	6	*****	2	3		MG/L			WEEKLY COMPOS
00665 1 0 0 PHOSPHORUS, TOTAL (AS P) EFFLUENT GROSS VALUE	4.5	5.0	(19)	*****	4.5	5.0	(19)	0	2/30	Comp	
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT MX WK AV	MG/L			WEEKLY COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Exec Dir
H.J. Schardie, Jr.
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
TELEPHONE 502 241 5093
DATE 08 07 22
AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Please see attached letter.

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

KY0029114
PERMIT NUMBER
0011
DISCHARGE NUMBER

MINOR (SUBR LV)
F - FINAL
MUNICIPAL DISCHARGE EFFLUENT
*** NO DISCHARGE () ***
NOTE: Read instructions before completing this form.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
05	06	01		05	06	30

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	0.150	0.304	(03)	*****	*****	*****		0	1/2	1/2	
EFFLUENT GROSS VALUE	REPORT	REPORT		*****	*****	*****	*****	0	CONTIN	CONTIN	
CHLORINE, TOTAL RESIDUAL	0.010	0.017	(19)	*****	0.010	0.017	MG/L	0	1/2	Grab	
EFFLUENT GROSS VALUE	REPORT	REPORT		*****	0.011	0.017	MG/L	0	WEEKLY	GRAB	
COLIFORM, FECAL GENERAL	1.0	1.0	(13)	*****	1.0	1.0	100ML	0	1/2	Grab	
EFFLUENT GROSS VALUE	REPORT	REPORT		*****	200	400	100ML	0	WEEKLY	GRAB	
5-DAY, 20C	190.0	236.0	(26)	*****	181.0	242.0	(19)	0	1/2	Comp	
RAW SEW/INFLUENT	REPORT	REPORT		*****	REPORT	REPORT	MG/L	0	WEEKLY	COMPOS	
5-DAY, 20C	3.0	6.0	(26)	*****	2.0	4.0	(19)	0	1/2	Comp	
EFFLUENT GROSS VALUE	21	31		*****	10	15	MG/L	0	WEEKLY	COMPOS	
5-DAY, CARB-5 DAY, 20 DEG C, PERCENT REMVL	*****	*****		*****	99%	*****	(23)	0	1/30	Calcd	
PERCENT REMOVAL	*****	*****		*****	85	*****	PERCENT	0	ONCE/	CALC'D	
SOLIDS, SUSPENDED	*****	*****		*****	95%	*****	(23)	0	1/30	Cal	
PERCENT REMOVAL	*****	*****		*****	85	*****	PERCENT	0	ONCE/	CALC'D	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Exec Dir H.S. Schudrick Jr 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	TELEPHONE	DATE		
			502 241-5693	07	07	22

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