



**MSD**

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

September 25, 2008

Ms. Vickie L. Prather  
Kentucky Division of Water  
14 Reilly Road  
Frankfort, Kentucky 40601

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

Dear Ms. Prather

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

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 0808

Enclosures

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



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

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAME MBD HUNTING CREEK SOUTH STP  
ADDRESS C/O CEDAR CREEK STP  
6405 CEDAR CREEK RD  
LOUISVILLE KY 40211  
FACILITY MBD HUNTING CREEK SOUTH STP  
LOCATION PROSPECT KY 40059  
ATTN: DENNIS THOMASSON, SR METRO OPS

KY0029114  
PERMIT NUMBER

001 1  
DISCHARGE NUMBER

MINDR  
(SUBR LV)  
F - FINAL  
MUNICIPAL DISCHARGE  
EFFLUENT  
JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	08	01		08	08	31

\*\*\* NO DISCHARGE 1 \*\*\*  
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			
OXYGEN, DISSOLVED (DO)	*****	*****			7.2	*****	*****	( 19)	0	1/2	Grab
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	7	*****	*****			WEEKLY	GRAB
PH	*****	*****			6.2	*****	6.3	( 12)	0	1/2	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0			WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	*****	*****	( 25)		*****	*****	*****	( 19)	0	1/2	Comp
00530 0 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		WEEKLY	COMPOS
SOLIDS, TOTAL SUSPENDED	*****	*****	( 25)		*****	*****	*****	( 19)	0	1/2	Comp
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	63 MD AVG	74 MX WK AV	LBS/DY	*****	30 MD AVG	45 MX WK AV	MG/L		WEEKLY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	*****	*****	( 26)		*****	*****	*****	( 19)	0	1/2	Comp
00610 0 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		WEEKLY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	*****	*****	( 26)		*****	*****	*****	( 19)	0	1/2	Comp
00610 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	4 MD AVG	6 MX WK AV	LBS/DY	*****	2 MD AVG	3 MX WK AV	MG/L		WEEKLY	COMPOS
PHOSPHORUS, TOTAL (AS P)	*****	*****			*****	*****	*****	( 19)	0	2/21	Comp
00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		TWICE/MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
Exec Director  
H J Schuler 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  
AREA CODE NUMBER YEAR MO DAY

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

JEFF

MUNICIPAL DISCHARGE  
EFFLUENT

\*\*\* NO DISCHARGE [ ] \*\*\*

NOTE: Read Instructions before completing this form.

PERMIT 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  
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ATTN: DENNIS THOMASSON, SR METRO OPS

KY0027114  
PERMIT NUMBER

001 1  
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	08	01		08	08	31

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 50050 1 0 0 EFFLUENT GROSS VALUE	0.136	0.195	( 03 )	*****	*****	*****	*****	0	1/2	1/2	CONTINUOUS
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	10.010	10.010	( 19 )	0	1/2	Grab	WEEKLY GRAB
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	1.0	2.0	( 13 )	0	1/2	Grab	WEEKLY GRAB
BOD, CARBONACEOUS 5 DAY, 20C 30082 6 0 0 RAW SEW/INFLUENT	189.0	230.0	( 26 )	*****	187.0	273.0	( 19 )	0	1/2	Comp	WEEKLY COMPOS
BOD, CARBONACEOUS 5 DAY, 20C 30082 1 0 0 EFFLUENT GROSS VALUE	4.0	8.0	( 26 )	*****	4.0	7.0	( 19 )	0	1/2	Comp	WEEKLY COMPOS
BOD, CARB-5 DAY, 20 DEG C, PERCENT REMVL 30091 K 0 0 PERCENT REMOVAL	*****	*****	*****	98%	*****	*****	( 23 )	0	1/31	Cal	ONCE/ CALCTD MONTH
SOLIDS, SUSPENDED PERCENT REMOVAL 31011 K 0 0 PERCENT REMOVAL	*****	*****	*****	95%	*****	*****	( 23 )	0	1/31	Cal	ONCE/ CALCTD MONTH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
Eric Director  
H. J. Schindler, Jr.  
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
502 550-6600  
DATE  
08 19 24  
AREA CODE NUMBER YEAR MO DAY

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