



MSD

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

August 23, 2007

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 – July 2007.**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Hunting Creek South WTP, KPDES No.: KY0029114 for the month of July 2007.

If you have any questions concerning the attached DMRs, please contact me at (502)240-9093.

Sincerely,

John Kessel
Process Supervisor, East Region

JMK/HCS 0707

Enclosures

cc: M. Mudd (DOW Louisville)
E. Brady
T. Singleton
P. Burgin
R. Shaw



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

PERMITTEE 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

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

MINOR
 (SUBR LV)
 F - FINAL
 MUNICIPAL DISCHARGE
 EFFLUENT

JEFFE

KY0029114
 PERMIT NUMBER

001 1
 DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	07	01		07	07	01

*** NO DISCHARGE [] ***

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	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	*****	*****		7.9	*****	*****	(17)	0	1/7	6.6
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	INST MIN	*****	*****	MG/L			
PH	SAMPLE MEASUREMENT	*****	*****		6.6	*****	6.8	(12)	0	1/7	6.6
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	SU			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	150.683	330.80	(20)	*****	150.0	215.0	(17)	0	1/7	Comp
00530 0 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	3.91	5.28	(20)	*****	3.25	4.0	(17)	0	1/7	Comp
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	63 MO AVG	74 MX WK AV	LBS/DY	*****	30 MO AVG	45 MX WK AV	MG/L			
NITROGEN, AMMONIA (TOTAL (AS N))	SAMPLE MEASUREMENT	29.879	34.152	(20)	*****	20.23	31.50	(17)	0	1/7	Comp
00610 0 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L			
NITROGEN, AMMONIA (TOTAL (AS N))	SAMPLE MEASUREMENT	0.25	0.50	(20)	*****	0.29	0.53	(17)	0	1/7	Comp
00610 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	4 MO AVG	0 MX WK AV	LBS/DY	*****	2 MO AVG	3 MX WK AV	MG/L			
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	3.36	3.44	(17)	0	2/21	Comp
00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	REPORT 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.				TELEPHONE		DATE			
11.5 Schindler Exec Director						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO
TYPED OR PRINTED						609	201 9092	07	08	21	

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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 ADDRESS 0/0 CEDAR CREEK STP
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 LOUISVILLE KY 40211
 FACILITY MSD HUNTING CREEK SOUTH STP
 LOCATION PROSPECT KY 40059
 ATTN: DENNIS THOMASSON

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

KY0027114
 PERMIT NUMBER
 001 1
 DISCHARGE NUMBER

HINDR
 (SUBR LV)
 F - FINAL
 MUNICIPAL DISCHARGE
 EFFLUENT
 *** NO DISCHARGE () ***

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	07	01				

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			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	0.143	3.211	(03)	*****	*****	*****		0	9/2	6.0	
50050 1 0 0 EFFLUENT GROSS VALUE	REPORT	REPORT	MGD	*****	*****	*****	***		CONTINUOUS		
CHLORINE, TOTAL RESIDUAL	*****	*****		*****	<0.010	<0.010	(17)	0	1/7	6.0	
50060 1 0 0 EFFLUENT GROSS VALUE	*****	*****	***	*****	0.011	0.017	MG/L		MONTH		
COLIFORM, FECAL GENERAL	*****	*****		*****	1.00	1.00	(15)	0	1/1	6.0	
74055 1 0 0 EFFLUENT GROSS VALUE	*****	*****	***	*****	300	400	/		MONTH		
BOD, CARBONACEOUS 5 DAY, 20C	108.659	207.41	(20)	*****	104.0	111.0	(17)	0	1/7	6.0	
80082 0 0 0 RAW SEW/INFLUENT	REPORT	REPORT	LBS/DY	*****	REPORT	REPORT			MONTH		
BOD, CARBONACEOUS 5 DAY, 20C	2.66	5.65	(20)	*****	2.50	6.00	(17)	0	1/7	6.0	
80082 1 0 0 EFFLUENT GROSS VALUE	MO AVG	MX WK AV	LBS/DY	*****	MO AVG	MX WK AV	MG/L		MONTH		
BOD, CARB-5 DAY, 20 DEG C, PERCENT REMVL	*****	*****		*****	98%	*****	(20)	0	1/31	6.0	
80091 1 0 0 PERCENT REMOVAL	*****	*****	***	*****	MO MIN	*****	PER-CENT		MONTH		
SOLIDS, SUSPENDED PERCENT REMOVAL	*****	*****		*****	98%	*****	(20)	0	1/31	6.0	
81011 1 0 0 PERCENT REMOVAL	*****	*****	***	*****	MO MIN	*****	PER-CENT		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.						TELEPHONE		DATE		
4. J. Shadwin Exec Director							02 241 9073		07 08 31		
TYPED OR PRINTED							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR

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