



**MSD**

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

December 20, 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 – November 2007.**

Dear Ms. Thurman:

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

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 1107

Enclosures

cc: C. Roth (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)

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

MINOR  
(SUBR LV)  
F - FINAL

JEFFE

NAME HSC HUNTING CREEK SOUTH STP  
ADDRESS C/O CEDAR CREEK STP  
8405 CEDAR CREEK RD

KY0009114  
PERMIT NUMBER

0011  
DISCHARGE NUMBER

FACILITY HSC HUNTING CREEK SOUTH STP  
LOCATION PROSPECT KY 40059

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	11	01		07	11	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			
DISSOLVED (DD)	*****	*****			8.0	*****	*****	( 19)	0	1/7	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	7	*****	*****	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0	BU	0	1/7	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	BU		WEEKLY	GRAB
SUSPENDED	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	( 19)	0	1/7	Comp
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT	REPORT	NS/DY	*****	REPORT	REPORT	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	( 19)	0	1/7	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	MG/L		WEEKLY	COMPOS
AMMONIA TOTAL (AS N)	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	( 19)	0	1/7	Comp
RAW SEW/INFLUENT	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	MG/L		WEEKLY	COMPOS
AMMONIA TOTAL (AS N)	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	( 19)	0	1/7	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	MG/L		WEEKLY	COMPOS
PHOSPHORUS, TOTAL (AS P)	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	( 19)	0	3/30	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	MG/L		WICE/COMPOS	MONTH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
Eric 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  
TELEPHONE  
DATE  
AREA CODE NUMBER YEAR MO DAY

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
 NAME MS) HUNTING CREEK SOUTH STP  
 ADDRESS C/O CEDAR CREEK STP  
 1043E CEDAR CREEK RD  
 LOUISVILLE KY 40211  
 FACILITY HGO HUNTING CREEK SOUTH STP  
 LOCATION PROSPECT KY 40057  
 ATT DENNIS TOMABSON

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

PERMIT NUMBER KY0009114  
 DISCHARGE NUMBER 001 1

MINOR  
 (SUBR LV)  
 F - FINAL  
 MUNICIPAL DISCHARGE  
 EFFLUENT

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	11	01		07	11	30

\*\*\* NO DISCHARGE 1 [ ] \*\*\*

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW IN CONDUIT OR THRU TREATMENT PLANT	0.158	0.358	(03)	*****	*****	*****					
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	MGD	*****	*****	*****	*****		CONTIN	CONTIN
RESIDUAL	0.011	0.019	(19)	*****	0.011	0.019				WEEKLY	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MG AVG	MX WK AV	MG/L	*****	*****	*****	*****		WEEKLY	GRAB
GENERAL	287	34	(13)	*****	200	400				WEEKLY	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA GED	7 DA GED	100ML	*****	*****	*****	*****		WEEKLY	COMPOS
500 CARBONACEOUS	166.75	325.71	(26)	*****	131	283				WEEKLY	COMPOS
05 DAY 20C	PERMIT REQUIREMENT	MG AVG	MX WK AV	LBS/DY	*****	*****	*****	*****		WEEKLY	COMPOS
EFFLUENT GROSS VALUE	1.31	1.83	(26)	*****	1.0	1.0				WEEKLY	COMPOS
PERMIT REQUIREMENT	21	31			10	15				WEEKLY	COMPOS
500 CARBONACEOUS	99%		(23)	*****	*****	*****				ONCE/	CALCTD
05 DAY 20C	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		ONCE/	CALCTD
DEG C PERCENT REMVL	90%		(23)	*****	*****	*****				ONCE/	CALCTD
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		ONCE/	CALCTD
SOLIDS SUSPENDED	*****	*****			*****	*****				ONCE/	CALCTD
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		ONCE/	CALCTD

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 TYPED OR PRINTED

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