



MSD

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

January 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 – December 2007.**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Hunting Creek South WTP, KPDES No.: KY0029114 for the month of December 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 1207

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
MUNICIPAL DISCHARGE
EFFLUENT

NAME: ...
ADDRESS: ...
FACILITY: ...
LOCATION: ...

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	12	01		07	12	31

FROM

TO

*** 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			
EFFLUENT GROSS VALUE					7.4			(19)	0	1/7	Grab
	PERMIT REQUIREMENT				INST MIN			MG/L			WEEKLY GRAB
EFFLUENT GROSS VALUE					6.6		6.8	(12)	0	1/7	Grab
	PERMIT REQUIREMENT				MINIMUM		MAXIMUM	MG/L			WEEKLY GRAB
SUSPENDED SOLIDS		216.625	283.8	(26)		121.0	159.0	(19)	0	1/7	Comp
	PERMIT REQUIREMENT	REPORT	REPORT	MG/DY		MO AVG	MX WK AV	MG/L			WEEKLY COMPOS
EFFLUENT GROSS VALUE		8.70	15.01	(26)		4.50	6.0	(19)	0	1/7	Comp
	PERMIT REQUIREMENT	MO AVG	MX WK AV	MG/DY		MO AVG	MX WK AV	MG/L			WEEKLY COMPOS
TOTAL SOLIDS		37.155	48.902	(26)		20.60	27.40	(19)	0	1/7	Comp
	PERMIT REQUIREMENT	REPORT	REPORT	MG/DY		MO AVG	MX WK AV	MG/L			WEEKLY COMPOS
EFFLUENT GROSS VALUE		0.47	1.40	(26)		0.22	0.56	(19)	0	1/7	Comp
	PERMIT REQUIREMENT	MO AVG	MX WK AV	MG/DY		MO AVG	MX WK AV	MG/L			WEEKLY COMPOS
EFFLUENT GROSS VALUE						2.0	2.03	(19)	0	2/31	Comp
	PERMIT REQUIREMENT					REPORT	REPORT	MG/L			WICE/COMPOS MONTH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Exec Director H.J. Schadrin 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
			20	241 9093	08	01	28

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

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

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

Form Approved.
OMB No. 2040-0004

NAME

ADDRESS

FACILITY

LOCATION

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	12	01		07	12	31

HINDR
(SUNR LV)
F - FINAL

MUNICIPAL DISCHARGE
EFFLUENT

*** NO DISCHARGE [] ***

NOTE: Read Instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.258	0.702	(03)	*****	*****	*****		0	4x	4x
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	100	*****	*****	*****			CONTINUOUS	CONTINUOUS
RESTOVAL	SAMPLE MEASUREMENT				*****	<0.010	<0.010	(19)	0	1x	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	0.011	0.019	MG/L		WEEKLY	GRAB
GENERAL	SAMPLE MEASUREMENT				*****	1.19	2.0	(13)	0	1x	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	200	400	100ML		WEEKLY	GRAB
MS DAY, 200	SAMPLE MEASUREMENT	159.369	232.02	(26)	*****	89.0	130.0	(19)	0	1x	Comp
RAW SEW INFLUENT	PERMIT REQUIREMENT	REPORT	REPORT	MS/DY	*****	REPORT	REPORT	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	3.04	6.37	(26)	*****	1.75	4.0	(19)	0	1x	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	21	31	85/DY	*****	10	15	MG/L		WEEKLY	COMPOS
PERCENT REMOVAL	SAMPLE MEASUREMENT				98%	*****	*****	(23)	0	1/31	Cal
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	*****	85	*****	*****	PER-CENT		ONCE/MONTH	CALC'D
PERCENT REMOVAL	SAMPLE MEASUREMENT				96%	*****	*****	(23)	0	1/31	Cal
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	*****	85	*****	*****	PER-CENT		ONCE/MONTH	CALC'D

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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE			
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY
Eric Director H.J. Schadrin			502	241-9093	07	01	22

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



MSD Louisville and Jefferson County
Metropolitan Sewer District

IMSAST0004
Discharge Report

Dec 01, 2007 12:00 AM thru Dec 31, 2007 11:59 PM

Report Selections: Excluding PPI, CSO, Result: WUS, Act Code: DISDW, DISREV

KPDES #	Facility ID	Treatment Plant Name	Receiving Stream of Treatment Plant	Region					
KY0029114 (Conf'd)	MSD0292	HUNTING CREEK SOUTH	HARRODS CREEK	EAST					
Facility Type	Facility ID	Facility Address	If Pump Station, Name of Pump Station:	Receiving Stream	Discharge to				
SLS Sewer Lift Station	MSD1553-PS	8210 DEEP CREEK CT	DEEP CREEK	HARRODS CREEK	DITCH				
Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Stat	Event Date	Problem	Resolution	Completed
DISREV: RAIN EVENT DISCHARGE	730428	12/16/07 02:45 AM	MARKS JR	KESSE_	D	12/16/07	LACK OF SYSTEM CAPACITY	DISCHARGE TO WATERS OF THE US	12/16/07 08:30 PM

Spot Inspections:

Discharge Amount:	25,500 GAL
Cause:	LACK OF SYSTEM CAPACITY
Clear Up:	NO DEBRIS
Control Zone:	CONES WERE SET OUT
Impact:	NO VISUAL IMPACT OBSERVED
Repair:	HAULED TO PREVENT FURTHER DISCHARGE

Notifications:

12/16/07 12:59 AM	Supplemental Email notification of unauthorized discharge has been sent to ireland.sean@epa.gov, eppc.ert@ky.gov and bradley.kouns@ky.gov
12/16/07 02:45 AM	current flow est 25gpm
12/16/07 12:59 AM	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and bradley.kouns@ky.gov
12/16/07 07:51 AM	Cones were placed