



MSD

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

March 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 – March 2007**

Dear Ms. Thurman:

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

If you have any questions concerning the attached DMRs, please contact me at (502)540-6055.

Sincerely,

John Kessel
Process Supervisor, East Region

JMK/HCS 0307

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 LOUISVILLE/JEFF CO MSD
 4522 ALGONQUIN PKWY
 LOUISVILLE KY 40211-2497
 FACILITY MSD HUNTING CREEK SOUTH STP
 LOCATION PROSPECT KY 40059
 ATTN: ALEX E NOVAK, OPER MGR

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

KY0029114 PERMIT NUMBER
 001 1 DISCHARGE NUMBER

MINOR
 (SUB LV)
 F - FINAL
 MUNICIPAL DISCHARGE
 EFFLUENT
 *** NO DISCHARGE [] ***

JEFF

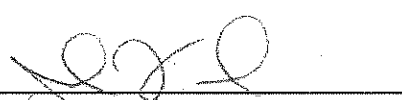
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	03	01		07	03	31

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			
OXYGEN, DISSOLVED (DO)		*****	*****		8.6	*****	*****	(19)	0	1/7	Grab
00300 1 0 0 EFFLUENT GROSS VALUE PH		*****	*****	****	INST MIN	*****	*****	MG/L		WEEKLY	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE PH		*****	*****	****	6.8	*****	7.0	(12)	0	1/7	Grab
00400 1 0 0 EFFLUENT GROSS VALUE PH		*****	*****	****	MINIMUM	*****	MAXIMUM	5U		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED		207.55	281.3	(26)	*****	144	202	(19)	0	1/7	Comp
00530 2 0 0 RAW SEW/INFLUENT SOLIDS, TOTAL SUSPENDED		REPORT	REPORT		*****	REPORT	REPORT	MG/L		WEEKLY	SAMPLE
00530 1 0 0 EFFLUENT GROSS VALUE		MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV	MG/L			
NITROGEN, AMMONIA TOTAL (AS N)		12.18	17.15	(26)	*****	8.50	9.0	(19)	0	1/7	Comp
00530 1 0 0 EFFLUENT GROSS VALUE		63	94		*****	30	45	MG/L		WEEKLY	SAMPLE
00530 1 0 0 EFFLUENT GROSS VALUE		MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV	MG/L			
NITROGEN, AMMONIA TOTAL (AS N)		31.33	38.16	(26)	*****	22.10	27.40	(19)	0	1/7	Comp
00610 2 0 0 RAW SEW/INFLUENT NITROGEN, AMMONIA TOTAL (AS N)		REPORT	REPORT		*****	REPORT	REPORT	MG/L		WEEKLY	SAMPLE
00610 1 2 0 EFFLUENT GROSS VALUE		MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV	MG/L			
NITROGEN, AMMONIA TOTAL (AS N)		0.29	0.86	(26)	*****	0.20	0.62	(19)	0	1/7	Comp
00610 1 2 0 EFFLUENT GROSS VALUE		11	16		*****	5	7.5	MG/L		WEEKLY	SAMPLE
00610 1 2 0 EFFLUENT GROSS VALUE		MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV	MG/L			
PHOSPHORUS, TOTAL (AS P)		*****	*****		*****	2.23	2.70	(19)	0	2/31	Comp
00665 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	REPORT	REPORT	MG/L		WEEKLY	SAMPLE
00665 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	MD AVG	MX WK AV	MG/L		MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 H.S. Schardin
 Exec. 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		
503 241-9297	07	04	19
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 NED HUNTING CREEK SOUTH STP
ADDRESS C/O LOUISVILLE/JEFF CO MSD
4522 ALCONQUIN PKWY
LOUISVILLE KY 40211-2497
FACILITY MSD HUNTING CREEK SOUTH STP
LOCATION PROSPECT KY 40059
ATTN: ALEX E NOVAK, OPER MGR

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

KY0029114
PERMIT NUMBER
001
DISCHARGE NUMBER

MINOR
(SUBR LV)
F - FINAL
MUNICIPAL DISCHARGE
EFFLUENT

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	05	01		07	05	31

*** 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			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.203	0.395	(CFS)	*****	*****	*****		0	1/2	C/N
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	MGD	*****	*****	*****	****		WEEKLY	C/N
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	(19)	0	1/2	G-b
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.011 MG AVG	0.017 MX WK AV	MG/L		WEEKLY	GRAB
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	1.0	1.0	(13)	0	1/2	G-b
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	200 30DA GEO	400 7 DA GEO	#/ 100ML		WEEKLY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	161.69	192.90	(26)	*****	116	134	(19)	0	1/2	Comp
50082 9 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		WEEKLY	COMPO
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	1.73	2.20	(26)	*****	1.25	2.0	(19)	0	1/2	Comp
50082 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	21 MO AVG	31 MX WK AV	LBS/DY	*****	10 MO AVG	15 MX WK AV	MG/L		WEEKLY	COMPO
BOD, CARE-5 DAY, 20 DEG C, PERCENT REMVL	SAMPLE MEASUREMENT	*****	*****		99%	*****	*****	(23)	0	1/2	C-1
50091 1 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	55 MO MIN	*****	*****	PER- CENT		ONCE/ MONTH	CALCUL
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		94%	*****	*****	(23)	0	1/2	C-1
01011 1 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	55 MO MIN	*****	*****	PER- CENT		ONCE/ MONTH	CALCUL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER H.S. Schaefer Exec. 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
			302	2011-9013	07	04	19

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