



August 13, 2012

Cheryl Edwards  
DMR Coordinator  
200 Fair Oaks Lane  
Frankfort, Kentucky 40601

**Re: MSD Metro Operations  
Hunting Creek South WQTC; KPDES No.: KY 0029114  
Discharge Monitoring Report for July 2012**

Dear Ms. Edwards:

Attached are the Discharge Monitoring Reports (DMRs) and the Monthly Operator Report (MOR) for the Hunting Creek South WQTC; KPDES No.: KY0029114 for the month of July 2012.

There were no bypasses or overflows to report.

There are exceedences for Escherichia Coli (E-coli) and Total Nitrogen. On August 16, 2012, MSD became aware that MSD had been submitting DMRs based on the previous NPDES Permit for this WQTC. Previously MSD requested and received approval to eliminate the WQTC polishing pond and therefore permit modifications became necessary. MSD did receive the modified permit for this WQTC effective on August 1, 2011. While most of the parameters remained the same there were two changes. Total Nitrogen was added as a parameter to report, fecal coliform was removed and E-coli was added.

MSD believes the changes were not noticed do the unique manner in which the permit was issued (as a modification as opposed to the normal re-application process). Additionally, KDOW continued to send DMR forms based on the previous permit until recently.

Effective immediately, MSD will start testing for the parameters of E-coli and Total Nitrogen to gain full permit compliance.

If you have any questions concerning the attached DMRs, please contact me at (502) 587-5832.



Sincerely,

A handwritten signature in black ink that reads "Richard Mills". The signature is written in a cursive style with a large, prominent "R" at the beginning.

Richard Mills  
Process Supervisor of Metro Operations

RM/Hunting Creek South 07/12

Enclosures

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

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

Form Approved  
OMB No. 2040-0004

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

NAME: CEDAR CREEK WQTC  
ADDRESS: 8405 CEDAR CREEK RD  
LOUISVILLE, KY 40211  
FACILITY: HUNTING CREEK S WQTC MSD  
LOCATION: 6530 MONTERO DR  
PROSPECT, KY 40059  
ATTN: DENNIS THOMASSON, SR METRO OPS

KY0029114	001-1
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 07/01/2012	TO 07/31/2012

DMR Mailing ZIP CODE: 40211  
MINOR (SUBR LV) JEFFE  
MUNICIPAL DISCHARGE  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved (DO) 00300 1 0 Effluent Gross	SAMPLE MEASUREMENT	7			7				0	1/1	GR
	PERMIT REQUIREMENT				7 INST MIN			mg/L		Weekly	GRAB
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	7			7		7		0	1/1	GR
	PERMIT REQUIREMENT				6 MINIMUM		9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	8.62	10.24			7	7		0	1/7	CP
	PERMIT REQUIREMENT	62.84 30DA AVG	94.26 DAILY MX	lb/d		30 30DA AVG	45 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, total 00600 1 0 Effluent Gross	SAMPLE MEASUREMENT								2		
	PERMIT REQUIREMENT					Req. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMPOS
Nitrogen, ammonia total (as N) 00610 1 1 Effluent Gross	SAMPLE MEASUREMENT	0.63	0.82			0.5	0.6		0	1/7	CP
	PERMIT REQUIREMENT	4.19 30DA AVG	6.28 DAILY MX	lb/d		2 30DA AVG	3 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total (as N) 00610 1 2 Effluent Gross	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	10.5 30DA AVG	15.71 DAILY MX	lb/d		5 30DA AVG	7.5 DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total (as P) 00665 1 0 Effluent Gross	SAMPLE MEASUREMENT					0.3	0.4		0	1/7	CP
	PERMIT REQUIREMENT					1 30DA AVG	2 DAILY MX	mg/L		Weekly	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Greg C. Heitzman Interim Executive 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 ensure 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
		Richard Mills		08-20-2012
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY
		502	7540-6000	

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

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

Form Approved  
OMB No. 2040-0004

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MINOR  
(SUBR LV) JEFFE  
MUNICIPAL DISCHARGE  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.163	0.228		-----	-----	-----	-----	0	CN	CN
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. INST MAX	MGD	-----	-----	-----	-----		Weekly	INSTAN
Chlorine, total residual	SAMPLE MEASUREMENT	-----	-----	-----	-----	20.010	20.010		0	1/2	GR
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	-----	-----	-----	-----	.011 30DA AVG	.019 DAILY MX	mg/L		Weekly	GRAB
E. coli	SAMPLE MEASUREMENT	-----	-----	-----	-----	-----	-----		2	-----	-----
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	-----	-----	-----	-----	130 30DA GEO	240 7 DA GEO	#/100mL		Weekly	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	10.0	18.51		-----	8	15		0	1/7	CP
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	20.9 30DA AVG	31.42 DAILY MX	lb/d	-----	10 30DA AVG	15 DAILY MX	mg/L		Weekly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Greg C. Heitzman</i> Interim Executive 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.	<i>Richard Miller</i> SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
			502-540-6000	08-20-2012
		AREA Code	NUMBER	MM/DD/YYYY

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

