



MSD

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

August 22, 2007

Ms. Kathy Thurman
Kentucky Division of Water
14 Reilly Road
Frankfort, Kentucky 40601

**Re: MSD Metro Operations
McNeely Lake WTP; KPDES No.: KY0029416
Discharge Monitoring Reports – July 2007**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the McNeely Lake WTP, KPDES No.: KY0029416 for the month of July 2007.

If you have any questions concerning the attached DMRs, please contact me at (502)239-7695.

Sincerely,

James E. Porter
Process Supervisor - Operations

JEP/McNeely 0707

Enclosures

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



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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME MONEELY LAKE SUBD STP MSD
ADDRESS 8405 CEDAR CREEK RD
LOUISVILLE KY 40291

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

MINOR
(SUBR LV)
F - FINAL
SANITARY WASTEWATER
EFFLUENT
JEFFERSON COUNTY

FACILITY MONEELY LAKE SUBD STP MSD
LOCATION LOUISVILLE KY
A/E: DEBBIE NEWTON

AT0029418			001 1				
PERMIT NUMBER			DISCHARGE NUMBER				
MONITORING PERIOD							
FROM	YEAR	MO.	DAY	TO	YEAR	MO.	DAY
	07	07	01				

*** NO DISCHARGE 1 1 ***

NOTE: Read Instructions before completing this form.

PARAMETER		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	*****	*****		7.0	*****	*****	(17)	0	1/1	3000
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	INST MIN	*****	*****	MG/L		WEEKLY	
EFFLUENT GROSS VALUE		*****	*****	*****							
PH	SAMPLE MEASUREMENT	*****	*****		6.7	*****	6.9	(12)	0	1/1	3000
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	7.0	SU		WEEKLY	
EFFLUENT GROSS VALUE		*****	*****	*****	MINIMUM		MAXIMUM				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	5.14	6.97	(25)	*****	7.50	11.00	(17)	0	1/1	3000
00500 1 0 0	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L		WEEKLY	
EFFLUENT GROSS VALUE		*****	*****	*****							
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.12	0.28	(25)	*****	0.17	0.34	(17)	0	1/1	3000
00610 1 1 0	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L		WEEKLY	
EFFLUENT GROSS VALUE		*****	*****	*****							
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	4.26	6.30	(17)	0	1/31	3000
00665 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT	MG/L		MONTH	
EFFLUENT GROSS VALUE		*****	*****	*****		30DA AVG	DAILY MX				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.079	0.137	(03)	*****	*****	*****	*****	0	9/1	9/1
00050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	*****		CONTINUOUS	
EFFLUENT GROSS VALUE		30DA AVG	INST MAX								
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	(17)	0	1/1	3000
00060 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.011	0.017	MG/L			
EFFLUENT GROSS VALUE		*****	*****	*****		30DA AVG	DAILY MX				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER H. J. SANDERS JR. 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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE		
			502 540-6000 AREA CODE NUMBER	07	08	21 YEAR MO DAY

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

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

NAME MCNEELY LAKE SUBD STP MSD

ADDRESS 8405 CEDAR CREEK RD
LOUISVILLE

KY 40291

FACILITY MCNEELY LAKE SUBD STP MSD

LOCATION LOUISVILLE KY

ATTN: DEBBIE NEWTON

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

KY0027416
PERMIT NUMBER

001
DISCHARGE NUMBER

MINOR

(SUBR LV)

F - FINAL

SANITARY WASTEWATER
EFFLUENT

*** NO DISCHARGE 1 1 ***

JEFF

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY

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			
CULIFORM, FECAL		*****	*****		*****	3040	5200	(10)		1/1	30DE
GENERAL	SAMPLE MEASUREMENT										
74055 1 0 0	PERMIT REQUIREMENT					30DA GED	7 DA GED	100ML			
EFFLUENT GROSS VALUE											
SOD, CARBONACEOUS	SAMPLE MEASUREMENT	2.39	3.80	(20)	*****	3.50	6.00	(10)		1/1	comb
05 DAY, 20C	PERMIT REQUIREMENT					30DA AVG	DAILY MX	MG/L			
00052 1 0 0											
EFFLUENT GROSS VALUE											
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

H. J. SCHWABIN JR
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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

James E. Bickel

TELEPHONE

502 546-6000

AREA CODE NUMBER

DATE

07 08 21

YEAR MO DAY

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