



MSD

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

June 26, 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 – May 2007**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the McNeely Lake WTP, KPDES No.: KY0029416 for the month of May 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 0507

Enclosures

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



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

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

NAME MCNEELY LAKE SUDD STP MSD

ADDRESS 8405 CEDAR CREEK RD
LOUISVILLE

KY 40271

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)KY0007410
PERMIT NUMBER0001
DISCHARGE NUMBER

MINOR

(SUDD STP)

F - FINAL

SANITARY WASTEWATER

EFFLUENT

*** NO DISCHARGE 1 ***

FACILITY MCNEELY LAKE SUDD STP MSD

LOCATION LOUISVILLE KY

ATTN: DEBBIE NEWTON

MONITORING PERIOD								
YEAR			MO.			DAY		
FROM			TO					

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				0	1/7	Good
DO300 1 0 0	PERMIT REQUIREMENT	*****	*****		INST MIN			MG/L			
EFFLUENT GROSS VALUE											
DO400 1 0 0	SAMPLE MEASUREMENT	*****	*****		6.7		7.0		0	1/7	Good
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		MINIMUM		MAXIMUM	SU			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	5.70	8.26			8.00	10.00		0	1/7	Good
DO500 1 0 0	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
EFFLUENT GROSS VALUE											
NITROGEN, AMMONIA (AS N)	SAMPLE MEASUREMENT	0.43	0.68			0.67	1.23		0	1/7	Good
DO610 1 1 0	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
EFFLUENT GROSS VALUE											
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT					3.03	3.44		0	1/31	Good
DO665 1 0 0	PERMIT REQUIREMENT					30DA AVG	DAILY MX	MG/L		MONTH	
EFFLUENT GROSS VALUE											
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.087	0.165						0	2/11	9/1
DO680 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT							WEEKLY	
EFFLUENT GROSS VALUE		30DA AVG	INST MAX	MGD							
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT					<0.010	<0.010		0	1/7	Good
DO680 1 0 0	PERMIT REQUIREMENT					0.011	0.012				
EFFLUENT GROSS VALUE						30DA AVG	DAILY MX	MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

H. Z. SCARFLOVIN 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

AREA CODE

NUMBER

YEAR

MO

DAY

502-540-6000

07

8

25

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

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

KY0029416
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MINOR
(SUBR LV)
F - FINAL
SANITARY WASTEWATER
EFFLUENT

DEFFL

FACILITY MCNEELY LAKE SUBD STP MSD
LOCATION LOUISVILLE KY
ATTN: DEBBIE NEWTON

MONITORING PERIOD							
FROM	YEAR	MO.	DAY	TO	YEAR	MO.	DAY
	07	05	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			
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	4.84	11.00	(13)	0	1/7	30pc
	PERMIT REQUIREMENT	*****	*****	*****	*****	30DA GED	7 DA GED	100ML			
COD, CARBONACEOUS 25 DAY, 20C 30082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	2.25	3.30	(13)	*****	3.25	4.00	(19)	0	1/7	Conk
	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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H. S. SCHROEDER JR
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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
James E. Porter

TELEPHONE
502 540-6000
AREA CODE NUMBER
DATE
07 6 25
YEAR MO DAY

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