



**MSD**

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

September 25, 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 – August 2007**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the McNeely Lake WTP, KPDES No.: KY0029416 for the month of August 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 0807

Enclosures

cc: C. Roth (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 MCNEELY LAKE SUBD STP MSD

ADDRESS 8405 CEDAR CREEK RD

LOUISVILLE

KY 40291

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

KY0029415

PERMIT NUMBER

001 1

DISCHARGE NUMBER

MINOR

(SUBR LV)

F - FINAL

JEFFE

SANITARY WASTEWATER

EFFLUENT

\*\*\* NO DISCHARGE 1 ☐ \*\*\*

NOTE: Read Instructions before completing this form.

FACILITY MCNEELY LAKE SUBD STP MSD

LOCATION LOUISVILLE KY

ATTN: DEBBIE NEWTON

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	07	08	01		07	08	31

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	*****	*****		7.1	*****	*****	( 19 )	0	1/1	GRAB
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	7	*****	*****	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE					INST MIN						
PH	SAMPLE MEASUREMENT	*****	*****		6.8	*****	7.1	( 12 )	0	1/1	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	9.0	5U		WEEKLY	GRAB
EFFLUENT GROSS VALUE					MINIMUM		MAXIMUM				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	13.90	21.19	( 26 )	*****	21.00	33.00	( 19 )	0	1/1	COMB
00530 1 0 0	PERMIT REQUIREMENT	51	103		*****	30	60	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX				
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.47	0.83	( 26 )	*****	0.70	1.29	( 19 )	0	1/1	COMB
00610 1 1 0	PERMIT REQUIREMENT	7	14		*****	4	8	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX				
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	4.63	5.28	( 19 )	0	1/31	COMB
00665 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT	MG/L		ONCE/ MONTH	COMPOS
EFFLUENT GROSS VALUE					30DA AVG		DAILY MX				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.086	0.163	( 03 )	*****	*****	*****		0	1/1	1/1
00050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	*****		CONTINCONTIN	UOUS
EFFLUENT GROSS VALUE		30DA AVG	INST MAX	MGD							
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	40.010	40.010	( 19 )	0	1/1	GRAB
00060 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.011	0.019	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE					30DA AVG		DAILY MX				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER					TELEPHONE			DATE			
H.J. SEARNDEN JR					502 540-6000			07 09 24			
EXECUTIVE DIRECTOR					AREA CODE NUMBER			YEAR MO DAY			
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											
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)											

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LOCATION LOUISVILLE

KY

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FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	07	08	01		07	08	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
GOLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	1.63	7.00	( 13)	0	1/7	GRAB
74055 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	200	400 #/			WEEKLY	
EFFLUENT GROSS VALUE				****		30DA GED	7 DA GED	100ML			
BOD, CARBONACEOUS	SAMPLE MEASUREMENT	2.73	3.85	( 26)	*****	4.00	6.00	( 17)	0	1/7	COMP
05 DAY, 20C	PERMIT REQUIREMENT	26	51		*****	15	30			WEEKLY	COMPUS
80082 1 0 0		30DA AVG	DAILY MX	LB/DY		30DA AVG	DAILY MX	MG/L			
EFFLUENT GROSS VALUE											
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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H. J. SCHROEDER JR EXECUTIVE DIRECTOR TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

502 540-6000 07 09 24

03956 / 0 This is a 44 part form.