



MSD

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

November 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 – October 2007**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the McNeely Lake WTP, KPDES No.: KY0029416 for the month of October 2007.
If you have any questions concerning the attached DMRs, please contact me at (502)239-7695.

Sincerely,

James E. Porter Jr.
Process Supervisor - Operations

JEP/McNeely 1007

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 HONEELY LAKE SUBD STP MSD

ADDRESS 8405 CEDAR CREEK RD

LOUISVILLE

KY 40291

FACILITY HONEELY LAKE SUBD STP MSD

LOCATION LOUISVILLE

KY

WITH DENNIS THOMASSEN

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

KY0029416

PERMIT NUMBER

001

DISCHARGE NUMBER

MINOR
(SUBR LV)
F - FINAL

SANITARY WASTEWATER
EFFLUENT

*** NO DISCHARGE 1/11/07 ***

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			
CHLORINE, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****		7.0	*****	*****	(19)	0	1/7	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	INST MIN	*****	*****	MG/L		WEEKLY	GRAB
CHLORINE, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****		6.8	*****	6.9	(12)	0	1/7	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	3.98	5.54	(26)	*****	5.75	8.00	(19)	0	1/7	COMB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	51	103	*****	*****	30	60	MG/L		WEEKLY	COMB
		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX				
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.18	0.29	(26)	*****	0.25	0.39	(19)	0	1/7	COMB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7	14	*****	*****	4	8	MG/L		WEEKLY	COMB
		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX				
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	3.35	4.00	(19)	0	1/31	COMB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT	MG/L		ONCE / MONTH	COMB
		*****	*****	*****	*****	30DA AVG	DAILY MX				
FLOW IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.120	0.661	(03)	*****	*****	*****		0	9/11	9/11
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	*****	*****	*****	*****	*****		CONTINUOUS	IN
		30DA AVG	INST MAX	MGD							
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	40.010	40.010	(19)	0	1/7	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	0.011	0.019	MG/L		WEEKLY	GRAB
		*****	*****	*****	*****	30DA AVG	DAILY MX				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

H. J. SCHARDEIN 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

07 11 21

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 WHEELY LAKE SUBD STP MED

ADDRESS 2405 CEDAR CREEK RD

LOUISVILLE KY 40291

FACILITY WHEELY LAKE SUBD STP MED

LOCATION LOUISVILLE KY

ATTN DENNIS THOMASSEN

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

KY0029416
PERMIT NUMBER

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLIFORM FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	4.53	30.00	(13)	0	1/7	Cont
4055 11 G 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	200 30DA GEO	400 7 DA GEO	100ML		WEEKLY	DRAB
COB, CARBONACEOUS 5 DAY, 20C	SAMPLE MEASUREMENT	2.25	2.77	(26)	*****	3.50	4.00	(17)	0	1/7	Cont
4052 11 G 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	26 30DA AVG	51 DAILY MX	LBS/DY	*****	15 30DA AVG	30 DAILY MX	MG/L		WEEKLY	IMPUS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

James E. B...

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