



MSD

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

December 19, 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 – November 2007**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the McNeely Lake WTP, KPDES No.: KY0029416 for the month of November 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 1107

Enclosures

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



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

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

MINOR
(SUBR LV)
F - FINAL

JEFFE

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

NAME ROBERTLY LAKE SUBD 317 MSD

ADDRESS 3405 CEDAR CREEK RD

LOUISVILLE

KY 40291

4Y0029416
PERMIT NUMBER

0011
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	11	01		07	11	30

FROM

TO

SANITARY WASTEWATER
EFFLUENT

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

FACILITY ROBERTLY LAKE SUBD 317 MSD

LOCATION LOUISVILLE

KY

DRINKER THOMASSON

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DISSOLVED SOLIDS (DD)	SAMPLE MEASUREMENT	*****	*****		7.0	*****	*****	(19)	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	INST MIN	*****	*****	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.7	*****	6.7	(12)	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	SU		WEEKLY	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	6.14	10.61	(26)	*****	6.00	8.00	(19)	0	1/7	COMB
	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30	80	MG/L		WEEKLY	COMB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.21	0.37	(26)	*****	0.21	0.28	(19)	0	1/7	COMB
	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	10	20	MG/L		WEEKLY	COMB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	2.15	2.60	(19)	0	1/20	COMB
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT	MG/L		ONCE/MONTH	COMB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.092	0.159	(03)	*****	*****	*****	***	0	1/1	1/1
	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	***		CONTINUOUS	LOCUS
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	(19)	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.011	0.019	MG/L		WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H. E. SCHROEDER 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.

James E. Pordak
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE
502 540-6000 07 02 18
AREA CODE NUMBER YEAR MO DAY

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

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

MINOR
(SUBR LV)
F - FINAL

JEFFE

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

NAME HONESTY LAKE SUBD STP MSD
ADDRESS 8405 CEDAR CREEK RD
LOUISVILLE KY 40291

KY0029416
PERMIT NUMBER

0011
DISCHARGE NUMBER

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	07	11	01		07	11	30

SANITARY WASTEWATER
EFFLUENT

*** NO DISCHARGE [] ***

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PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
GENERAL		*****	*****		*****	1.41	4.00	(13)	0	1/1	COND
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	30DA GEO	7 DA GEO	100ML		WEEKLY	
5 DAY, 20C	SAMPLE MEASUREMENT	2.19	2.98	(25)	*****	2.25	3.00	(17)	0	1/1	COND
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LB5/DY	*****	30DA AVG	DAILY MX	MG/L		WEEKLY	COND
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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James E. [Signature]
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502-540-6000 07 12 18
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