

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

March 20, 2007

Mr. Mike Mudd Kentucky Division of Water 9116 Leesgate Rd Louisville, Ky. 40222-5084

Re: MSD Metro Operations

McNeely Lake WTP; KPDES No.: KY0029416 Discharge Monitoring Reports – February 2007

Dear Mr. Mudd:

Attached is the Discharge Monitoring Reports (DMRs) for the McNeely Lake WTP, KPDES No.: KY0029416 for the month of February 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 0207

Enclosures

cc: K. Thurman (KDOW)

P. Burgin

R. Shaw

E. G. Brady

T. Singleton





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

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

Re: MSD Metro Operations

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P. Burgin

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

AME POMESLY LAKE SUBD STP MSD

FACILITY MOMERLY LAKE SUBD SIP MED

ADDRESS 840% CEDAR CREEK RD

ATTM: DEBBIE NEWTON

LOCATION LOUISVILLE

MY 40291

X Y

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

MONITORING PERIOD

TO

DAY

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KYOO29416
PERMIT NUMBER

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Form Approved.

OMB No. 2040-0004

JEFFE

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DAY

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*** NO DISCHARGE | 1 ***

NOTE: Read Instructions before completing this form.

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ocesu i 0 0 <u>Effluent Grose Val</u> l		30DA AVG	103 DAILY MX	LBS/DY	***	30 GODA AVG	DAILY MX			HEEKLY	COMPOS
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER 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 eathering the information.				. Jan	NG E. P.	ra h	TELEPHON	SOU NE	-	3 90	
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME

ADDRESS GAOS CEDAR CREEK RD

CHATEVILLE

KYOODQAIA PERMIT NUMBER KY 40ETI

DISCHARGE NUMBER

MINOR (SUBR LV) F - FINAL

JEFFF

FACILITY

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MONETLY LAKE SUND STP MED

MONITORING PERIOD DAY YEAR MO DAY YEAR MO FROM ()7 (F. 10) 01

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SANITARY WASTEWATER

NOTE: Read Instructions before completing this form.

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	ANALYSIS	TYPE
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TYPED OR PRINTED	includir	g the possibility of fine and	ssibility of fine and imprisonment for knowing violations.			OFFICER OR AUTHORIZED AGENT			H ————	YEAR N	10 DAY

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