



MSD

*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



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



MSD

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

March 20, 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 – February 2007**

Dear Ms. Thurman:

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: M. Mudd (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)

KY0029416 **001 1**
PERMIT NUMBER DISCHARGE NUMBER

MINDR
(SUBR LV)
F - FINAL JEFFE

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	02	01		07	02	20

SANITARY WASTEWATER
EFFLUENT
*** NO DISCHARGE [] ***
NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
OXYGEN, DISSOLVED (DO)		*****	*****		7.2	*****	*****	(19)	0	1/7	GRAB	
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	7	*****	*****	MG/L		WEEKLY	GRAB	
EFFLUENT GROSS VALUE					INST MIN							
PH		*****	*****		7.0	*****	7.2	(12)	0	1/7	GRAB	
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	9.0	SU		WEEKLY	GRAB	
EFFLUENT GROSS VALUE					MINIMUM		MAXIMUM					
SOLIDS, TOTAL SUSPENDED		*****	*****	(26)	*****	12.75	15.00	(19)	0	1/7	COMP	
00500 1 0 0	PERMIT REQUIREMENT	51	103	LBS/DY	*****	30	60	MG/L		WEEKLY	COMPOS	
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX			30DA AVG	DAILY MX					
NITROGEN, AMMONIA TOTAL (AS N)		*****	*****	(26)	*****	0.47	1.00	(19)	0	1/7	COMP	
00610 1 2 0	PERMIT REQUIREMENT	17	34	LBS/DY	*****	10	20	MG/L		WEEKLY	COMPOS	
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX			30DA AVG	DAILY MX					
PHOSPHORUS, TOTAL (AS P)		*****	*****		*****	2.06	3.33	(19)	0	1/7	COMP	
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		*****	*****	(03)	*****	*****	*****	*****	0	9/M	9/M	
00050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	*****		CONTINUOUS	CONTINUOUS	
EFFLUENT GROSS VALUE		30DA AVG	INST MAX									
CHLORINE, TOTAL RESIDUAL		*****	*****		*****	20.010	20.010	(19)	0	1/7	GRAB	
00060 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.011	0.017	MG/L		WEEKLY	GRAB	
EFFLUENT GROSS VALUE						30DA AVG	DAILY MX					
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 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.					TELEPHONE		DATE				
H. J. SHARDEIN JR EXEC. DIRECTOR TYPED OR PRINTED						502 540-6000		07	03	20		
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					James E. Port...		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)

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

NAME **MONTELY LAKE SUDD STP MSD**
ADDRESS **8405 CEDAR CREEK RD**
LOUISVILLE KY 40291

KY0029414
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MINOR
(SUBR LV)
F - FINAL

JEFFE

FACILITY **MONTELY LAKE SUDD STP MSD**
LOCATION **LOUISVILLE KY**
ATTN **DOBBIE NEWTON**

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	02	01		07	02	28

SANITARY WASTEWATER
EFFLUENT

*** NO DISCHARGE 1 ***
NOTE: Read Instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLIFORM, FECAL GENERAL		*****	*****		*****	7.61	40.00	(13)	0	47	GRAB
EFFLUENT GROSS VALUE		*****	*****	****	*****	200	400 #/			WEEKLY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C		0.43	0.80	(26)	*****	4.75	8.00	(17)	0	47	COMP
EFFLUENT GROSS VALUE		26	51		*****	15	30			WEEKLY	COMPOS
		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H. J. SCHARDER JR.
BLDG. 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. Bell
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE **502 544 6000**
DATE **07 03 20**
AREA CODE NUMBER YEAR MO DAY

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