



MSD

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

April 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 – March 2007**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the McNeely Lake WTP, KPDES No.: KY0029416 for the month of March 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 0307

Enclosures

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



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www.louisvillegreen.com

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

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

NAME MCNEELY LAKE SUBD STP MSD
ADDRESS 8405 CEDAR CREEK RD
LOUISVILLE KY 40271FACILITY LOCATION MCNEELY LAKE SUBD STP MSD
LOUISVILLE KY
ATTN: DEBBIE NEWTONKY0027416
PERMIT NUMBER001 1
DISCHARGE NUMBERMINOR
(SUBR LV)
F - FINAL

JEFFE

SANITARY WASTEWATER
EFFLUENT

*** NO DISCHARGE 1 1 ***

NOTE: Read Instructions before completing this form.

| MONITORING PERIOD | | | | | | | |
|-------------------|------|----|-----|----|------|----|-----|
| FROM | YEAR | MO | DAY | TO | YEAR | MO | DAY |
| | 07 | 03 | 01 | | 07 | 03 | 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 | ***** | ***** | (17) | 0 | 1/1 | GRAB | | |
| 00300 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | ***** | 7 | ***** | ***** | MG/L | | WEEKLY | GRAB | | |
| EFFLUENT GROSS VALUE | | | | | INST MIN | | | | | | | | |
| PH | SAMPLE MEASUREMENT | ***** | ***** | | 6.9 | ***** | 7.1 | (12) | 0 | 1/1 | GRAB | | |
| 00400 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.0 | ***** | 7.0 | 5U | | WEEKLY | GRAB | | |
| EFFLUENT GROSS VALUE | | | | | MINIMUM | | MAXIMUM | | | | | | |
| SOLIDS, TOTAL SUSPENDED | SAMPLE MEASUREMENT | 10.48 | 13.66 | (26) | ***** | 13.00 | 14.00 | (17) | 0 | 1/1 | COMP | | |
| 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 | 0.50 | 0.70 | (26) | ***** | 0.62 | 0.84 | (17) | 0 | 1/1 | COMP | | |
| 00610 1 2 0 | PERMIT REQUIREMENT | 17 | 34 | | ***** | 10 | 20 | MG/L | | WEEKLY | COMPOS | | |
| EFFLUENT GROSS VALUE | | 30DA AVG | DAILY MX | LBS/DY | | 30DA AVG | DAILY MX | | | | | | |
| PHOSPHORUS, TOTAL (AS P) | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 3.60 | 4.71 | (17) | 0 | 1/31 | 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 | SAMPLE MEASUREMENT | 0.095 | 0.213 | (03) | ***** | ***** | ***** | | 0 | 1/1 | C/N | | |
| 50050 1 0 0 | PERMIT REQUIREMENT | REPORT | REPORT | | ***** | ***** | ***** | ***** | | CONTINUOUS | IN | | |
| EFFLUENT GROSS VALUE | | 30DA AVG | INST MAX | MGD | | | | | | UDUS | | | |
| CHLORINE, TOTAL RESIDUAL | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 20.010 | 20.010 | (17) | 0 | 1/1 | GRAB | | |
| 50060 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. SCHAFER JR. BYBC, DIRECTOR | | | | | | | | | | | 7 | 4 | 19 |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | | | | | | 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

JEFF

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME MCNEELY LAKE SUBD STP MSD
ADDRESS 8405 CEDAR CREEK RD
LOUISVILLE KY 40291

KY0029416
PERMIT NUMBER

001 1
DISCHARGE NUMBER

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

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 07 | 03 | 01 | | 07 | 03 | 31 |

SANITARY WASTEWATER
EFFLUENT

*** NO DISCHARGE ***
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 | | | |
| COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 27.31 | 50.00 | (13) | 0 | 1/1 | GRAB |
| | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 200 | 400 #/ | | | WEEKLY | GRAB |
| BOD, CARBONACEOUS 05 DAY, 20C 80052 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | 4.02 | 5.25 | (26) | ***** | 5.00 | 5.00 | (19) | 0 | 1/1 | COMB |
| | PERMIT REQUIREMENT | 26 | 51 | | ***** | 15 | 30 | | | WEEKLY | COMB |
| | SAMPLE MEASUREMENT | 30DA AVG | DAILY MX | LBS/DY | | 30DA AVG | DAILY MX | MG/L | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H. J. 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.

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

TELEPHONE
502-510-6000
DATE
7 4 19

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