



MSD

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

April 21, 2008

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 2008.**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the McNeely Lake WTP, KPDES No.: KY0029416 for the month of March 2008.
If you have any questions concerning the attached DMRs, please contact me at (502)540-6031.

Sincerely,

Kevin D. Ries
Process Supervisor West Operations

KDR/McNeely 0308.dic

Enclosures

cc: T. Singleton
R. Shaw



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



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April 21, 2008

Mr. Charlie Roth
Kentucky Division of Water
9116 Leesgate Rd
Louisville, Ky. 40222-5084

**Re: MSD Metro Operations
McNeely Lake WTP; KPDES No.: KY0029416
Discharge Monitoring Reports –March 2008.**

Dear Mr. Roth:

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

MINOR
(SUBR LV)
F - FINAL
JEFFE
SANITARY WASTEWATER
EFFLUENT
*** NO DISCHARGE 1/1/1 ***
NOTE: Read Instructions before completing this form.

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

NAME **MONEELY LAKE SUBD STP MSD**
ADDRESS **C/O CEDAR CREEK STP**
8405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY **MONEELY LAKE SUBD STP MSD**
LOCATION **LOUISVILLE KY**
ATTN: **DENNIS THOMASSON, SR METRO OPS**

4Y002941A
PERMIT NUMBER

0011
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	03	01		08	03	31

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DO)		*****	*****		7.0	*****	*****	(19)		0 01/07	GR
00300 1 0 0 EFFLUENT GROSS VALUE		*****	*****	*****	7 INST MIN	*****	*****	MG/L		WEEKLY	GRAB
PH		*****	*****		6.7	*****	*****	(12)		0 01/07	GR
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	EU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED		12.8	25.8	(26)	*****	8	11	(19)		0 01/07	CP
00530 1 0 0 EFFLUENT GROSS VALUE		51 30DA AVG	103 DAILY MX	LBS/DY	*****	30 30DA AVG	60 DAILY MX	MG/L		WEEKLY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)		7.4	15.2	(26)	*****	4.7	6.5	(19)		0 01/07	CP
00610 1 2 0 EFFLUENT GROSS VALUE		17 30DA AVG	34 DAILY MX	LBS/DY	*****	10 30DA AVG	20 DAILY MX	MG/L		WEEKLY	COMPOS
PHOSPHORUS, TOTAL (AS P)		*****	*****		*****	0.64	1.4	(19)		0 01/31	CP
00665 1 0 0 EFFLUENT GROSS VALUE		*****	*****	*****	*****	REPORT 30DA AVG	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.208	0.595	(02)	*****	*****	*****			0 CN	CN
00050 1 0 0 EFFLUENT GROSS VALUE		REPORT 30DA AVG	REPORT INST MAX	MOD	*****	*****	*****	*****		CONTIN CONTIN	CONTIN
CHLORINE, TOTAL RESIDUAL		*****	*****		*****	<0.010	<0.010	(19)		0 01/07	GR
00060 1 0 0 EFFLUENT GROSS VALUE		*****	*****	*****	*****	0.011 30DA AVG	0.017 DAILY MX	MG/L		WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H.J. Schardein
Exec. 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.

Ken D. Res
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE **502-540-6000**
DATE **08 04 21**

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 MCNEELY LAKE SUBD STP MSD
ADDRESS C/O CEDAR CREEK STP
8408 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY MCNEELY LAKE SUBD STP MSD
LOCATION LOUISVILLE KY
ATTN DENNIS THOMASSEN, SR METRO OPS

KY0029414
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	03	01		08	03	31

FROM

SANITARY WASTEWATER
EFFLUENT

*** NO DISCHARGE 1 1 ***

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			
COLIFORM, FECAL GENERAL 74055 1 0 0	*****	*****	*****		*****	1.2	2.0	(13)	0	01/07	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	*/		WEEKLY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 00082 1 0 0	*****	5.4	7.0	(26)	*****	3.8	5.0	(19)	0	01/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	26	51	LBS/DY	*****	15	30	MG/L		WEEKLY	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										

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Kent D. Pies
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
502 540-6000
DATE
08 04 21

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