



MSD

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

October 25, 2008

Ms. Vickie L. Prather
Kentucky Division of Water
14 Reilly Road
Frankfort, Kentucky 40601

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

Dear Ms. Prather:

Attached is the Discharge Monitoring Reports (DMRs) for the McNeely Lake WTP, KPDES No.: KY0029416 for the month of September 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 0908.dic

Enclosures

cc: T. Singleton
R. Shaw
C. Roth



*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 C/O CEDAR CREEK STP

8405 CEDAR CREEK RD

LOUISVILLE

KY 40211

FACILITY MCNEELY LAKE SUBD STP MSD

LOCATION LOUISVILLE KY

ATTN: DENNIS THOMASSON, SR METRO OPS

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

KY0029416

PERMIT NUMBER

001 1

DISCHARGE NUMBER

MINOR

(SUBR LV)

F - FINAL

JEFFE

SANITARY WASTEWATER

EFFLUENT

*** NO DISCHARGE 1 1 ***

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			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****		7.0	*****	*****	(17)		0%7	GR
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	7 INST MIN	*****	*****	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE											
PH	SAMPLE MEASUREMENT	*****	*****		6.1	*****	*****	(12)		0%7	GR
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
EFFLUENT GROSS VALUE											
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	5	9	(26)	*****	7.0	13.0	(17)		0%7	CP
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	0.8	2.8	(26)	*****	1.1	3.8	(17)		0%7	CP
00610 1 1 0	PERMIT REQUIREMENT	7	14	*****	*****	4	8	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX				
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	2.7	4.4	(17)		0%30	CP
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	0.086	0.100	(03)	*****	*****	*****			CN	CN
00050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT	*****	*****	*****	*****	*****		CONTINUOUS	CONTIN
EFFLUENT GROSS VALUE		30DA AVG	INST MAX	MGD							
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	40.010	40.010	(17)		0%7	GR
00060 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.011	0.019	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.			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE		
H.J. Schardein Exec. Director							502 540-6000		08 10 24		
TYPED OR PRINTED							AREA CODE	NUMBER	YEAR	MO	DAY

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

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

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

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

OMB No. 2040-0004

KY0029416
 PERMIT NUMBER

001 1
 DISCHARGE NUMBER

MINOR
 (SUBR LV)
 F - FINAL

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
08	07	01	TO	08	07	30

SANITARY WASTEWATER
 EFFLUENT

*** NO DISCHARGE 1 ***

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	SAMPLE MEASUREMENT	*****	*****		*****	5	58	(13)		% ₇	GR
74055 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	200	400	#/		WEEKLY	ORAB
EFFLUENT GROSS VALUE						30DA GEO	7 DA GEO	100ML			
30D, CARBONACEOUS	SAMPLE MEASUREMENT	3	4	(26)	*****	4.3	6.0	(19)		% ₇	GR
05 DAY, 20C	PERMIT REQUIREMENT	26	51		*****	15	30			WEEKLY	COMPOS
80082 1 0 0		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
EFFLUENT GROSS VALUE											
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Heath D. Pies

TELEPHONE

562 540-6200

DATE

08 10 24

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