



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

August 20, 2009

Ms. Carolena Bentley
Kentucky Division of Water
200 Fair Oaks Lane
Frankfort, Kentucky 40601

**Re: MSD Metro Operations
McNeely Lake WTP; KPDES No.: KY0029416
Discharge Monitoring Reports – July 2009.**

Dear Ms. Bentley:

Attached are the Discharge Monitoring Reports (DMRs) and the Monthly Operating Report (MOR) for the McNeely Lake WTP, KPDES No.: KY0029416 for the month of July 2009.

If you have any questions concerning the attached DMRs, please contact me at (502)540-6031.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Kessel", is written over a horizontal line.

John Kessel
Process Supervisor West Operations

JMK/McNeely 0709

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 WQTC MSD
ADDRESS C/O CEDAR CREEK WQTC
6405 CEDAR CREEK RD
LOUISVILLE KY 40211

FACILITY MCNEELY LAKE WQTC MSD
LOCATION LOUISVILLE KY

ATTN: DENNIS THOMASSEN, 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
SANITARY WASTEWATER
EFFLUENT

JEFFE

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	07	01	07	07	31

FROM

TO

*** 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	*****	*****	(19)	0	1/4	CR
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE											
PH	SAMPLE MEASUREMENT	*****	*****		6.2	*****	6.5	(12)	0	1/4	CR
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	7.0 MAXIMUM	SU		WEEKLY	GRAB
EFFLUENT GROSS VALUE											
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	13	18	(26)	*****	17	25	(19)	0	1/4	CP
00500 1 0 0	PERMIT REQUIREMENT	51 30DA AVG	103 DAILY MX	LB/DY	*****	30 30DA AVG	60 DAILY MX	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE											
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.1	0.2	(26)	*****	0.1	0.2	(19)	0	1/4	CP
00610 1 1 0	PERMIT REQUIREMENT	7 30DA AVG	14 DAILY MX	LB/DY	*****	4 30DA AVG	8 DAILY MX	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE											
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	3.4	4.2	(19)	0	1/31	CP
00665 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT 30DA AVG	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMPOS
EFFLUENT GROSS VALUE											
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.099	0.248	(03)	*****	*****	*****		0	CN	CN
00050 1 0 0	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	*****	*****	*****	****		CONTINUOUS	CONTINUOUS
EFFLUENT GROSS VALUE											
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	(19)	0	1/4	CR
00060 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	0.011 30DA AVG	0.019 DAILY MX	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
ECCC Dir
H.T. Schaefer Jr
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

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
504	546-6600	09	08	27

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

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

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ATTN: DENNIS THOMASSON, SR METRO OPS

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

KY00029416			001 1				
PERMIT NUMBER			DISCHARGE NUMBER				
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	07	07	01		07	07	31

MINOR
(SUBR LV)
F - FINAL
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	*****	*****		*****	1	1	(13)	0	1/7	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	#/ 30DA GED 7 DA GED 100ML		WEEKLY	GRAB
BOD, CARBONACEOUS 5 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	4	6	(26)	*****	6	9	(19)	0	1/7	CP
	PERMIT REQUIREMENT	26	51		*****	15	30	30DA AVG DAILY MX MG/L		WEEKLY	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
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			
Exec Dir H.T. Schaefer Jr TYPED OR PRINTED						502 540-6000		09	08	27	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE	NUMBER	YEAR	MO	DAY	

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

McNeely Lake		Report for		Jul-09		Tot. Exc.=		0			
Tot. Flow=		3.068		Concentrations				Pounds			
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.		
7/1/09	0.083				1						
7/2/09	0.077	24	9	0.055		15.412	5.780	0.035			
7/3/09	0.077									4.19	
7/4/09	0.085										
7/5/09	0.093										
7/6/09	0.085										
7/7/09	0.077										
7/8/09	0.045										
7/9/09	0.081	7	4	0.055	1	4.729	2.702	0.037		3.08	
7/10/09	0.077										
7/11/09	0.082										
7/12/09	0.087										
7/13/09	0.067										
7/14/09	0.071										
7/15/09	0.085										
7/16/09	0.085	25	6	0.22	1	17.723	4.253	0.156		3.93	
7/17/09	0.085										
7/18/09	0.087										
7/19/09	0.085										
7/20/09	0.077										
7/21/09	0.044										
7/22/09	0.149										
7/23/09	0.139	13	3	0.055	1	15.070	3.478	0.064		2.31	
7/24/09	0.104										
7/25/09	0.112										
7/26/09	0.109										
7/27/09	0.086										
7/28/09	0.089										
7/29/09	0.248										
7/30/09	0.202										
7/31/09	0.195										
Average	0.099	17.25	5.50	0.10	1.00	13.23	4.05	0.07		3.38	
Maximum	0.248	25.00	9.00	0.22	1.00	17.72	5.78	0.16		4.19	
Exceed.	1	0	0	0	0	0	0	0			
Day Viol.											
Mo. Viol											
Minimum	0.044 MIN		MAX								