



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

June 17, 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 – May 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 May 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 "John Kessel", written over a series of horizontal lines.

John Kessel
Process Supervisor West Operations

JMK/McNeely 0509

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)

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

Form Approved.
OMB No. 2040-0004

NAME: MANGELY LAKE SUBD STP NSD
ADDRESS: 070 CEDAR CREEK STP
0408 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY: MANGELY LAKE SUBD STP NSD
LOCATION: LOUISVILLE KY
ATTN: DENNIS THOMASSON, SR METRO OPS

PERMIT NUMBER: KY0027416

DISCHARGE NUMBER: 001

MINOR (OVER LV)
F - FINAL
SANITARY WASTEWATER EFFLUENT
*** NO DISCHARGE () ***

JEFFS

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

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			
DISSOLVED OXYGEN (DO)	*****	*****	*****	*****	7	*****	*****	MG/L	0	01/07	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	INST MIN	*****	*****	MG/L			
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.8	*****	7.0	MG/L	0	01/07	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	MG/L			
SUSPENDED SOLIDS	8	15	LBS/DY	*****	9	18	MG/L	0	01/07	CP	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	30DA AVG	DAILY MX	MG/L				
NITROGEN AMMONIA TOTAL (AS N)	0.2	0.4	LBS/DY	*****	0.2	0.3	MG/L	0	01/07	CP	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	30DA AVG	DAILY MX	MG/L				
PHOSPHORUS TOTAL (AS P)	*****	*****	*****	*****	2.1	3.2	MG/L	0	01/31	CP	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	REPORT	REPORT	MG/L				
FLOW IN TREATMENT PLANT	0.115	0.225	MGD	*****	30DA AVG	DAILY MX	MG/L	0	01/07	CP	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	30DA AVG	DAILY MX	MG/L				
CHLORINE TOTAL RESIDUAL	*****	*****	*****	*****	<0.010	<0.010	MG/L	0	01/07	GR	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	30DA AVG	DAILY MX	MG/L				

NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER
Eric Dir
H.J. Schuler, 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: 502 546-6000
DATE: 09 06 22
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 HUNDEPL, LAKE SUBD STP MGD

ADDRESS C/O CEDAR CREEK STP

6405 CEDAR CREEK RD

LOUISVILLE

KY 40211

FACILITY HUNDEPL, LAKE SUBD STP MGD

LOCATION LOUISVILLE

KY

ATTN: DANNIE THOMASSON, SR METRO OPS

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

PERMIT NUMBER 000027418

DISCHARGE NUMBER 0011

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

MINOR

(SUBR LV)

F - FINAL

SANITARY WASTEWATER

EFFLUENT

*** NO DISCHARGE ***

Form Approved.
OMB No. 2040-0004

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PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
GENERAL COLIFORM, FECA	*****	*****	*****	*****	*****	1	1	100	0	1/07	GR
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	200	400	100ML		WEEKLY	GR
RED. CARBONACEOUS	*****	*****	*****	*****	*****	300A GED	7 DA GED	100ML		WEEKLY	GR
05 DAY, 20C	4	4	(20)	*****	4	5	(17)		0	1/07	CP
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	15	30	MG/L		WEEKLY	CP
	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
Exec Dir
H.J. Schwab Jr
TYPED OR PRINTED

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TELEPHONE 502 346-6000
DATE 09 06 22
AREA CODE NUMBER YEAR MO DAY

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

