



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

March 26, 2007

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 – April 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 April 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 "JK", is written over a light blue horizontal line.

John Kessel  
Process Supervisor West Operations

JMK/McNeely 0409

Enclosures

cc: T. Singleton  
R. Shaw  
C. Roth



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

NAME RONSELY LAKE SUBD STP NO 2

ADDRESS 070 CEDAR CREEK ST

PADE CEDAR CREEK RD

LOUISVILLE KY 40211

FACILITY RONSELY LAKE SUBD STP NO 2

LOCATION LOUISVILLE KY

ATTN: DERRIS THOMASSEN, SR METRO OPS

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

PERMIT NUMBER KY0327415

DISCHARGE NUMBER 0011

MINOR

(SUBP LVY)

F - FINAL

SANITARY WASTEWATER

EFFLUENT

\*\*\* NO DISCHARGE ( ) \*\*\*

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	03	01		07	03	03

NOTE: Read Instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
00300 : 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7	*****	*****	( 17 )	0	0/07	GR
	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		WEEKLY	GRAB
00400 : 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.7	*****	7.2	( 12 )	0	0/07	GR
	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	CU		WEEKLY	GRAB
00500 : 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	5	10	( 25 )	*****	6	11	( 17 )	0	0/07	CP
	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30	50	MG/L		WEEKLY	COMPL
00600 : 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.2	0.2	( 25 )	*****	0.2	0.2	( 17 )	0	0/07	CP
	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	10	20	MG/L		WEEKLY	COMPL
00700 : 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	2.4	3.0	( 17 )	0	0/00	CP
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L		MONTH	COMPL
00800 : 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.125	0.235	( 10 )	*****	*****	*****	*****	0	0/07	CP
	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	*****		WEEKLY	COMPL
00900 : 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	10.010	10.010	( 17 )	0	0/07	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	10.011	0.019	MG/L		WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
Exec Dir  
H. J. Schudler 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  
502 546-1000 09 26 26  
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 **MONESLY LAKE SUBD STP MSD**  
 ADDRESS **070 CEDAR CREEK STP**  
**BASE DELAN CREEK RD**  
**LOUISVILLE KY 40211**  
 FACILITY **MONESLY LAKE SUBD STP MSD**  
 LOCATION **LOUISVILLE KY**  
 ATTN **WANDA THOMASSON, SR METRO OPS**

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

WY0029416  
 PERMIT NUMBER

0031  
 DISCHARGE NUMBER

MINOR  
 (SUBR LV)  
 F - FINAL  
 SANITARY WASTEWATER  
 EFFLUENT

Form Approved.  
 OMB No. 2040-0004

JEFF

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

FROM

TO

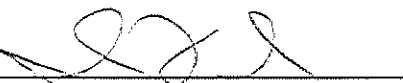
\*\*\* NO DISCHARGE \*\*\*

NOTE: Read Instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
GENERAL		*****	*****		*****	1	1		0	1/07	GR
EFFLUENT GROSS VALUE		*****	*****	*****	*****	300A GED	7 3A GED	100ML		WEEKLY	GRND
5 DAY BOD		5	6	(25)	*****	6	7		0	1/07	CP
EFFLUENT GROSS VALUE		300A AVG	DAILY MX	LBS/DY	*****	300A AVG	DAILY MX	MS/L		WEEKLY	CONFO

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Eric Dir  
 H. J. Schaefer Jr  
 TYPED OR PRINTED

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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
 502 540-6000  
 DATE  
 09 05 26  
 AREA CODE NUMBER YEAR MO DAY

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

