



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

January 20, 2010

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

Re: MSD Metro Operations
McNeely Lake WQTC; KPDES No.: KY0029416
Discharge Monitoring Reports – December 2009.

Dear Ms. Bentley:

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

For the month of December there were no exceedances, bypasses or overflow reports at Mcneely Lake WQTC.

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", written over a horizontal line.

John Kessel
Process Supervisor West Operations

JMK/McNeely 1209

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 MONEELY LAKE WQTC MSD
 ADDRESS C/O CEDAR CREEK WQTC
 8405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY MONEELY LAKE WQTC MSD
 LOCATION LOUISVILLE KY
 ATTN: DENNIS THOMASSEN, SR METRO OPS

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

K10027418			001 1				
PERMIT NUMBER			DISCHARGE NUMBER				
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	07	12	01		07	12	01

MINDR
 (SUBR LV)
 F - FINAL
 SANITARY WASTEWATER
 EFFLUENT
 *** NO DISCHARGE [] ***

JEFFE

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	*****	*****	(17)	0	01/07	GR
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		WEEKLY	GR
EFFLUENT GROSS VALUE				****							
PH	SAMPLE MEASUREMENT	*****	*****		6.3	*****	6.9	(12)	0	01/07	GR
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	5.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GR
EFFLUENT GROSS VALUE				****							
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	6	10	(20)	*****	7	11	(19)	0	01/07	CP
00500 1 0 0	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE											
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.1	0.2	(20)	*****	0.1	0.2	(17)	0	01/07	CP
00610 1 2 0	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE											
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	3.3	4.0	(19)	0	01/30	CP
00665 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT 30DA AVG	REPORT DAILY MX	MG/L		QUARTERLY	COMPOS
EFFLUENT GROSS VALUE				****						MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.101	0.232	(03)	*****	*****	*****		0	C/N	C/N
50050 1 0 0	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	*****	*****	*****	****		CONTINUOUS	IN
EFFLUENT GROSS VALUE								****			
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	(17)	0	01/07	GR
50060 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	0.011 30DA AVG	0.017 DAILY MX	MG/L		WEEKLY	GR
EFFLUENT GROSS VALUE				****							
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. Schuchman Jr TYPED OR PRINTED						502 540-6000		10	01	20	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)											

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

NAME MONEELY LAKE WQTC MSD

ADDRESS C/O CEDAR CREEK WQTC

8405 CEDAR CREEK RD

LOUISVILLE

KY 40211

FACILITY MONEELY LAKE WQTC MSD

LOCATION LOUISVILLE

KY

ATTN: DENNIS THOMASSEN, SR METRO DPE

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

KY0027418

PERMIT NUMBER

001 1

DISCHARGE NUMBER

MINOR

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F - FINAL

SANITARY WASTEWATER

EFFLUENT

*** NO DISCHARGE () ***

JEFFE

MONITORING PERIOD

FROM YEAR MO DAY

TO YEAR MO DAY

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLIFORM, FECAL	SAMPLE MEASUREMENT	*****	*****		*****	4	7	(13)	0	01/07	GR
GENERAL	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	*/		WEEKLY	GRAB
EFFLUENT GROSS VALUE				****		30DA GED	7 DA GED	100ML			
BOD, CARBONACEOUS	SAMPLE MEASUREMENT	4	5	(25)	*****	4	5	(17)	0	01/07	CP
05 DAY, 20C	PERMIT REQUIREMENT	20	51		*****	15	30			WEEKLY	COMPOS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
	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. Schardin 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

502 540-6000

AREA CODE NUMBER

TELEPHONE

DATE

10 01 20

YEAR MO DAY

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

McNeely Lake		Report for		Dec-09		Tot. Exc.=		0	
Tot. Flow=		3.125		Concentrations				Pounds	
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
12/1/09	0.076	4	5	0.17	6	2.535	3.169	0.108	3.97
12/2/09	0.077								
12/3/09	0.096								
12/4/09	0.073								
12/5/09	0.077								
12/6/09	0.08								
12/7/09	0.076								
12/8/09	0.129	9	5	0.22	7	9.683	5.379	0.237	4.01
12/9/09	0.232								
12/10/09	0.139								
12/11/09	0.099								
12/12/09	0.107								
12/13/09	0.125								
12/14/09	0.116								
12/15/09	0.093	2	3	0.006	7	1.551	2.327	0.005	2.28
12/16/09	0.093								
12/17/09	0.09								
12/18/09	0.082								
12/19/09	0.13								
12/20/09	0.131								
12/21/09	0.108								
12/22/09	0.106	11	4	0.17	1	9.724	3.536	0.150	2.87
12/23/09	0.096								
12/24/09	0.101								
12/25/09	0.1								
12/26/09	0.094								
12/27/09	0.093								
12/28/09	0.084								
12/29/09	0.069								
12/30/09	0.074								
12/31/09	0.079								
Average	0.101	6.50	4.25	0.14	4.14	5.87	3.60	0.12	3.28
Maximum	0.232	11.00	5.00	0.22	7.00	9.72	5.38	0.24	4.01
Exceed.	1	0	0	0	0	0	0	0	