



*Louisville and Jefferson County Metropolitan Sewer District*  
700 West Liberty Street  
Louisville Kentucky 40203-1911  
502-540-6000  
[www.msdlouky.org](http://www.msdlouky.org)

May 24, 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 – April 2010.**

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 April 2010.

For the month of April 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", is written over a series of horizontal lines.

John Kessel  
Process Supervisor West Operations

JMK/McNeely 0410

Enclosures

cc: T. Singleton  
R. Shaw  
C. Roth



*Beneficial Use of Louisville's Biosolids*  
[www.louisvillegreen.com](http://www.louisvillegreen.com)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAME MONEELY LAKE WQTC MSD  
ADDRESS C/O CEDAR CREEK WQTC  
8408 CEDAR CREEK RD  
LOUISVILLE KY 40211  
FACILITY MONEELY LAKE WQTC MSD  
LOCATION LOUISVILLE KY  
ATTN: DENNIS THOMASSON, SR METRO OPS

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

KY0029416		001 1	
PERMIT NUMBER		DISCHARGE NUMBER	

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
10	04	01	10	04	20

FROM TO

Form Approved.  
OMB No. 2040-0004

MINOR  
(SUBR LV)  
F - FINAL  
SANITARY WASTEWATER  
EFFLUENT  
\*\*\* NO DISCHARGE 1 1 \*\*\*  
JEFF

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			
OXYGEN, DISSOLVED (DO)		*****	*****		7	*****	*****	( 17 )	0	01/07	GR
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	INST MIN	*****	*****	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE											
PH		*****	*****		6.2	*****	7.5	( 12 )	0	01/07	GR
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	GU		WEEKLY	GRAB
EFFLUENT GROSS VALUE											
SOLIDS, TOTAL SUSPENDED		7	8	( 26 )	*****	11	14	( 17 )	0	01/07	CP
00500 1 0 0	PERMIT REQUIREMENT	51	103		*****	30	60			WEEKLY	COMPOS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
NITROGEN, AMMONIA TOTAL (AS N)		1	1	( 26 )	*****	1	2	( 17 )	0	01/07	CP
00610 1 2 0	PERMIT REQUIREMENT	17	34		*****	10	20			WEEKLY	COMPOS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
PHOSPHORUS, TOTAL (AS P)		*****	*****		*****	3.6	5.6	( 17 )	0	01/07	CP
00665 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT			ONCE/	COMPOS
EFFLUENT GROSS VALUE						30DA AVG	DAILY MX	MG/L		MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.085	0.116	( 03 )	*****	*****	*****		0	EN	EN
00050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	*****		CONTINUOUS	
EFFLUENT GROSS VALUE		30DA AVG	INST MAX	MGD							
CHLORINE, TOTAL RESIDUAL		*****	*****		*****	<0.010	<0.010	( 17 )	0	01/07	CP
00060 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.011	0.017			WEEKLY	GRAB
EFFLUENT GROSS VALUE						30DA AVG	DAILY MX	MG/L			
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. Schuler, Jr.						502 541-6110		10 05 27			
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				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 WQTC MSD

ADDRESS C/O CEDAR CREEK WQTC

8405 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

\*\*\* NO DISCHARGE 1/1/00 \*\*\*

JEFF

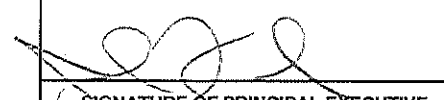
Form Approved.  
OMB No. 2040-0004

MONITORING PERIOD

FROM YEAR 10 MO 01 DAY 01 TO YEAR 10 MO 01 DAY 01

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	*****	*****		*****	3	16	( 13 )	0	01/07	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	#/		WEEKLY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	4	5	( 26 )	*****	6	7	( 19 )	0	01/07	CP
	PERMIT REQUIREMENT	26	51		*****	15	30			WEEKLY	COMPOS
	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	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		
Exec Dir H. F. Schanden IV TYPED OR PRINTED			502 506-1066 AREA CODE NUMBER	10 05 27 YEAR MO DAY		

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

McNeely Lake		Report for		Apr-10		Tot. Exc.=		0			
Tot. Flow=		2.535		Concentrations				Pounds			
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.		
4/1/10	0.078										
4/2/10	0.076										
4/3/10	0.082										
4/4/10	0.086										
4/5/10	0.08	11	7	1.96	1	7.339	4.670	1.308	5.63		
4/6/10	0.076										
4/7/10	0.113										
4/8/10	0.113										
4/9/10	0.084										
4/10/10	0.094										
4/11/10	0.089										
4/12/10	0.085	9	4	0.62	1	6.380	2.836	0.440	2.03		
4/13/10	0.08										
4/14/10	0.074										
4/15/10	0.076										
4/16/10	0.078										
4/17/10	0.078										
4/18/10	0.076										
4/19/10	0.069	14	5.99	0.56	7	8.056	3.447	0.322	4.32		
4/20/10	0.066										
4/21/10	0.063										
4/22/10	0.068										
4/23/10	0.065										
4/24/10	0.095										
4/25/10	0.116										
4/26/10	0.109	9	6	0.45	16	8.182	5.454	0.409	2.59		
4/27/10	0.099										
4/28/10	0.095										
4/29/10	0.09										
4/30/10	0.082										
Average	0.085	10.75	5.75	0.90	3.25	7.49	4.10	0.62	3.64		
Maximum	0.116	14.00	7.00	1.96	16.00	8.18	5.45	1.31	5.63		
Exceed.	0	0	0	0	0	0	0	0			