



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

March 22, 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 – February 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 February 2010.

For the month of February 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 horizontal line.

John Kessel
Process Supervisor West Operations

JMK/McNeely 0210

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 HONOREY LAKE WASTE MND

ADDRESS C/O CEDAR CREEK WQTC

4400 CEDAR CREEK RD

LOUISVILLE KY 40211

FACILITY HONOREY LAKE WQTC MND

LOCATION LOUISVILLE KY

ATTN: JIMMIE THOMPSON, SR. METRO EPS

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

PERMIT NUMBER KY00029416

DISCHARGE NUMBER 001 1

MINOR (SUBR LV)

F - FINAL

SANITARY WASTEWATER EFFLUENT

*** NO DISCHARGE 1 1 1 ***

JEFF

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
97	02	01		97	02	28

FROM

TO

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)	MEASUREMENT	*****	*****		7	*****	*****	(19)	0	1/7	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	7	*****	*****			WEEKLY	GRAB
	MEASUREMENT	*****	*****		6.5	*****	6.7	(12)	0	1/7	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	7.0			WEEKLY	GRAB
	MEASUREMENT	10	13	(25)	*****	12	16	(17)	0	1/7	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	51	103	LBS/DY	*****	30	50			WEEKLY	COMPOS
	MEASUREMENT	0.1	0.2	(25)	*****	0.2	0.3	(19)	0	1/7	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	17	34	LBS/DY	*****	10	20			WEEKLY	COMPOS
	MEASUREMENT	*****	*****		*****	2.4	2.9	(19)	0	1/30	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT			ONCE/MONTH	COMPOS
	MEASUREMENT	0.108	0.227	(63)	*****	*****	*****		0	1/2	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MUD	*****	*****	*****	****		CONTINUOUS	MONITORING
	MEASUREMENT	*****	*****		*****	<0.010	<0.010	(19)	0	1/7	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.011	0.017			WEEKLY	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER											
Evel D. H.T. Schindler 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											
502 446-6060 10 03 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

ADDRESS C/O CEDAR CREEK WQTC

BRANCH CREEK RD

LOUISVILLE KY 40211

FACILITY CEDAR CREEK WQTC

LOCATION LOUISVILLE KY

ATTN: DENNIS THOMASON, SR. METRO OPS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMIT NUMBER

DISCHARGE NUMBER

MINOR

(SUPER 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			
GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	4	8	(13)	0	1/67	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	1/		WEEKLY GRAB	
505 DAY, 200	SAMPLE MEASUREMENT	4	5	(13)	*****	5	5	(13)	0	1/67	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MAX	LBS/DY	*****	30DA AVG	DAILY MAX	MG/L		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

H. J. Schindler
Exec Dir

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

402 546-6000 10 03 92

AREA CODE

NUMBER

YEAR

MO

DAY

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

McNeely Lake	Report for	Feb-10			Tot. Exc.=		0		
Tot. Flow=	3.028	Concentrations					Pounds		
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
2/1/10	0.089	7	5	0.17	8	5.137	3.670	0.125	2.72
2/2/10	0.088								
2/3/10	0.088								
2/4/10	0.08								
2/5/10	0.173								
2/6/10	0.227								
2/7/10	0.17								
2/8/10	0.128								
2/9/10	0.115								
2/10/10	0.106								
2/11/10	0.099	8	5	0.056	7	7.673	4.796	0.054	1.51
2/12/10	0.098								
2/13/10	0.106								
2/14/10	0.109								
2/15/10	0.099								
2/16/10	0.095	16	5	0.17	2	12.677	3.962	0.135	2.65
2/17/10	0.086								
2/18/10	0.086								
2/19/10	0.081								
2/20/10	0.098								
2/21/10	0.122								
2/22/10	0.115								
2/23/10	0.107								
2/24/10	0.099								
2/25/10	0.094								
2/26/10	0.089	15	5	0.28	2	13.386	4.462	0.250	2.88
2/27/10	0.087								
2/28/10	0.094								

Average	0.108	11.50	5.00	0.17	3.87	9.72	4.22	0.14	2.44
Maximum	0.227	16.00	5.00	0.28	8.00	13.39	4.80	0.25	2.88
Exceed.	1	0	0	0	0	0	0	0	