



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)

June 6, 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 – May 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 May 2010.

For the month of May 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 white background.

John Kessel  
Process Supervisor West Operations

JMK/McNeely 0510

Enclosures

cc: T. Singleton  
R. Shaw  
C. Roth



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

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

MINOR  
(SUBR LV)  
F - FINAL  
SANITARY WASTEWATER  
EFFLUENT

JEFFE

\*\*\* NO DISCHARGE [ ] \*\*\*

NOTE: Read Instructions before completing this form.

\*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 THOMASSON, SR METRO OPS

KY0029416  
PERMIT NUMBER

001 1  
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
10	05	01		10	05	01

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	*****	*****	( 19 )	0	01/07	GR
00000 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	INST MIN	*****	*****	MG/L		WEEKLY	GRAB
PH	*****	*****	*****	*****	6.2	*****	7.0	( 12 )	0	01/07	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	*****	*****	*****	*****	*****	9	15	( 19 )	0	01/07	CP
00500 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	51 30DA AVG	103 DAILY MX	LBS/DV	*****	30 30DA AVG	60 DAILY MX	MG/L		WEEKLY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	*****	*****	*****	*****	*****	0.4	0.6	( 19 )	0	01/07	CP
00610 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7 30DA AVG	14 DAILY MX	LBS/DV	*****	4 30DA AVG	8 DAILY MX	MG/L		WEEKLY	COMPOS
PHOSPHORUS, TOTAL (AS P)	*****	*****	*****	*****	*****	2.0	2.8	( 19 )	0	01/07	CP
00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 30DA AVG	REPORT DAILY MX	MG/L		ONCE / MONTH	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	*****	*****	*****	*****	*****	*****	*****	*****	0	2~	ON
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	*****	*****	*****	*****		CONTINUOUS	CONTIN
CHLORINE, TOTAL RESIDUAL	*****	*****	*****	*****	*****	0.010	0.010	( 19 )	0	01/07	GR
50000 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	0.011 30DA AVG	0.017 DAILY MX	MG/L		WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
HT. Schaefer 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  
AREA CODE NUMBER YEAR MO DAY

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

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

MINOR  
(SUBR LV)  
F - FINAL  
SANITARY WASTEWATER  
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LOCATION LOUISVILLE KY  
ATTN: DENNIS THOMASSEN, SR METRO OPS

KY0029416  
PERMIT NUMBER

001 1  
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
10	05	01		10	05	31

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLIFORM, FECAL GENERAL	*****	*****	*****	*****	*****	22	60	(13)	0	01/07	GR
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	200	400	#/100ML		WEEKLY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C	*****	4	6	(26)	*****	4	5	(19)	0	01/07	CP
80082 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DV	*****	15	30	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  
Exec Dir  
H.T. Schudel, 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 these 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  
508 540-6000  
DATE  
10 06 06  
AREA CODE NUMBER YEAR MO DAY

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

