



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

October 11,2010

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 – September 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 September 2010.

There were no exceedances, bypasses or overflow reports for Mcneely WQTC for the month of August.

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 white background.

John Kessel
Process Supervisor West Operations

JMK/McNeely 0910

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 MCNEELY LAKE WQTC MSD
 ADDRESS C/O CEDAR CREEK WQTC
 6405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY MCNEELY LAKE WQTC MSD
 LOCATION LOUISVILLE KY 00000
 ATTN: DENNIS THOMASON, SR METRO DFB

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

KY0029416
 PERMIT NUMBER


001 1
 DISCHARGE NUMBER

MINOR (SUBR LV)
 F - FINAL JEFFE
 SANITARY WASTEWATER
 EFFLUENT
 *** NO DISCHARGE ***

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
10	07	01	TO	10	07	01

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	GK
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		WEEKLY	GRAB
TURBIDITY	*****	*****			6.0	*****	*****	(12)	0	01/07	GK
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	*****	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	*****	*****	(28)		*****	*****	*****	(17)	0	01/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	51	103		30DA AVG	DAILY MX	30DA AVG	DAILY MX	MG/L	WEEKLY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	*****	*****	(26)		*****	*****	*****	(17)	0	01/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7	14		30DA AVG	DAILY MX	30DA AVG	DAILY MX	MG/L	WEEKLY	COMPOS
PHOSPHORUS, TOTAL (AS P)	*****	*****			*****	*****	*****	(17)	0	01/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	REPORT	REPORT	REPORT	REPORT	MG/L	MONTH	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	*****	*****	(03)		*****	*****	*****		0	01/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT		30DA AVG	INST MAX	30DA AVG	INST MAX	MGD	MONTH	COMPOS
CHLORINE, TOTAL RESIDUAL	*****	*****			*****	*****	*****	(17)	0	01/07	GK
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	30DA AVG	DAILY MX	30DA AVG	DAILY MX	MG/L	WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Excel Dir H.T. Schardier, 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 AREA CODE	NUMBER	YEAR	MO

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

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

NAME HONEELY LAKE WQTC MSD

ADDRESS C/O CEDAR CREEK WQTC

8408 CEDAR CREEK RD

LOUISVILLE

KY 40211

FACILITY HONEELY LAKE WQTC MSD

LOCATION LOUISVILLE

KY 00000

ATTN: DENNIS THOMASSON, SR METRO OPS

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

KY0029418
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MINOR
(SUBR LV)

F - FINAL

SANITARY WASTEWATER
EFFLUENT

*** NO DISCHARGE 1 1 ***

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
10	07	01		10	07	08

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			
COLIFORM, FECAL GENERAL		*****	*****		*****	2	10	1 137	0	01/07	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	300	400	100ML		WEEKLY	FRMB
500. CARBONACEOUS 05 DAY, 200		4	6	(26)	*****	6	8	1 137	0	01/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	15	30	MG/L		WEEKLY	COMPOS
	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. Schardie, 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: 502 510-6060
DATE: 10 10 11
AREA CODE: 502
NUMBER: 510-6060
YEAR: 10
MO: 10
DAY: 11

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

