



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

January 19, 2011

Ms. Crystal Thompson
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 2010.

Dear Ms. Thompson:

Attached are the Discharge Monitoring Reports (DMRs) and the Monthly Operating Report (MOR) for the McNeely Lake WQTC, KPDES No.: KY0029416 for the month December 2010.

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

If you have any questions concerning the attached DMRs, please contact me at (502)540-6031.

Sincerely,

A handwritten signature in cursive script that reads "Duane V. Wright".

Duane V. Wright
Process Supervisor Central Operations

JMK/McNeely 1210

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
8405 CEDAR CREEK RD
LOUISVILLE KY 40211

FACILITY MCNEELY LAKE WQTC MSD
LOCATION LOUISVILLE KY 00000

ATTN: DENNIS THOMASSON, 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 [] ***

NOTE: Read Instructions before completing this form.

JEFFE

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	*****	*****		8	*****	*****	(19)	0	01/07	GR
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	7	*****	*****	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE				****	INST MIN						
PH	SAMPLE MEASUREMENT	*****	*****		6.4	*****	6.6	(12)	0	01/07	GR
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	7.0	SU		WEEKLY	GRAB
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	10	15	(26)	*****	14	20	(19)	0	01/07	CP
00530 1 0 0	PERMIT REQUIREMENT	51	103		*****	30	60	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX				
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.5	0.7	(26)	*****	0.7	1.0	(19)	0	01/07	CP
00610 1 2 0	PERMIT REQUIREMENT	17	34		*****	10	20	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX				
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	3.2	3.5	(19)	0	01/07	CP
00665 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L		ONCE/ MONTH	COMPOS
EFFLUENT GROSS VALUE				****		30DA AVG	DAILY MX				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.092	0.139	(03)	*****	*****	*****		0	02	CN
50030 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		CONTINUOUS	IN
EFFLUENT GROSS VALUE		30DA AVG	INST MAX	MGD						UDUS	
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	(19)	0	01/07	GR
50060 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	0.011	0.019	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE				****		30DA AVG	DAILY MX				
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. Schaefer Jr											
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				502 540 6500		11 01 19			
						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/D CEDAR CREEK WQTC
 8405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY MCNEELY LAKE WQTC MSD
 LOCATION LOUISVILLE KY 00000
 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 () ***

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
10	12	01		10	12	31

FROM

TO

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	*****	*****		*****	7	18	(13)	0	01/07	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	200 30DA GED	400 7 DA GED	100ML		WEEKLY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	6	8	(26)	*****	8	10	(19)	0	01/07	GR
	PERMIT REQUIREMENT	26 30DA AVG	51 DAILY MX	LBS/DY	*****	15 30DA AVG	30 DAILY MX	MG/L		WEEKLY	CORPUS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Exec Dir
 H.J. Schardein 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

502 540 6000 11 01 19
 AREA CODE NUMBER YEAR MO DAY

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

McNeely Lake		Report for	Dec-10		Tot. Exc.=		0				
Tot. Flow=		2.846		Concentrations				Pounds			
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.		
12/1/10	0.139										
12/2/10	0.091	20	10	0.28	3	15.179	7.589	0.213	3.5		
12/3/10	0.091										
12/4/10	0.106										
12/5/10	0.113										
12/6/10	0.092										
12/7/10	0.09										
12/8/10	0.085										
12/9/10	0.085	4	5	0.95	18	2.836	3.545	0.673	3.45		
12/10/10	0.08										
12/11/10	0.084										
12/12/10	0.108										
12/13/10	0.085										
12/14/10	0.088										
12/15/10	0.085										
12/16/10	0.088	20	10	0.45	7	14.678	7.339	0.330	2.88		
12/17/10	0.084										
12/18/10	0.093										
12/19/10	0.092										
12/20/10	0.085										
12/21/10	0.089										
12/22/10	0.091										
12/23/10	0.083										
12/24/10	0.091										
12/25/10	0.082										
12/26/10	0.085										
12/27/10	0.081										
12/28/10	0.084	12	8	0.95	7	8.407	5.604	0.666	2.91		
12/29/10	0.078										
12/30/10	0.104										
12/31/10	0.114										
Average	0.092	14.00	8.25	0.66	7.17	10.27	6.02	0.47	3.19		
Maximum	0.139	20.00	10.00	0.95	18.00	15.18	7.59	0.67	3.50		
Exceed.	0	0	0	0	0	0	0	0			