

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

February 23, 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 – January 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 January 2010.

For the month of January 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.

John Kessel

Process Supervisor West Operations

JMK/McNeely 0110

Enclosures

cc:

T. Singleton

R. Shaw

C. Roth

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

MONEY LAKE WISTE MED

ADDRESS C/O CEDAR CREEK WOTC 1. 人名伊尔 (CELAR CESSER 45)

LOUISVILLE

AV 40211

FACILITY FOR SEELY CARE WOTE MED LOCATION LOUISVILLE

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

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FROM

DAY

DISCHARGE NUMBER

MINOR

F - FINAL

MONITORING PERIOD YEAR MO DAY Form Approved. OMB No. 2040-0004

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SANITARY WASTEWATER EFFLUENT *** MO DISCHARGE !

NOTE: Read instructions before completing this form

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

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

Form Approved. OMB No. 2040-0004

LOUISVILLE

LOCATION LOUISVILLE

ADDRESS C/G CEDAR CREEK WATC

FACILITY HORENEY LARK WETO MED

NACE CEDAN CREEK FO

12.00

PERMIT NUMBER

840029418

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FROM

YEAR MO DAY TO YEAR MO DAY

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SANITARY WASTEWATER

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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 persoanel 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.						, (T	ELEPHONE	=	D.	ATE
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EPA Form 3320-1 (Rev. 3/99) Previous editions may be used.

01305/1 This is a 4-part form.

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