



*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,

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 0110

Enclosures

cc: T. Singleton  
R. Shaw  
C. Roth



*Beneficial Use of Louisville's Biosolids*  
*www.louisvillegreen.com*

NAME MORELLY LAKE WOTC MSD  
 ADDRESS 070 CEDAR CREEK WOTC  
 6401 CEDAR CREEK RD  
 LOUISVILLE KY 40211  
 FACILITY MORELLY LAKE WOTC MSD  
 LOCATION LOUISVILLE KY  
 ATT: JENNIS THOMPSON, SR METRO OPS

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

 KY0002541A  
 PERMIT NUMBER

 001 1  
 DISCHARGE NUMBER

MINOR  
 (SUBR LV)  
 F - FINAL  
 SANITARY WASTEWATER  
 EFFLUENT

JEFFE

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY

\*\*\* 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			
DISSOLVED SOLIDS (DD)	SAMPLE MEASUREMENT	*****	*****		7	*****	*****	( 17 )	0	0%/30	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.0	*****	6.8	( 12 )	0	0%/30	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	SL		WEEKLY	GRAB
SUSPENDED SOLIDS TOTAL	SAMPLE MEASUREMENT	10	15	( 26 )	*****	13	14	( 19 )	0	0%/7	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L		WEEKLY	COMPOS
NITROGEN AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	1.1	2.5	( 26 )	*****	1.1	2.2	( 19 )	0	0%/7	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L		WEEKLY	COMPOS
PHOSPHORUS TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	3.4	5.1	( 19 )	0	0%/7	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L		ONCE / MONTH	COMPOS
FLOW IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.108	0.272	( 03 )	*****	*****	*****		0	C/N	C/N
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	****		CONT IN CONTIN	UDUS
CHLORINE TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	( 19 )	0	0%/30	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.011	0.012	MG/L		WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Exec Dir  
 H.J. Schardain 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

502 546-6200 10 11 23  
 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  
FACILITY  
LOCATION

PO BOX 1000  
CEDAR CREEK WQTC  
CEDAR CREEK RD  
LOUISVILLE  
KY 40211  
PO BOX 1000  
CEDAR CREEK WQTC  
CEDAR CREEK RD  
LOUISVILLE  
KY 40211  
ALAN THOMPSON, SR. METRO OPS

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

PERMIT NUMBER  
DISCHARGE NUMBER

MONITORING PERIOD  
YEAR MO DAY TO YEAR MO DAY

FROM

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

JEFFRE

Form Approved.  
OMB No. 2040-0004

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	32	68	(15)	0	0/07	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	#/100ML		WEEKLY	GRAB
05 DAY, 20C	SAMPLE MEASUREMENT	6	8	(26)	*****	7	11	(19)	0	0/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L		WEEKLY	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	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.J. Schardain 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  
502 540-6000

DATE  
10 01 23

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

McNeely Lake		Report for	Jan-10		Tot. Exc.=		0			
Tot. Flow=		3.358	Concentrations				Pounds			
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.	
1/1/10	0.076									
1/2/10	0.077									
1/3/10	0.08									
1/4/10	0.074	14	6	0.34	34	8.640	3.703	0.210	3.97	
1/5/10	0.076									
1/6/10	0.073									
1/7/10	0.075									
1/8/10	0.07									
1/9/10	0.094									
1/10/10	0.083									
1/11/10	0.073	14	11	2	23	8.523	6.697	1.218	5.13	
1/12/10	0.073									
1/13/10	0.068									
1/14/10	0.071									
1/15/10	0.067									
1/16/10	0.065									
1/17/10	0.09									
1/18/10	0.09									
1/19/10	0.079	14	7	0.34	20	9.224	4.612	0.224	3.12	
1/20/10	0.099									
1/21/10	0.272									
1/22/10	0.247									
1/23/10	0.175									
1/24/10	0.242									
1/25/10	0.202	9	5	1.51	68	15.162	8.423	2.544	1.35	
1/26/10	0.145									
1/27/10	0.116									
1/28/10	0.103									
1/29/10	0.093									
1/30/10	0.103									
1/31/10	0.107									
Average	0.108	12.75	7.25	1.05	32.11	10.39	5.86	1.05	3.39	
Maximum	0.272	14.00	11.00	2.00	68.00	15.16	8.42	2.54	5.13	
Exceed.	3	0	0	0	0	0	0	0		