

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

August 18, 2011

Ms. Cheryl Edwards Kentucky Division of Water 200 Fair Oaks Lane Frankfort, Kentucky 40601

Re:

MSD Metro Operations

McNeely Lake WQTC; KPDES No.: KY0029416

Discharge Monitoring Reports - July 2011.

Dear Ms. Edwards:

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 July 2011.

There were no exceedences, bypasses or overflow reports during the month of July for the Mcneely Lake WQTC.

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

Sincerely,

John Kassel

Process Supervisor, West region

JMK/McNeely Lake 0711

Enclosures

cc:

T. Singleton

R. Shaw

C. Roth

MITTEE NAME/ADDRESS (Include Facility Name/Location if Different) E MONEELY LAKE WOTO MSD RESS G/O CEDAR CREEK WOTO 1840S CEDAR CREEK RD			WAGAS	フペエの IT NUMBER	DISCHA	ADCE MUMBER	NITARY WAS	TEWATER		OMB No. 2	040-0004 ・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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EFFLUENT GROSS VALUE REQUIREMENT

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THLUR NEW

RESIDUAL

50060

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

BUA AUG

60.010

DATE **TELEPHONE** AREA CODE MO DAY YEAR NUMBER

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

SAMPLE

MEASUREMENT

PERMIT

3OF

60,010

DAILY MX

MG/L

RACE CEDAR CREEK RD. F - FINAL **PERMIT NUMBER** DISCHARGE NUMBER SANITARY WASTEWATER LOUISVILLE AY-40211 MONITORING PERIOD CILTY MONEELY LAKE WOTO MED EFFLUENT YEAR MO. DAY YEAR MO₂ DAY *** NO DISCHARGE CATIONLOUISVILLE MY GOOGO FROM DENNIS THOMASSON, OR METRO OPS NOTE: Read Instructions before completing this form. PARAMETER QUANTITY OR LOADING NO. FREQUENCY QUALITY OR CONCENTRATION SAMPLE EX TYPE ANALYSIS AVERAGE MAXIMUM UNITS MINIMUM **AVERAGE** MAXIMUM UNITS COLIFORM. FECAL · 公子が出来た 大学文学学会 THE WEST STATE SAMPLE ೦೯ Sa GK EMERAL MEASUREMENT 4055 \bigcirc 经货船 where it is an in the set. The second second 食べなされた PERMIT ٠٠٠ د الله الله 共产业计 BODA GED 7 DA GET TFLUENT GROSS VALUE REQUIREMENT TARBONACEDUS サオッツママラ 三二 1 277 SAMPLE 3.0 $\supset \setminus$ 5 DAY, ZOC MEASUREMENT Ĩ. ner her J. 15 医医疗医疗病 الد أند. PERMIT FFLUENT GROSS VALUE REQUIREMENT BODA AVO DATLY MX GODA AVO DAILY MX MD . LES/Di SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT 200 PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT AME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were TELEPHONE DATE prepared under my direction or supervision in accordance with a system designed Exce Dr 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. 18 isun dad SIGNATURE OF PRINCIPAL EXECUTIVE I am aware that there are significant penalties for submitting false information. TYPED OR PRINTED OFFICER OR AUTHORIZED AGENT including the possibility of fine and imprisonment for knowing violations. NUMBER YEAR MO DAY DMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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DISCHARGE MONITORING REPORT (DMR)

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MINGR

(SUBR LV)

Form Approved.

OMB No. 2040-0004

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

MONEELY LAKE WOTO MED

DRESS CAO CEDAR CREEK WOTC

McNeely Lal		Report for	Jul-11 Concentra		ot. Exc.=	1	Pounds		•		
Tot. Flow=	3.548	TOO		NH3	Fecal	TSS	BOD	NH3	Tot. Phos.		
Date	Flow	TSS	BOD	NUS	recai	100	202				
7/1/11	0.097										
7/2/11	0.103										
7/3/11	0.1	_	•	0.5	10	5.054	3.369	0.421	3.72		
7/ 4/1 1	0.101	6 .	4	0.5	18	5.054	ÿ.503	U. 121	· · · · -		
7/5/11	0.09										
7/6/11	0.089									,	
7 <i>/</i> 7/11	0.092										
7/8/11	0.118									•	
7/9/11	0.117		_	0.00	4.5	3.770	2.827	0.264	3.5		•
7/10/11	0.113	4	3	0.28	15	3.110	2.021	0.204	· 0.0	·	
7/11/11	0.102										
7/12/11	0.12							,	•		
7/13/11	0.15										
7/14/11	0.115										
7/15/11	0.112										
7/16/11	0.119				0.4	4.000	2.052	0.443	3.16		•
7/17/11	0.118	2	3	0.45	31	1.968	2.952	U,440	0.10		
7/18/11	0.109									-	
7/19/11	0.106										
7/20/11	0.114										
7/21/11	0.123	•									
7/22/11	0.115										
7/23/11	0.116				4050	4.007	3.870		3.58		
7/24/11	0.116	5	4		1950	4.837	3.070		0.00		
7/25/11	0.094				0.4			0.220	Ω		• •
7/26/11	0.094			0,28	24			0.22	O		
7/27/11	0.169										
7/28/11	0.093										
7/29/11	0.093										
7/30/11	0.154									•	
7/31/11	0.196								4 2.4	= .	
Average :	0.114	4.25	3.50	0.38		3.91		0.3			
Maximum	0.196		4.00	0.50		5.05		0.4		-	
Exceed.	0		0	0	1	0	0		0		
Day Viol.											