



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,

A handwritten signature in black ink, appearing to read "John Kassel", written over a white background.

John Kassel
Process Supervisor, West region

JMK/McNeely Lake 0711

Enclosures

cc: T. Singleton
R. Shaw
C. Roth



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

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

MINOR
(SUBR LV)
F - FINAL
SANITARY WASTEWATER
EFFLUENT

JEFF

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
 NAME HONEELY LAKE WGTG MSD
 ADDRESS C/O CEDAR CREEK WGTG
 8405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY HONEELY LAKE WGTG MSD
 LOCATION LOUISVILLE KY 00000
 CONTACT (NAME) DENNIS THOMASSON, SR METRO OPS

PERMIT NUMBER
KY0027416

DISCHARGE NUMBER
001 1

MONITORING PERIOD					
YEAR	MO.	DAY	YEAR	MO.	DAY
FROM			TO		

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
0300 ODO EFFLUENT GROSS VALUE		*****	*****	***	7	*****	*****	MG/L	0	01/02	GR
0400 ODO EFFLUENT GROSS VALUE		*****	*****	***	6.3	*****	6.7	BU	0	01/02	GR
0530 TSS EFFLUENT GROSS VALUE		*****	*****	LBS/DY	*****	4	6	MG/L	0	01/07	CP
0610 NH3-N EFFLUENT GROSS VALUE		*****	*****	LBS/DY	*****	0.3	0.4	MG/L	0	01/07	CP
0665 PHOSPHORUS EFFLUENT GROSS VALUE		*****	*****	*****	*****	3.5	3.7	MG/L	0	01/30	CP
0050 FLOW THRU TREATMENT PLANT		*****	*****	MGD	*****	0.114	0.196	MGD	0	01/02	GR
0060 CHLORINE RESIDUAL		*****	*****	*****	*****	*****	*****	*****	0	01/02	GR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Exec Dir
 H. J. Schuch 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

AREA CODE	TELEPHONE NUMBER	YEAR	MO.	DAY
502	540-6000	11	08	18

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

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

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

NAME: MCNEELY LAKE WQTC MSD
ADDRESS: 640 CEDAR CREEK WQTC
6405 CEDAR CREEK RD.
LOUISVILLE KY 40211
CITY: MCNEELY LAKE WQTC MSD
LOCATION: LOUISVILLE KY 00000
ATTN: DENNIS THOMASSEN, SR METRO OPS

KY0029416
PERMIT NUMBER

001 1
DISCHARGE NUMBER

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

JEFFE

MONITORING PERIOD					
YEAR	MO.	DAY	YEAR	MO.	DAY
FROM			TO		

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	*****	*****	*****		*****	52	216		0	05/30	GR
EFFLUENT GROSS VALUE	*****	*****	*****		*****	30DA GED	7 DA GED	100ML			
COB, CARBONACEOUS 5 DAY, 20C	3.0	4.0			*****	4	4		0	01/07	CP
EFFLUENT GROSS VALUE	*****	*****	*****		*****	30DA AVG	DAILY MX	MB/L			
	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. Schaefer Jr.
TYPED OR PRINTED

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TELEPHONE
DATE
AREA CODE NUMBER YEAR MO DAY

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

