

MSD

Metropolitan Sewer District

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

April 25, 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 – March 2011.**

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 March 2011.

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

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

Sincerely,



John Kessel
Process Supervisor West region

JMK/McNeely 0311

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 **MONREELY LAKE WQTC MSD**
 ADDRESS **C/O CEDAR CREEK WQTC**
8408 CEDAR CREEK RD
LOUISVILLE KY 40211
 FACILITY **MONREELY LAKE WQTC MSD**
 LOCATION **LOUISVILLE KY 40000**
 ATTN: **DENNIS THOMASSEN, SR METRO OPS**

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

Form Approved.
 OMB No. 2040-0004

PERMIT NUMBER **WY0027418** DISCHARGE NUMBER **0011**

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

JEFF

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY

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			
OXYGEN, DISSOLVED (DO)		*****	*****		7				0	1/37	CR
00300 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	INST MIN			MG/L			
PH		*****	*****		6.4		6.8		0	5/31	CR
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	MINIMUM		MAXIMUM	SU			
SOLIDS, TOTAL SUSPENDED		9	13				11		0	1/37	CP
00330 1 0 0 EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
NITROGEN, AMMONIA TOTAL (AS N)		0.6	1			0.4	0.7		0	1/37	CP
00510 1 2 0 EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
PHOSPHORUS, TOTAL (AS P)						2.0	3.2		0	1/37	CP
00665 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****		30DA AVG	DAILY MX	MG/L		MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.102	6.582						0	1/37	CP
50050 1 0 0 EFFLUENT GROSS VALUE		30DA AVG	INST MAX	MGD				****		WQES	
CHLORINE, TOTAL RESIDUAL						<0.00	<0.00		0	1/37	CR
50060 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****		30DA AVG	DAILY MX	MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 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
 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 WONEESLY LAKE WGTG MSO

ADDRESS C/O CEDAR CREEK WGTG

8405 CEDAR CREEK RD

LOUISVILLE

KY 40211

FACILITY WONEESLY LAKE WGTG MSO

LOCATION LOUISVILLE

KY 00000

ATTN: DENNIS THOMASSON, SR METRO OPS

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

PERMIT NUMBER

DISCHARGE NUMBER

MINOR

(SUSR LV)

F - FINAL

SANITARY WASTEWATER

EFFLUENT

*** NO DISCHARGE [] ***

NOTE: Read Instructions before completing this form.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLIFORM, FECAL GENERAL 74095 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT					6	20		0	1/1	OK
	PERMIT REQUIREMENT										
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	5.11	6			5	7		0	1/07	CP
	PERMIT REQUIREMENT	BOD ₅ AVG	DAILY MX	LB5/D		BOD ₅ AVG	DAILY MX	MG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Eric Dir
H.J. Schaefer, 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
540-6600
DATE
11 04 29
AREA CODE NUMBER YEAR MO DAY

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

