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

June 21, 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 – May 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 May 2011.

There were no exceedences or overflow, bypass reports for Mcneely lake WQTC for the month of May.

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 0511

Enclosures

cc: T. Singleton
R. Shaw
C. Roth

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME MONEELY LAKE WSTC MED
ADDRESS C/O CEDAR CREEK WSTC
8405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY MONEELY LAKE WSTC MED
LOCATION LOUISVILLE KY 00000
ATTN: DENNIS THOMASSON, SR METRO DPS

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

KY0024813 — PERMIT NUMBER
001 A — DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR 11 MO 02 DAY 01 TO YEAR 11 MO 02 DAY 28

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

JEFFE

Form Approved.
OMB No. 2040-0004

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		7	******	******		0	05/30	GR
	PERMIT REQUIREMENT	******	******	*** ****	INST MIN			MG/L		WEEKLY	GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.5	******	6.8		0	05/30	GR
	PERMIT REQUIREMENT	******	******	*** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	7	10		******	7	8		0	9/07	CP
	PERMIT REQUIREMENT	30 30DA AVG	100 DAILY MX	LBS/DY	******	30 30DA AVG	60 DAILY MX	MG/L		WEEKLY	COMP
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.3	0.6		******	0.3	0.3		0	01/07	CP
	PERMIT REQUIREMENT	2 30DA AVG	4 DAILY MX	LBS/DY	******	1 30DA AVG	2 DAILY MX	MG/L		WEEKLY	COMP
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	2.9	4.5		0	01/07	CP
	PERMIT REQUIREMENT	******	******	*** ****	******	REPORT 30DA AVG	REPORT DAILY MX	MG/L		MONTHLY	COMP
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.161	0.610		******	******	******		0	CN	CN
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	******	******	******	*** ****		CONT	TOTL
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	<0.010	<0.010		0	05/30	GR
	PERMIT REQUIREMENT	******	******	*** ****	******	0.011 30DA AVG	0.019 DAILY MX	MG/L		WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Exec Dir
H.J. Schardein 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 AREA CODE	TELEPHONE NUMBER	DATE YEAR	DATE MO	DATE DAY
502	540-6031	11	06	21

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

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

NAME MCNEELY LAKE WQTC MSD

ADDRESS C/O CEDAR CREEK WQTC
8405 CEDAR CREEK RD
LOUISVILLE KY 40211

FACILITY MCNEELY LAKE WQTC MSD

LOCATION LOUISVILLE KY 00000

ATTN: DENNIS THOMASSON, SR METRO OPS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

KY0029416	001 1
PERMIT NUMBER	DISCHARGE NUMBER

	MONITORING PERIOD						
	YEAR	MO.	DAY		YEAR	MO.	DAY
FROM	[illegible]	[illegible]	[illegible]	TO	[illegible]	[illegible]	[illegible]

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

JEFFE

Form Approved.
OMB No. 2040-0004

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			
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	10	40	(13)	0	01/07	GR
	PERMIT REQUIREMENT	******	******	**** ****	******	200 30DA GEO	400 7 DA GEO	#/100ML			
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	4	5	(26)	******	4	5	(19)	0	01/07	CP
	PERMIT REQUIREMENT	.25 30DA AVG	31 DAILY MX	LBS/DY	******	15 30DA AVG	30 DAILY MX	MG/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			TELEPHONE		DATE		
Exec Dir H.J. Schardein Jr	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]	502	540-6031	11	06	21
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

McNeely Lake Report for **May-11** Tot. Exc.= 0

Tot. Flow=	4.994	Concentrations				Pounds			
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
5/1/11	0.201								
5/2/11	0.251								
5/3/11	0.61								
5/4/11	0.295								
5/5/11	0.193	6	3	0.34	5	9.658	4.829	0.547	0.791
5/6/11	0.155								
5/7/11	0.137								
5/8/11	0.141	5	4	0.17	7	5.880	4.704	0.200	2.67
5/9/11	0.126								
5/10/11	0.15								
5/11/11	0.116								
5/12/11	0.109								
5/13/11	0.105								
5/14/11	0.106								
5/15/11	0.115	8	4	0.34	7	7.673	3.836	0.326	4.45
5/16/11	0.106								
5/17/11	0.1								
5/18/11	0.099								
5/19/11	0.091								
5/20/11	0.098								
5/21/11	0.091								
5/22/11	0.103	7	5	0.34	40	6.013	4.295	0.292	3.54
5/23/11	0.13								
5/24/11	0.14								
5/25/11	0.141								
5/26/11	0.321								
5/27/11	0.227								
5/28/11	0.171								
5/29/11	0.13								
5/30/11	0.123								
5/31/11	0.113								
Average	0.161	6.50	4.00	0.30	9.95	7.31	4.42	0.34	2.86
Maximum	0.610	8.00	5.00	0.34	40.00	9.66	4.83	0.55	4.45
Exceed.	5	0	0	0	0	0	0	0	