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

November 4, 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 – September 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 September 2011.

During the month of August there was a fecal coliform exceedences. Our lab reported a 541col/100ml Our pre effluent residual for that day was 1.0 mg/l. There was an issue with lab exception notification system. When we realized that an exceedence had occurred, we resampled and was out of our seven day period. The resample on the 8th indicated that we were back in compliance with 42 col/100mls.

There were no bypasses or overflow reports during the month of September 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 0911

Enclosures

cc: T. Singleton
R. Shaw
C. Roth

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)*

Form Approved.
OMB No. 2040-0004

KY0027416 — PERMIT NUMBER
001 1 — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO.	DAY		YEAR	MO.	DAY
FROM	11	07	01	TO	11	07	31

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

JEFFE

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	******	******	(19)	0	01/01	GR
	PERMIT REQUIREMENT	******	******	*** ****	INST MIN	******	******	MG/L			
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.0	******	7.2	(12)	0	01/01	GR
	PERMIT REQUIREMENT	******	******	*** ****	5 0 MINIMUM	******	9.0 MAXIMUM	SU			
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	10	14	(26)	******	12	15	(19)	0	01/07	CP
	PERMIT REQUIREMENT	30 51 30DA AVG	100 DAILY MX	LBS/DY	******	30 30DA AVG	60 DAILY MX	MG/L			
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.4	0.7	(26)	******	0.5	0.9	(19)	0	01/07	CP
	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	******	30DA AVG	DAILY MX	MG/L			
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	3.6	4.5	(19)	0	01/07	CP
	PERMIT REQUIREMENT	******	******	*** ****	******	REPORT 30DA AVG	REPORT DAILY MX	MG/L		MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.106	0.200	(03)	******	******	******		0	CN	CN
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	******	******	******	**** ****		UOUS	
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	<0.010	<0.010	(19)	0	01/01	GR
	PERMIT REQUIREMENT	******	******	*** ****	******	0.011 30DA AVG	0.017 DAILY MX	MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Exec Director	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 502	NUMBER 540-6000	YEAR 11	MO 10	DAY 18
H J Sisk, Jr.							
TYPED OR PRINTED							

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
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LOCATION LOUISVILLE KY 00000
ATTN: DENNIS THOMASSON, SR METRO OPS

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

Form Approved.
OMB No. 2040-0004

KY0027416 — PERMIT NUMBER
001 1 — DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR 17 MO. 07 DAY 01 TO YEAR 17 MO. 07 DAY 31

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

JEFFE

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PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	16	541	# /100ML	1	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	3	5	LBS/DY	******	4	5	MG/L	0	01/07	CP
	PERMIT REQUIREMENT	20 30DA AVG	51 DAILY MX			15 30DA AVG	30 DAILY MX				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Exec Director
H.J. Schadel 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 502, NUMBER 540.6000
DATE: YEAR 11, MO 10, DAY 18

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

McNeely Lake Report for **Sep-11** Tot. Exc.= 1 **Violation**

Tot. Flow=	3.168		Concentrations				Pounds		
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
9/1/11	0.087	6	3	0.9	541	4.353	2.177	0.653	2.93
9/2/11	0.086								
9/3/11	0.095								
9/4/11	0.099								
9/5/11	0.107								
9/6/11	0.094								
9/7/11	0.089								
9/8/11	0.098				42				
9/9/11	0.095	11	5	0.34	5	8.715	3.962	0.269	3.05
9/10/11	0.1								
9/11/11	0.107								
9/12/11	0.097								
9/13/11	0.09								
9/14/11	0.091								
9/15/11	0.095								
9/16/11	0.09	15	3	0.5	1	11.259	2.252	0.375	3.8
9/17/11	0.094								
9/18/11	0.108								
9/19/11	0.105								
9/20/11	0.104								
9/21/11	0.104								
9/22/11	0.097								
9/23/11	0.111	15	5	0.39	9	13.886	4.629	0.361	4.49
9/24/11	0.119								
9/25/11	0.122								
9/26/11	0.2								
9/27/11	0.153								
9/28/11	0.119								
9/29/11	0.113								
9/30/11	0.099								
Average	0.106	11.75	4.00	0.53	15.92	9.55	3.25	0.41	3.57
Maximum	0.200	15.00	5.00	0.90	541.00	13.89	4.63	0.65	4.49
Exceed.	0	0	0	0	1	0	0	0	