



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

November 12, 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 – October 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 October 2011.

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

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 Lake 1011

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 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)

KY0027416

PERMIT NUMBER

001 I

DISCHARGE NUMBER

MINOR

(SUBR LV)

7 - FINAL

SANITARY WASTEWATER

EFFLUENT

*** NO DISCHARGE ***

Form Approved
OMB No. 2040-0004

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	11	10	01		11	10	01

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			
OXYGEN, DISSOLVED (DD)		*****	*****		7	*****	*****	(17)	0	0/01	GR
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L			
PH		*****	*****		6.0	*****	7.0	(12)	0	0/01	GR
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	5U			
EFFLUENT GROSS VALUE		*****	*****		*****	*****	*****	(17)	0	0/07	CP
SOLIDS, TOTAL SUSPENDED		5	6	(25)	*****	6	8	(17)	0	0/07	CP
00530 1 0 0	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L			
EFFLUENT GROSS VALUE		0.4	0.5	(26)	*****	0.5	0.7	(27)	0	0/07	CP
NITROGEN, AMMONIA TOTAL (AS N)		*****	*****		*****	3.9	4.7	(17)	0	0/07	CP
00610 1 1 0	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L			
EFFLUENT GROSS VALUE		*****	*****		*****	*****	*****	(17)	0	0/07	CP
PHOSPHORUS, TOTAL (AS P)		*****	*****		*****	*****	*****	(17)	0	0/07	CP
00665 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L		MONTH	
EFFLUENT GROSS VALUE		0.096	0.131	(05)	*****	*****	*****	(17)	0	0/07	CP
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		*****	*****		*****	*****	*****	(17)	0	0/07	GR
50050 1 0 0	PERMIT REQUIREMENT	30DA AVG	INST MAX	MGD	*****	*****	*****	(17)	0	0/07	GR
EFFLUENT GROSS VALUE		*****	*****		*****	*****	*****	(17)	0	0/07	GR
CHLORINE, TOTAL RESIDUAL		*****	*****		*****	<0.010	<0.010	(17)	0	0/07	GR
30060 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	0.011	0.017	MG/L			
EFFLUENT GROSS VALUE		*****	*****	****	*****	30DA AVG	DAILY MX	MG/L			

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]

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
502	540-6000	11	11	12

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

AREA CODE	NUMBER	YEAR	MO	DAY

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 40000

ATTN: DENNIS THOMASSON, SR METRO OPS

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

KY0029416
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MINOR (SUVER LV)

F - FINAL

SANITARY WASTEWATER EFFLUENT

*** NO DISCHARGE 1 ***

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
11	10	01		11	10	01

NOTE: Read Instructions before completing this form.

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 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	3	3	(15)	0	1/07	GL
	PERMIT REQUIREMENT	*****	*****	***	*****	200	400	/			
BOD, CARBONACEOUS 5 DAY, ZOC 30082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	2	3	(25)	*****	3	4	(17)	0	1/07	GP
	PERMIT REQUIREMENT	25	51		*****	15	30				
		30DA AVG	DAILY MX	LBS/DY		30DA 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
Zacc Dir
H.J. Schardt - 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: 502-546-6000
DATE: 11/11/12
AREA CODE: 502 NUMBER: 546-6000 YEAR: 11 MO: 11 DAY: 12

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

