



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

October 17, 2012

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 2012.

Dear Ms. Cheryl 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 2012.

There were no exceedences, 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,

A handwritten signature in black ink, appearing to read "J. Kessel", written over a horizontal line.

John Kessel
Process Supervisor, West region

JMK/McNeely Lake 0912

Enclosures

cc: T. Singleton
R. Shaw



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

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

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

NAME: CEDAR CREEK WQTC

ADDRESS: 8405 CEDAR CREEK RD
LOUISVILLE, KY 40211

FACILITY: MCNEELY LAKE WQTC MSD

LOCATION: NEXT TO 10206 ROD & REEL LN
LOUISVILLE, KY 00000

ATTN: DENNIS THOMASSON, SR METRO OPS

KY0029416

PERMIT NUMBER

001-1

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 40211

MINOR

(SUBR LV) JEFFE
SANITARY WASTEWATER
External Outfall

MONITORING PERIOD

MM/DD/YYYY

FROM

09/01/2012

TO

MM/DD/YYYY

09/30/2012

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	*****		0	01/02	GR
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	7 INST MIN	*****	*****	mg/L		Weekly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6	*****	7		0	01/07	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	10	13		*****	12	16		0	01/07	CP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	51 30DA AVG	103 DAILY MX	lb/d	*****	30 30DA AVG	60 DAILY MX	mg/L		Weekly	COMPOS
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	0.6	1.0		*****	0.7	1.3		0	01/07	CP
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	7 30DA AVG	14 DAILY MX	lb/d	*****	4 30DA AVG	8 DAILY MX	mg/L		Weekly	COMPOS
Phosphorus, total (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	4.0	4.8		0	01/07	CP
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.095	0.042		*****	*****	*****	*****	0	02	CN
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. INST MAX	MGD	*****	*****	*****	*****		Continuous	CONTIN
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.010	<0.010		0	01/01	GR
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 30DA AVG	.019 DAILY MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Exec Dir

Greg Helzlsouer

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

502 540-6000

DATE

10/22/12

AREA Code

NUMBER

MM/DD/YYYY

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

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-00

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

NAME: CEDAR CREEK WQTC
 ADDRESS: 8405 CEDAR CREEK RD
 LOUISVILLE, KY 40211
 FACILITY: MCNEELY LAKE WQTC MSD
 LOCATION: NEXT TO 10206 ROD & REEL LN
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PERMIT NUMBER

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MINOR

(SUBR LV) JEFFE

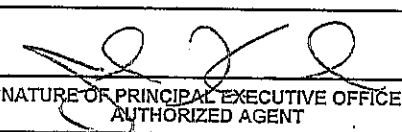
SANITARY WASTEWATER

External Outfall

No Discharge

MONITORING PERIOD			
MM/DD/YYYY			MM/DD/YYYY
09/01/2012		TO	09/30/2012

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	14	132		0	01/07	GR
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	200 30DA GEO	400 7 DA GEO	#/100mL		Weekly	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	4	5		*****	4	6		0	01/07	CP
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	26 30DA AVG	51 DAILY MX	lb/d	*****	15 30DA AVG	30 DAILY MX	mg/L		Weekly	COMPO

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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 ensure 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
Exec Dir Grace H. Heston TYPED OR PRINTED			502 540-6600	10/22/2012
			AREA Code	NUMBER
			MM/DD/YYYY	

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

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