



Louisville and Jefferson County Metropolitan Sewer District  
700 West Liberty Street  
Louisville Kentucky 40203-1911  
502-540-6000  
[www.msdlouky.org](http://www.msdlouky.org)

November 11, 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 – Oct 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 October 2012.

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 1012

Enclosures

cc: T. Singleton  
R. Shaw



*Beneficial Use of Louisville's Biosolids*  
[www.louisvillegreen.com](http://www.louisvillegreen.com)

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

Form Approved  
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

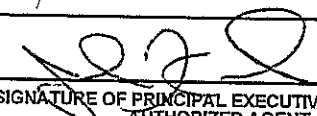
001-1  
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 40211  
MINOR (SUBR LV) JEFFE  
SANITARY WASTEWATER  
External Outfall

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 10/01/2012	TO 10/31/2012

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) 00300 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	*****		0	01/01	GR
	PERMIT REQUIREMENT	*****	*****	*****	7 INST MIN	*****	*****	mg/L		Weekly	GRAB
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	6	*****	7		0	01/01	GR
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	8	14		*****	10	14		0	01/07	CP
	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) 00610 1 1 Effluent Gross	SAMPLE MEASUREMENT	0.4	1		*****	0.4	1		0	01/07	CP
	PERMIT REQUIREMENT	7 30DA AVG	14 DAILY MX	lb/d	*****	4 30DA AVG	8 DAILY MX	mg/L		Weekly	COMPOS
Phosphorus, total (as P) 00665 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.8	4.3		0	01/07	CP
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMPOS
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.086	0.138		*****	*****	*****	*****	0	cn	cn
	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. INST MAX	MGD	*****	*****	*****	*****		Continuous	CONTIN
Chlorine, total residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.010	<0.010		0	01/01	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 30DA AVG	.019 DAILY MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Exec Dir Greg Hefner 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
			502 540-6000	11/21/2012

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

Parameter 00610 - Use Season 1 for summer months (May, June, July, August, September, and October) and Season 2 for winter months (November, December, January, February March, and April); enter NODI=9 for the Season not needed.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
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KY0029416	001-1
PERMIT NUMBER	DISCHARGE NUMBER

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MONITORING PERIOD			
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No Discharge

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal general 74055 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	8	17		0	01/07	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	200 30DA GEO	400 7 DA GEO	#/100mL		Weekly	GRAB
BOD, carbonaceous, 05 day, 20 C 80082 1 0 Effluent Gross	SAMPLE MEASUREMENT	4	8		*****	4	8		0	01/07	CP
	PERMIT REQUIREMENT	26 30DA AVG	51 DAILY MX	lb/d	*****	15 30DA AVG	30 DAILY MX	mg/L		Weekly	COMPOS

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>[Signature]</i>		AREA Code
		502-540-6000		11/21/2012

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