



MSD

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

July 25, 2007

Mr. Mike Mudd
Kentucky Division of Water
9116 Leesgate Rd
Louisville, Ky. 40222-5084

**Re: MSD Metro Operations
McNeely Lake WTP; KPDES No.: KY0029416
Discharge Monitoring Reports – June 2007**

Dear Mr. Mudd:

Attached is the Discharge Monitoring Reports (DMRs) for the McNeely Lake WTP, KPDES No.: KY0029416 for the month of June 2007.
If you have any questions concerning the attached DMRs, please contact me at (502)239-7695.

Sincerely,

James E. Porter
Process Supervisor - Operations

JEP/McNeely 0607

Enclosures

cc: K. Thurman (KDOW)
P. Burgin
R. Shaw
E. G. Brady
T. Singleton



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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
 NAME MCNEELY LAKE SUBD STP MSD
 ADDRESS 8405 CEDAR CREEK RD
 LOUISVILLE KY 40291

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

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

KY0027915	001
PERMIT NUMBER	DISCHARGE NUMBER

FACILITY MCNEELY LAKE SUBD STP MSD
 LOCATION LOUISVILLE KY
 ATTN: DEBBIE NEWTON

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

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 (DO) 00300 1 0 0 EFFLUENT GROSS VALUE					7.1				0	1/7	COND
	PERMIT REQUIREMENT				INST MIN			MG/L			
PH 00400 1 0 0 EFFLUENT GROSS VALUE					6.8		7.1		0	1/7	COND
	PERMIT REQUIREMENT				MINIMUM		MAXIMUM	SU			
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE		4.06	5.20			7.00	8.00		0	1/7	COND
	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 1 0 EFFLUENT GROSS VALUE		0.75	2.10			1.41	4.20		0	1/7	COND
	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						3.19	4.16		0	1/31	COND
	PERMIT REQUIREMENT					30DA AVG	DAILY MX	MG/L		MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE		0.070	0.098						0	1/7	COND
	PERMIT REQUIREMENT	30DA AVG	INST MAX	MGD						0009	
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE						20.010	20.010		0	1/7	COND
	PERMIT REQUIREMENT					30DA AVG	DAILY MX	MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER H.S. SCHARDSIM JR. EXECUTIVE DIRECTOR 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	YEAR	MO	DAY
			706	546000	7	4	23

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
 NAME: MONEELY LAKE SUBD STP MSD
 ADDRESS: 5405 CEDAR CREEK RD
 LOUISVILLE KY 40291
 FACILITY: MONEELY LAKE SUBD STP MSD
 LOCATION: LOUISVILLE KY
 ATTN: DEBBIE NEWTON

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

KY0029416
 PERMIT NUMBER
 001 1
 DISCHARGE NUMBER

MINOR
 (SUBR LV)
 T - FINAL
 SANITARY WASTEWATER
 EFFLUENT
 *** NO DISCHARGE ***

JEFF E

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
97	08	01	97	08	01

FROM TO

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						4.23	20.00			1/7	GDPE
74055 1 0 0 EFFLUENT GROSS VALUE						30DA GED	7 DA GED	100ML			
000, CARBONATED 05 DAY, 20C		1.66	2.60			2.75	4.00			1/7	COMP
00082 1 0 0 EFFLUENT GROSS VALUE				LBS/DY		30DA AVG	DAILY MX	MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 H. S. ...
 EXECUTIVE DIRECTOR
 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.

James E. ...
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 502 540-6000
 DATE: 7 9 23
 AREA CODE: 502
 NUMBER: 540-6000
 YEAR: 7
 MO: 9
 DAY: 23

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