



MSD

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

February 26, 2008

Ms. Kathy Thurman
Kentucky Division of Water
14 Reilly Road
Frankfort, Kentucky 40601

**Re: MSD Metro Operations
McNeely Lake WTP; KPDES No.: KY0029416
Discharge Monitoring Reports – January 2008.**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the McNeely Lake WTP, KPDES No.: KY0029416 for the month of January 2008.
If you have any questions concerning the attached DMRs, please contact me at (502)540-6031.

Sincerely,

Kevin D. Ries
Process Supervisor West Operations

KDR/McNeely 0108.dic

Enclosures

cc: P. Burgin
T. Singleton
R. Shaw



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



MSD

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

February 26, 2008

Mr. Charlie Roth
Kentucky Division of Water
9116 Leesgate Rd
Louisville, Ky. 40222-5084

**Re: MSD Metro Operations
McNeely Lake WTP; KPDES No.: KY0029416
Discharge Monitoring Reports –January 2008.**

Dear Mr. Roth:

Attached is the Discharge Monitoring Reports (DMRs) for the McNeely Lake WTP, KPDES No.: KY0029416 for the month of January 2008.
If you have any questions concerning the attached DMRs, please contact me at (502)540-6031.

Sincerely,

Kevin D. Ries
Process Supervisor West Operations

KDR/McNeely 0108.doc

Enclosures

cc: P. Burgin
T. Singleton
R. Shaw



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

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
 NAME MCNEELY LAKE SUBD STP MSD
 ADDRESS C/O CEDAR CREEK STP
 8405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY MCNEELY LAKE SUBD STP MSD
 LOCATION LOUISVILLE KY
 ATTN: DENNIS THOMASSON, SR METRO OPS

00029416
 PERMIT NUMBER

0011
 DISCHARGE NUMBER

MINOR
 (SUBR LV)
 F - FINAL
 SANITARY WASTEWATER
 EFFLUENT

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	01	01	TO	08	01	31

*** NO DISCHARGE [] ***

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	*****	*****		7.0	*****	*****	(19)		01/07	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		WEEKLY	GRAB
PH	00400 1 0 0	*****	*****		6.5	*****	6.7	(12)		01/07	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	00530 1 0 0	4.1	5.4	(26)	*****	7.2	13.0	(19)		01/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	51 30DA AVG	103 DAILY MX	LBS/DY	*****	30 30DA AVG	60 DAILY MX	MG/L		WEEKLY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	00610 1 2 0	1.3	2.6	(26)	*****	2.1	4.4	(19)		01/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	17 30DA AVG	34 DAILY MX	LBS/DY	*****	10 30DA AVG	20 DAILY MX	MG/L		WEEKLY	COMPOS
PHOSPHORUS, TOTAL (AS P)	00665 1 0 0	*****	*****		*****	1.7	3.2	(19)		01/31	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT 30DA AVG	REPORT DAILY MX	MG/L		ONCE/MONTH	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	00050 1 0 0	0.050	0.189	(03)	*****	*****	*****	****		CN	CN
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	*****	*****	*****	****		CONTIN	CONTIN
CHLORINE, TOTAL RESIDUAL	00060 1 0 0	*****	*****		*****	<0.010	<0.010	(19)		01/07	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.011 30DA AVG	0.019 DAILY MX	MG/L		WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 H.J. Schardein
 Exec. 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
 Ken D. Rose

TELEPHONE 512 540-6000
 DATE 08 02 25
 AREA CODE NUMBER YEAR MO DAY

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

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME MCNEELY LAKE SUBD STP MSD
ADDRESS C/O CEDAR CREEK STP
8405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY MCNEELY LAKE SUBD STP MSD
LOCATION LOUISVILLE KY
ATTN: DENNIS THOMASSON, SR METRO OPS

KY0029414
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MINOR
(SUBR LV)
F - FINAL

JEPFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	01	01		08	01	31

SANITARY WASTEWATER
EFFLUENT

*** NO DISCHARGE 1 ***

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			
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	10.1	60	(13)		01/07	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	200	400 #/			WEEKLY	GRAB
ROD. CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE		2.3	2.8	(26)	*****	3.8	6	(17)		01/07	CP
	PERMIT REQUIREMENT	26	51		*****	15	30			WEEKLY	COMPOS
		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
H.J. Schardein
Exec. 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.

Kenneth D. Reed
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 562-540-6000
DATE 08 02 25
AREA CODE NUMBER YEAR MO DAY

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