



MSD

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

April 20, 2009

Ms. Carolena Bentley
Kentucky Division of Water
200 Fair Oaks Lane
Frankfort, Kentucky 40601

**Re: MSD Metro Operations
McNeely Lake WTP; KPDES No.: KY0029416
Discharge Monitoring Reports – March 2009.**

Dear Ms. Bentley:

Attached are the Discharge Monitoring Reports (DMRs) and the Monthly Operating Report (MOR) for the McNeely Lake WTP, KPDES No.: KY0029416 for the month of March 2009.

Also included are the March Discharge report and a bypass letter.

If you have any questions concerning the attached DMRs, please contact me at (502)540-6031.

Sincerely,

John Kessel
Process Supervisor West Operations

JMK/McNeely 0309

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 MONEELY LAKE SUBD STP MSD

ADDRESS C/O CEDAR CREEK STP

6405 CEDAR CREEK RD

LOUISVILLE

KY 40211

FACILITY MONEELY LAKE SUBD STP MSD

LOCATION LOUISVILLE

KY

ATTN: DENNIS THOMASSON, SR METRO OPS

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

KY0029416

PERMIT NUMBER

001 1

DISCHARGE NUMBER

MINOR

(SUBR LV)

F - FINAL

SANITARY WASTEWATER

EFFLUENT

*** NO DISCHARGE 1 1 ***

NOTE: Read Instructions before completing this form.

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	05	31		07	05	31

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)	*****	*****	*****	*****	7	*****	*****	(19)	0	1/2	GR
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	7	*****	*****	MG/L			WEEKLY GRAB
EFFLUENT GROSS VALUE	*****	*****	*****	*****	INST MIN	*****	*****	MG/L			
PH	*****	*****	*****	*****	6.7	*****	*****	(12)	0	1/2	GR
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0	EU			WEEKLY GRAB
EFFLUENT GROSS VALUE	*****	*****	*****	*****	MINIMUM	*****	MAXIMUM	EU			
SOLIDS, TOTAL SUSPENDED	*****	*****	*****	(25)	*****	*****	*****	(19)	0	1/2	CP
00530 1 0 0	PERMIT REQUIREMENT	51	103	LBS/DY	*****	30	60	MG/L			WEEKLY COMPOS
EFFLUENT GROSS VALUE	*****	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L			
NITROGEN, AMMONIA TOTAL (AS N)	*****	*****	*****	(25)	*****	*****	*****	(19)	0	1/2	CP
00610 1 2 0	PERMIT REQUIREMENT	17	34	LBS/DY	*****	10	20	MG/L			WEEKLY COMPOS
EFFLUENT GROSS VALUE	*****	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L			
PHOSPHORUS, TOTAL (AS P)	*****	*****	*****	*****	*****	*****	*****	(19)	0	1/2	CP
00665 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L			ONCE / COMPOS MONTH
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	30DA AVG	DAILY MX	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	*****	*****	*****	(03)	*****	*****	*****	*****	0	1/2	CP
00050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	****			CONTINUOUS
EFFLUENT GROSS VALUE	*****	30DA AVG	INST MAX	MGD	*****	*****	*****	****			
CHLORINE, TOTAL RESIDUAL	*****	*****	*****	*****	*****	*****	*****	(19)	0	1/2	GR
00060 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	0.011	0.019	MG/L			WEEKLY GRAB
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	30DA AVG	DAILY MX	MG/L			

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 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.

Exec Dir

H T Schell Jr

TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

AREA CODE

NUMBER

YEAR

MO

DAY

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

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**

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

KY0029418
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	01	01		07	03	31

MINOR
(SUBR LV)
F - FINAL

SANITARY WASTEWATER
EFFLUENT

*** NO DISCHARGE 1/1/07 ***

NOTE: Read Instructions before completing this form.

JEFF

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		*****	*****		*****	1.0	1.0	(18)	0	1/7	GR
74055 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	200	400	*/		WEEKLY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C		9.0	16	(26)	*****	12	22	(17)	0	1/7	CP
80082 1 0 0 EFFLUENT GROSS VALUE		26	51		*****	15	30			WEEKLY	COMPL
		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Exec Dir
H. J. Schaefer 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 **502 546-6000** DATE **09 04 07**
AREA CODE NUMBER YEAR MO DAY

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



Report Selections: Excluding PPI, CSO, Result: WUS, Act Code: DISDW, DISREV, DISSUS

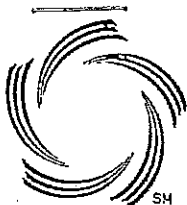
KPDES # KY0029416	Facility ID MSD0228	Treatment Plant Name MCNEELY LAKE		Receiving Stream of Treatment Plant PENNSYLVANIA RUN	Region WEST					
Facility Type SPL Sewer Treatment Plant	Facility ID MSD0228	Facility Address 10300 ROD N REEL RD	If Pump Station, Name of Pump Station:	Receiving Stream PENNSYLVANIA RUN	Discharge to STREAM					
<u>Activity Code / Description</u> DISOW: DRY WEATHER DISCHARGE	<u>WO #</u> 889653	<u>Initiated</u> 03/30/09 10:00 AM	<u>Initiated By</u> SINGLETON	<u>Assigned To</u> KUSTES	<u>Disch Status</u> REPAIRED - ISSUE RESOLVED	<u>Event Date</u> 03/30/09	<u>Problem</u> BYPASS AT TREATMENT PLANT	<u>Result</u> UNAUTHORIZED DISCHARGE - WATERS	<u>Completed</u> 03/30/09 02:40 PM	<u>Condition</u>

Spot Inspections:

Discharge Amount: 30,300 GAL
Cause: HAD TO BYPASS SECONDARY CLARIFIER FOR MAINENANCE INSPECTION OF COLLECTION ARM. WATER IS STILL RECEIVING DISINFECTION (CL2 & SO2)
Clean Up: NO DEBRIS
Control Zone: TEMPORARY SIGNS POSTED AROUND THE AFFECTED AREA
Impact: NO IMPACT OBSERVED
Repair: MAINTENANCE INSPECTION COMPLETED

Notifications:

03/30/09 10:00 AM DISPUB Temporary signs placed around the affected area
03/30/09 01:00 AM DISNOT Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
03/30/09 01:00 AM DISSNO Supplemental Email notification of unauthorized discharge has been sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov



MSD

Louisville and Jefferson County Metropolitan Sewer District
700 West Liberty Street
Louisville Kentucky 40203-1911
502-540-6000
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March 31, 2009

Mr. Charlie Roth, District Supervisor
KY Division of Water
Louisville Regional Office
9116 Leesgate Road
Louisville, KY 40222-5084

Re: Bypass Report for the McNeely Lake Treatment Plant -- KPDES Permit KY0029416

Dear Mr. Roth:

This plant experienced a bypass event and has been reported through our electronic notification system at approximately 01:00 PM on March 30, 2009, referencing Work Order 889653 as a bypass. This letter serves as a written report of the bypass as required by 401 KAR 5:065.

Provided below are the details of the bypass event:

- Description of the noncompliance and its cause: Bypassed secondary clarifier for maintenance inspection. Inspection was needed due to clarifier bulking. We found that the return sludge line was partially plugged with debris, and the rubber strips on the clarifier need to be replaced. All effluent that was bypassed received complete disinfection with chlorine and dechlorination with sulfur dioxide.
- Period of noncompliance: Starting 10:00 AM on March 30, 2009 and stopping 2:40 PM on March 30, 2009.
- Steps taken or planned to reduce, eliminate and prevent recurrence: An additional outage will have to be rescheduled to replace the worn and damaged parts on the collector arm. Proper notification and approval will be requested prior to scheduling the work. This preventative maintenance should reduce or eliminate the issues with the clarifier.

Please advise if you have any questions concerning this information. You can contact me on my office telephone at (502)-540-6031, my cell phone at (502)-648-5984 or via email at Kessel@msdlouky.org.

Sincerely,

John Kessel
Process Supervisor-Operations

cc: Gary Levy, KDEP
Paula Purifoy, MSD
eB File

