



MSD

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

August 23, 2007

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

**Re: MSD Metro Operations
Ken Carla WTP; KPDES No.: KY0022497
Discharge Monitoring Reports – July 2007**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Ken Carla WTP; KPDES No.: KY0022497 for the month of July 2007.

If you have any questions concerning the attached DMRs, please contact me at (502)241-9093.

Sincerely,

John Kessel
Process Supervisor, East Region

JMK/Ken Carla 0707

Enclosures

cc: M. Mudd (DOW Louisville)
E. Brady
T. Singleton
P. Burgin
R. Shaw



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

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

NAME KEN CARLA STP MSD
ADDRESS C/O CEDAR CREEK STP
8405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY KEN CARLA STP MSD
LOCATION LOUISVILLE KY
ATTN: DENNIS THOMASSON

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

KY0022497
PERMIT NUMBER
001 1
DISCHARGE NUMBER

MINOR
(SUBR LV)
F - FINAL
SANITARY WASTEWATER
EFFLUENT

JEFFE

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

*** 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	*****	*****		7.7	*****	*****	(17)	0	1/31	G.b
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		MONTH	
BOD, 5-DAY (20 DEG. C)	00310 1 0 0	0.03	0.03	(26)	*****	1.0	1.0	(19)	0	1/31	G.p
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30	30	MG/L		MONTH	
PH	00400 1 0 0	*****	*****		6.8	*****	6.8	(12)	0	1/31	G.b
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	SU		MONTH	
SOLIDS, TOTAL SUSPENDED	00530 1 0 0	0.43	0.13	(26)	*****	17.0	17.0	(19)	0	1/31	G.p
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30	30	MG/L		MONTH	
NITROGEN, AMMONIA TOTAL (AS N)	00610 1 0 0	0.01	0.01	(26)	*****	0.45	0.45	(19)	0	1/31	G.p
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	20	40	MG/L		MONTH	
PHOSPHORUS, TOTAL (AS P)	00665 1 0 0	*****	*****		*****	4.54	4.54	(19)	0	1/31	G.p
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L		MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	90050 1 0 0	0.002	0.005	(03)	*****	*****	*****	*****	0	5/7	Inst
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	*****		DAYS	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER H.S. Schaefer Exec. Director	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
TYPED OR PRINTED			500	241 9093	07	07	21

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

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SANITARY WASTEWATER
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*** NO DISCHARGE [] ***

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

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 74055 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	1.0	1.0	13	0	1/31	Grab
		*****	*****	****	*****	200	400	#/		MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H.J. Schankin
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

TELEPHONE
241 9093
AREA CODE NUMBER
DATE
07 09 21
YEAR MO DAY

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