



**MSD**

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

October 25, 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 – September 2007**

Dear Ms. Thurman:

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

We had a exception on TSS that was due to the plant being upset. We had to reseed the aeration basin and the plant had not fully recovered before we sampled.

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 0907

Enclosures

cc. C. Roth (DOW)  
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)

KY0022477  
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	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DO)		*****	*****		7.7	*****	*****	( 17 )	0	1/30	Grab
00300 1 0 0 EFFLUENT GROSS VALUE 300, 5-DAY		*****	*****	****	INST MIN	*****	*****	MG/L		MONTH	
(20 DEG. C)		0.20	0.20	( LB )	*****	12.0	12.0	( 17 )	0	1/30	Comp
00310 1 0 0 EFFLUENT GROSS VALUE 300, 5-DAY		2.50	5.00		*****	30	60	MG/L		MONTH	
(20 DEG. C)		30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L		MONTH	
00400 1 0 0 EFFLUENT GROSS VALUE 300, 5-DAY		*****	*****		6.7	*****	6.7	( 12 )	0	1/30	Grab
(20 DEG. C)		*****	*****	****	6.0	*****	9.0	SU		MONTH	
00530 1 0 0 EFFLUENT GROSS VALUE 300, 5-DAY		*****	*****		*****	55.0	55.0	( 17 )	1	1/30	Comp
(20 DEG. C)		2.50	5.00		*****	30	60	MG/L		MONTH	
00610 1 0 0 EFFLUENT GROSS VALUE 300, 5-DAY		30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L		MONTH	
(20 DEG. C)		0.007	0.007	( LB )	*****	0.40	0.40	( 17 )	0	1/30	Comp
00650 1 0 0 EFFLUENT GROSS VALUE 300, 5-DAY		1.57	3.34		*****	20	40	MG/L		MONTH	
(20 DEG. C)		30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L		MONTH	
00665 1 0 0 EFFLUENT GROSS VALUE 300, 5-DAY		*****	*****		*****	4.20	4.20	( 17 )	0	1/30	Comp
(20 DEG. C)		*****	*****	****	*****	REPORT	REPORT	MG/L		MONTH	
00050 1 0 0 EFFLUENT GROSS VALUE 300, 5-DAY		*****	*****	****	*****	30DA AVG	DAILY MX	MG/L		MONTH	
(20 DEG. C)		0.003	0.004	( LB )	*****	*****	*****	MG/L		MONTH	
00050 1 0 0 EFFLUENT GROSS VALUE 300, 5-DAY		REPORT	REPORT		*****	*****	*****	MG/L		MONTH	
(20 DEG. C)		30DA AVG	INST MAX	MGD	*****	*****	*****	MG/L		MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
Exec Director  
H.J. Schaefer  
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

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

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

NAME KEN CARLA STP MSD  
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 PERMIT NUMBER

001 1  
 DISCHARGE NUMBER

MINOR (SUBR LV)  
 F - FINAL  
 SANITARY WASTEWATER EFFLUENT  
 \*\*\* NO DISCHARGE 1 \*\*\*

Form Approved.  
 OMB No. 2040-0004

JEFFE

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			
COLIFORM, FECAL GENERAL		*****	*****		*****	1.0	1.0	(10)	0	1/30	Grab
74055 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	300	400	100ML		ONCE / MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Exec Director  
 HJ Schandrin  
 TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 500 241-9093  
 DATE: 07 10 03  
 AREA CODE: 500  
 NUMBER: 241-9093  
 YEAR: 07  
 MO: 10  
 DAY: 03

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