



MSD

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

January 24, 2008

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 – December 2007.**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Ken Carla WTP; KPDES No.: KY0022497 for the month of December 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 12/07

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

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

Form Approved
 OMB No. 2040-0004

ADDRESS

PERMIT NUMBER

DISCHARGE NUMBER

FACILITY LOCATION

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	12	01		07	12	31

MINOR
 (SUBR LV)
 F - FINAL

SANITARY WASTEWATER
 EFFLUENT

*** 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			
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		8.8	*****	*****	(17)	0	1/31	Grab
	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		ONCE/MONTH	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.50	0.50	(26)	*****	10.0	10.0	(19)	0	1/31	Comp
	PERMIT REQUIREMENT	2.50 30DA AVG	5.00 DAILY MX	MS/DY	*****	30 30DA AVG	60 DAILY MX	MG/L		ONCE/MONTH	COMPOS
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.7	*****	6.7	(12)	0	1/31	Grab
	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	5U		ONCE/MONTH	GRAB
SUSPENDED EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.85	0.85	(26)	*****	10.0	10.0	(19)	0	1/31	Comp
	PERMIT REQUIREMENT	2.50 30DA AVG	5.00 DAILY MX	LB/DY	*****	30 30DA AVG	60 DAILY MX	MG/L		ONCE/MONTH	COMPOS
TOTAL (AS P) EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.05	0.05	(36)	*****	1.01	1.01	(19)	0	1/31	Comp
	PERMIT REQUIREMENT	1.67 30DA AVG	3.34 DAILY MX	LB/DY	*****	20 30DA AVG	40 DAILY MX	MG/L		ONCE/MONTH	COMPOS
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	3.94	3.94	(19)	0	1/31	Comp
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT 30DA AVG	REPORT DAILY MX	MG/L		ONCE/MONTH	COMPOS
THRU TREATMENT PLANT EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.004	0.008	(03)	*****	*****	*****	****	0	3/7	Inst
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGU	*****	*****	*****	****		WEEK-DAYS	INSTAN

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Exec Director H.J. Scherdel 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
			508	241-9093	08	01	22

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

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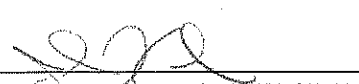
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	12	01		07	12	31

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
GENERAL EFFLUENT GROSS VALUE		*****	*****		*****	1.0	1.0	(1B)	0	1/31	Grab
		*****	*****	****	*****	200	400	*/		ONCE/	GRAB
						30 DA GEO	7 DA GEO	100ML		MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Exec Director HHS. Scholten 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		
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