



MSD

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

June 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 – May 2008**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Ken Carla WTP; KPDES No.: KY0022497 for the month of May 2008.

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 0508

Enclosures

cc. C. Roth (DOW)
T. Singleton
P. Burgin
R. Shaw



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

NAME: KEN CARLA
ADDRESS: C/O CEDAR CREEK BTP
8405 CEDAR CREEK RD
LOUISVILLE
CITY: KEN CARLA BTP W&O
LOCATION: LOUISVILLE
ATTN: DENNIS TADWAGON - SR METRO OPS

AY0022497
PERMIT NUMBER

0011
DISCHARGE NUMBER

MINOR
NUMBER (M)
FINAL
DAILY WASTEWATER
EFFLUENT
NO DISCHARGE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
00	05	31		00	05	31

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDIFIED FOCAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	/	/			1/2	
EFFLUENT CROSS VALLE	PERMIT REQUIREMENT	*****	*****	****	*****	200A SEC	400 SEC	100PHL		ONCE MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Dennis Tadwagon
SR METRO OPS
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
[Signature]

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
	301-9013	00	00	00

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