



**MSD**

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

February 25, 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 – January 2008**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Ken Carla WTP; KPDES No.: KY0022497 for the month of January 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 0108

Enclosures

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



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

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

MINOR  
(SUBR LV)  
F - FINAL

USE PRE

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**  
CITY **LOUISVILLE**  
STATE **KY**  
ATTN **DENNIS THOMASSON, SR METRO OPS**

**KY0002497**  
PERMIT NUMBER

**001 1**  
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	01	01		08	01	31

FROM

SANITARY WASTEWATER  
EFFLUENT

\*\*\* 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)		*****	*****		7.9	*****	*****	( 19 )	0	1/2	C-b
00000 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	INST. MIN	*****	*****	MG/L		ONCE / MONTH	GRAB
BOD, 5-DAY (20 DEG. C)		0.07	0.07	( 26 )	*****	4.0	4.0	( 19 )	0	1/2	Comp
00010 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.50 30DA AVG	5.00 DAILY MX	LBS/DY	*****	30	60	MG/L		ONCE / MONTH	COMPL
PH		*****	*****		6.9	*****	6.9	( 12 )	0	1/2	C-b
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	5.0 MINIMUM	*****	7.0 MAXIMUM	PH		ONCE / MONTH	GRAB
SOLIDS, TOTAL SUSPENDED		0.32	0.32	( 26 )	*****	19.0	19.0	( 17 )	0	1/2	Comp
00500 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.50 30DA AVG	5.00 DAILY MX	LBS/DY	*****	30	60	MG/L		ONCE / MONTH	COMPL
NITROGEN, AMMONIA TOTAL (AS N)		0.003	0.003	( 26 )	*****	0.17	0.17	( 19 )	0	1/2	Comp
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.07 30DA AVG	3.34 DAILY MX	LBS/DY	*****	20	40	MG/L		ONCE / MONTH	COMPL
PHOSPHORUS, TOTAL (AS P)		*****	*****		*****	3.36	3.36	( 17 )	0	1/2	Comp
00650 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT 30DA AVG	REPORT DAILY MX	MG/L		ONCE / MONTH	COMPL
FLOW, IN CONDUIT OR HRU TREATMENT PLANT		0.002	0.005	( 03 )	*****	*****	*****		0	3/4	Inst
00030 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	*****	*****	*****	***		YEAR / DAYS	INST

No. 7677  
10:50AM  
5. 2008  
Mar. 5

Received time Mar. 5. 10:52AM

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
**Exec Director**  
**H.T. Salsdale**  
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
360 241-5893	08	02	01

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
 NAME KEN CARLA STP MSD

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

Form Approved.  
 OMB No. 2040-0004

ADDRESS C/O CEDAR CREEK STP  
 8405 CEDAR CREEK RD  
 LOUISVILLE KY 40211

KY0022497  
 PERMIT NUMBER

001 1  
 DISCHARGE NUMBER

MINOR  
 (SUBR LV)  
 F - FINAL

JEFFE

FACILITY KEN CARLA STP MSD  
 LOCATION LOUISVILLE KY  
 ATTN: DENNIS THOMASSON, SR METRO OPS

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	01	01		08	01	31

SANITARY WASTEWATER  
 EFFLUENT

\*\*\* NO DISCHARGE 1  \*\*\*

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		*****	*****		*****	1.0	1.0	(13)	0	1/31	Grab
74055 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	200	400	*/		ONCE /	GRAB
						30DA GED	7 DA GED	100ML		MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Exec Director  
 H.J. Schindler  
 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 502 241-9093  
 DATE 08 02 21  
 AREA CODE NUMBER YEAR MO DAY

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