



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

August 24, 2009

Ms. Carolena Bentley  
DMR Coordinator  
200 Fair Oaks Lane  
Frankfort, Kentucky 40601

**Re: MSD Metro Operations  
Ken Carla WTP; KPDES No.: KY0022497  
Discharge Monitoring Reports –July 2009**

Dear Ms. Bentley

Attached is the Discharge Monitoring Reports (DMRs) and the Monthly Operator Report (MOR) for the Ken Carla WTP; KPDES No.: KY0022497 for the month of July 2009.

If you have any questions concerning the attached DMRs, please contact me at (502)587-5856.

Sincerely,

A handwritten signature in black ink, appearing to read "D.J. Rheinlaender", is written over a large, stylized, circular graphic element that resembles a signature or a logo.

D.J. Rheinlaender  
Process Supervisor, East Region

DJR/Ken Carla 0709

Enclosures

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



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

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

NAME **KEN CARLA WQTC MSD**  
 ADDRESS **C/O CEDAR CREEK WQTC**  
**8405 CEDAR CREEK RD**  
**LOUISVILLE KY 40211**  
 FACILITY **KEN CARLA WQTC MSD**  
 LOCATION **LOUISVILLE KY**  
 ATTN: **DENNIS THOMASSON, SR METRO OPS**

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

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

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)		*****	*****		8	*****	*****	( 19)		1/31	GR
00300 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	2 INST MIN	*****	*****	MG/L		ONCE / MONTH	GRAS
BOD, 5-DAY (20 DES. C)		0.08	0.08	( 25)	*****	3	3	( 19)		1/31	CP
00310 1 0 0 EFFLUENT GROSS VALUE		2.50	5.00		*****	30	60	MG/L		ONCE / MONTH	COMPOS
PH		*****	*****		6.7	*****	*****	( 12)		1/31	CP
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	4.0 MINIMUM	*****	9.0 MAXIMUM	5U		ONCE / MONTH	GRAS
SOLIDS, TOTAL SUSPENDED		0.13	0.13	( 25)	*****	5	5	( 19)		1/31	CP
00500 1 0 0 EFFLUENT GROSS VALUE		2.50	5.00		*****	30	60	MG/L		ONCE / MONTH	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)		50.00	40.00	( 25)	*****	0.1	0.1	( 19)		1/31	CP
00610 1 0 0 EFFLUENT GROSS VALUE		1.57	3.34		*****	20	40	MG/L		ONCE / MONTH	COMPOS
PHOSPHORUS, TOTAL (AS P)		*****	*****		*****	0.30	0.30	( 19)		1/31	CP
00665 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	REPORT	REPORT	MG/L		ONCE / MONTH	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.003	0.008	( 03)	*****	*****	*****			ON	ON
00050 1 0 0 EFFLUENT GROSS VALUE		REPORT	REPORT		*****	*****	*****	****		WEEK	INSTAN
		GODA AVG	INST MAX	MGD						DAYS	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
*Exec. Dir*  
*H. J. Schaefer, Jr*  
 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]*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
502	541-544	09	08	17

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

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

MINOR  
(SUBR LV)  
F - FINAL

JEFFE

SANITARY WASTEWATER  
EFFLUENT

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

NOTE: Read Instructions before completing this form.

KY0022497  
PERMIT NUMBER

001 1  
DISCHARGE NUMBER

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

FROM

TO

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

NAME: KEN CARLA WQTC MSD  
ADDRESS: C/O CEDAR CREEK WQTC  
5405 CEDAR CREEK RD  
LOUISVILLE KY 40211  
FACILITY: KEN CARLA WQTC MSD  
LOCATION: LOUISVILLE KY  
ATTN: DENNIS THOMASSON, SR METRO OPS

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		*****	*****		*****			(13)	0	1/31	GR
74055 1 C 0 EFFLUENT BOD5 VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	*/		ONCE /	GRAB
	PERMIT REQUIREMENT					300A GED	7 DA GED	100ML		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  
*Exec. Dir*  
*H. J. Sharden Jr*  
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 502 546 6600  
DATE: 09 28 17  
AREA CODE: 502 NUMBER: 546 6600 YEAR: 09 MO: 08 DAY: 17

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

Ken Carla		Report for	Jul-09			Tot. Exc.=	0			
Tot. Flow=	0.105	Concentrations		Pounds						
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.	
7/1/09	0.003	5	3	0.055	1	0.125	0.075	0.001	0.324	
7/2/09	0.003									
7/3/09	0.003									
7/4/09	0.003									
7/5/09	0.003									
7/6/09	0.003									
7/7/09	0.004									
7/8/09	0.001									
7/9/09	0.002									
7/10/09	0.002									
7/11/09	0.002									
7/12/09	0.002									
7/13/09	0.002									
7/14/09	0.003									
7/15/09	0.003									
7/16/09	0.003									
7/17/09	0.001									
7/18/09	0.004									
7/19/09	0.003									
7/20/09	0.003									
7/21/09	0.004									
7/22/09	0.005									
7/23/09	0.004									
7/24/09	0.004									
7/25/09	0.004									
7/26/09	0.004									
7/27/09	0.004									
7/28/09	0.004									
7/29/09	0.008									
7/30/09	0.005									
7/31/09	0.006									
Average	0.003	5.00	3.00	0.06	1.00	0.13	0.08	0.00	0.32	
Maximum	0.008	5.00	3.00	0.06	1.00	0.13	0.08	0.00	0.32	
Exceed.	0	0	0	0	0	0	0	0		

KEN CARLA STP MSI  
C/O ERIC G. BRADY  
4522 ALGONQUIN PA  
LOUISVILLE KY  
KEN CARLA STP MSI  
LOUISVILLE KY  
ATTN: H. J. SCHARDI

OXYGEN, DISSOLVEI  
(DO)  
00300 1 0 0  
EFFLUENT GROSS V  
BOD, 5-DAY  
(20 DEG. C)  
00310 1 0 0  
EFFLUENT GROSS V  
PH

00400 1 0 0  
EFFLUENT GROSS V  
SOLIDS, TOTAL  
SUSPENDED  
00530 1 0 0  
EFFLUENT GROSS V  
NITROGEN, AMMONI.  
TOTAL (AS N)  
00610 1 0 0  
EFFLUENT GROSS V  
PHOSPHORUS, TOT/  
(AS P)  
00665 1 0 0  
EFFLUENT GROSS V  
FLOW, IN CONDUIT C  
THRU TREATMENT P  
50050 1 0 0  
EFFLUENT GROSS V  
COLIFORM, FECAL