



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

December 15, 2009

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

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

Dear Ms. Bentley

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

There are no exceedences, overflow reports or Bypass reports for this month.

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". The signature is fluid and cursive, with a large initial "D" and "R".

D.J.Rheinlaender
Process Supervisor, East Region

DJR/Ken Carla 1109

Enclosures

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



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

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

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

NAME **KEN CARLA WOTC MSD**
ADDRESS **C/O CEDAR CREEK WOTC**
6905 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY **KEN CARLA WOTC MSD**
LOCATION **LOUISVILLE KY**
ATTN: **DENNIS THOMASSEN, SR METRO OPS**

KY0022447
PERMIT NUMBER

001 1
DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
09	11	01		09	11	30

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)	*****	*****	*****	*****	9	*****	*****	(19)	0	1/30	GR
00300 C O	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		ONCE / MONTH	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.08	0.08	(25)	*****	3	3	(17)	0	1/30	CP
00310 C O	PERMIT REQUIREMENT	2.50	5.00	LBS/DY	*****	30	50	MG/L		ONCE / MONTH	COMPOS
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L		ONCE / MONTH	COMPOS
PH	PERMIT REQUIREMENT	*****	*****	****	*****	6.1	6.1	(12)	0	1/30	GR
00300 I C O	SAMPLE MEASUREMENT	*****	*****	****	*****	6.0	7.0	SU		ONCE / MONTH	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	SU		ONCE / MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	0.20	0.20	(25)	*****	8	8	(17)	0	1/30	CP
00500 I C O	PERMIT REQUIREMENT	2.50	5.00	LBS/DY	*****	30	50	MG/L		ONCE / MONTH	COMPOS
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L		ONCE / MONTH	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	PERMIT REQUIREMENT	*****	*****	****	*****	0.1	0.1	(17)	0	1/30	CP
00810 I C O	SAMPLE MEASUREMENT	0.001	0.001	(25)	*****	*****	*****	MG/L		ONCE / MONTH	COMPOS
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.57	3.34	LBS/DY	*****	20	40	MG/L		ONCE / MONTH	COMPOS
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****	****	*****	0.48	1.44	(17)	0	2/30	CP
00665 I C O	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L		ONCE / MONTH	COMPOS
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	30DA AVG	DAILY MX	MG/L		ONCE / MONTH	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	MG/L		ONCE / MONTH	COMPOS
00050 C O	SAMPLE MEASUREMENT	0.004	0.013	(03)	*****	*****	*****	MG/L		ONCE / MONTH	COMPOS
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	MG/L		ONCE / MONTH	COMPOS
	PERMIT REQUIREMENT	30DA AVG	INST MAX	MGD	*****	*****	*****	MG/L		ONCE / MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>exec. Dir</i> <i>H. J. Schauder, Sr.</i> 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
			502	546 4400	09	12	15

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

NAME **KEN CARLA WQTC MSD**
ADDRESS **C/O CEDAR CREEK WQTC**
1405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY **KEN CARLA WQTC MSD**
LOCATION **LOUISVILLE KY**
ATTN: **DENNIS THOMASSON, SR METRO OPS**

KY00022497	001 1					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	11	01		07	11	01

MINOR
(SUBR LV)
F - FINAL
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			
GENERAL EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	200	400	100ML	1	1/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	300	700	100ML		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
Exec. Dir
H. J. Schneider
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		
502	546 600	09	12	15
AREA CODE	NUMBER	YEAR	MO	DAY

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

Ken Carla		Report for	Nov-09		Tot. Exc.=		0			
Tot. Flow=	0.128133		Concentrations				Pounds			
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.	
11/1/09	0.008									
11/2/09	0.006									
11/3/09	0.003	8	3	0.055	1	0.200	0.075	0.001	1.44	
11/4/09	0.004									
11/5/09	0.003									
11/6/09	0.004									
11/7/09	0.003									
11/8/09	0.003									
11/9/09	0.004									
11/10/09	0.001									
11/11/09	0.004									
11/12/09	0.007									
11/13/09	0.002									
11/14/09	0.001									
11/15/09	0.009									
11/16/09	0.004									
11/17/09	0.013								0.326	
11/18/09	0.002									
11/19/09	0.009									
11/20/09	0.002									
11/21/09	0.003									
11/22/09	0.003									
11/23/09	0.003									
11/24/09	0.003									
11/25/09	0.003									
11/26/09	0.004									
11/27/09	0.003									
11/28/09	0.003									
11/29/09	0.003									
11/30/09	0.004									
12/1/09										
Average	0.004	8.00	3.00	0.06	1.00	0.20	0.08	0.00	0.88	
Maximum	0.013	8.00	3.00	0.06	1.00	0.20	0.08	0.00	1.44	
Exceed.	1	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