



MSD

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

March 23, 2009

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

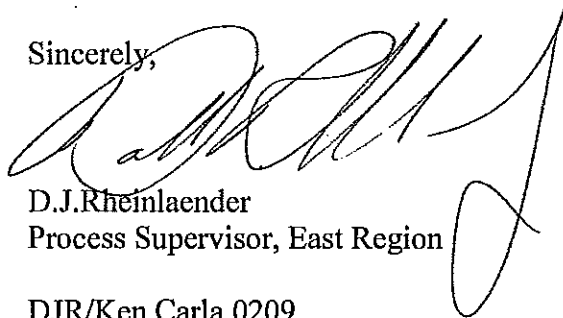
**Re: MSD Metro Operations
Ken Carla WTP; KPDES No.: KY0022497
Discharge Monitoring Reports – February 2009**

Dear Ms. Bentley

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

If you have any questions concerning the attached DMRs, please contact me at (502)241-9093.

Sincerely,



D.J. Rheinlaender
Process Supervisor, East Region

DJR/Ken Carla 0209

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 STP MGD**
 ADDRESS **070 CEDAR CREEK STP**
8405 CEDAR CREEK RD
LOUISVILLE KY 40211
 FACILITY **KEN CARLA STP MGD**
 LOCATION **LOUISVILLE KY**
 ATTN **DENNIS THOMASSEN, SR METRO OPS**

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

KY0022497
PERMIT NUMBER

001 1
DISCHARGE NUMBER

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

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 07 | 02 | 01 | | 07 | 02 | 22 |

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) | ***** | ***** | ***** | | | ***** | ***** | (19) | | 1/28 | GRAB |
| 00300 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | **** | 4.2 | ***** | ***** | | | 1/28 | GRAB |
| EFFLUENT GROSS VALUE | | | | **** | INST MIN | | | MG/L | | MONTH | |
| BOD, 5-DAY (20 DEG. C) | ***** | ***** | ***** | (26) | ***** | | | (19) | | 1/28 | COMPL |
| 00310 1 0 0 | PERMIT REQUIREMENT | 0.15 | 0.15 | | ***** | 6 | 6 | | | 1/28 | COMPL |
| EFFLUENT GROSS VALUE | | 30DA AVG | DAILY MX | LBS/DY | | 30DA AVG | DAILY MX | MG/L | | MONTH | |
| PH | ***** | ***** | ***** | | | ***** | ***** | (12) | | 1/28 | GRAB |
| 00400 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | **** | 7.7 | ***** | 7.7 | | | 1/28 | GRAB |
| EFFLUENT GROSS VALUE | | | | **** | MINIMUM | | MAXIMUM | SU | | MONTH | |
| SOLIDS, TOTAL SUSPENDED | ***** | ***** | ***** | (26) | ***** | | | (19) | | 1/28 | COMPL |
| 00500 1 0 0 | PERMIT REQUIREMENT | 0.23 | 0.23 | | ***** | 9 | 9 | | | 1/28 | COMPL |
| EFFLUENT GROSS VALUE | | 30DA AVG | DAILY MX | LBS/DY | | 30DA AVG | DAILY MX | MG/L | | MONTH | |
| NITROGEN, AMMONIA TOTAL (AS N) | ***** | ***** | ***** | (26) | ***** | | | (19) | | 1/28 | COMPL |
| 00610 1 0 0 | PERMIT REQUIREMENT | 0.001 | 0.001 | | ***** | 0.06 | 0.06 | | | 1/28 | COMPL |
| EFFLUENT GROSS VALUE | | 30DA AVG | DAILY MX | LBS/DY | | 30DA AVG | DAILY MX | MG/L | | MONTH | |
| PHOSPHORUS, TOTAL (AS P) | ***** | ***** | ***** | | ***** | | | (19) | | 1/28 | COMPL |
| 00625 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | REPORT | REPORT | | | 1/28 | COMPL |
| EFFLUENT GROSS VALUE | | | | **** | | 30DA AVG | DAILY MX | MG/L | | MONTH | |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT | ***** | ***** | ***** | (03) | ***** | ***** | ***** | | | 1/28 | INSTAN |
| 50050 1 0 0 | PERMIT REQUIREMENT | 0.004 | 0.005 | | ***** | ***** | ***** | **** | | WEEK - | INSTAN |
| EFFLUENT GROSS VALUE | | 30DA AVG | INST MAX | MGD | | | | **** | | DAYS | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

 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 |
| | | | | |

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

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

NAME *WEN CARLA STP MSD*
 ADDRESS *C/O CEDAR CREEK STP*
8402 CEDAR CREEK RD
LOUISVILLE KY *40211*

FACILITY *WEN CARLA STP 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

JEFFRE

Form Approved.
 OMB No. 2040-0004

| MONITORING PERIOD | | | | | | |
|-------------------|-----------|-----------|----|-----------|-----------|-----------|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| <i>07</i> | <i>02</i> | <i>01</i> | | <i>07</i> | <i>02</i> | <i>20</i> |

FROM

TO

*** 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 | | | |
| COLIFORM, FECAL GENERAL | <i>74055 1 0 0</i> | ***** | ***** | | ***** | | | (13) | | <i>1/yr</i> | <i>Grab</i> |
| EFFLUENT GROSS VALUE | | ***** | ***** | **** | ***** | <i>300</i> | <i>400</i> | <i>4/</i> | | <i>ONCE/</i> | <i>GRAB</i> |
| | | | | **** | | <i>300A GED</i> | <i>7 DA GED</i> | <i>100ML</i> | | <i>MONTH</i> | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
W. J. ...
 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
402 261-4000 07 03 03

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

