



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

March 18, 2010

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 –February 2010**

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 February 2010.

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,

D.J. Rheinlaender
Process Supervisor, East Region

DJR/Ken Carla 0310

Enclosures

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



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

NAME: KEN CARLA WOTC MBD
ADDRESS: C/O CEDAR CREEK WOTC
6405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY: KEN CARLA WOTC MBD
LOCATION: LOUISVILLE KY
ATTN: DENNIS THOMASSON, SR METRO OPS

PERMIT NUMBER: KY10021497

DISCHARGE NUMBER: 0011

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
10	02	01		10	02	20

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 (OD)		*****	*****		10	*****	*****	(19)	0	3/28	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		MONTH	
BOD, 5-DAY (20 DEG C)		0.03	0.03	(25)	*****	2	2	(19)	0	1/28	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L		MONTH	CUMPOS
PH		*****	*****		8.1	*****	8.3	(12)	0	3/28	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	BU		MONTH	GRAB
SOLIDS, TOTAL SUSPENDED		0.17	0.17	(25)	*****	10	10	(19)	0	1/28	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L		MONTH	CUMPOS
NITROGEN, AMMONIA TOTAL (AS N)		0.32	0.32	(25)	*****	19	19	(19)	0	1/28	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L		MONTH	CUMPOS
PHOSPHORUS, TOTAL (AS P)		0.32	0.32		*****	0.32	0.32	(19)	0	1/28	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	****	*****	30DA AVG	DAILY MX	MG/L		MONTH	CUMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.003	0.005	(03)	*****	*****	*****		0	9/28	CIN
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	****	*****	*****	*****	****		WEEK-DAYS	INSTAN

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>EX-101 Dir</i> <i>H. J. Sabadino</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 <i>H. J. Sabadino</i>	TELEPHONE		DATE		
			AREA CODE	NUMBER	YEAR	MO	DAY
			502	546-6000	10	3	16

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

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

NAME: MRS CARLA WOTC MDD
 ADDRESS: C/O CEDAR CREEK WOTC
 1445 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY: MRS CARLA WOTC MDD
 LOCATION: LOUISVILLE KY
 ATTN: DENNIE THOMASON BR METRO OPS

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

PERMIT NUMBER: KY0022497
 DISCHARGE NUMBER: 0011

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

Form Approved, OMB No. 2040-0004

00PTE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
10	06	01		10	06	30

FROM

TO

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			
GENERAL EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	1	1	100ML	0	1/18	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	3000 GGD	7 DA GGD	100ML		ONCE / MONTH	GRAB
	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
 EXCPT. 111
 H. J. S. [Signature]
 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: 502 396 0000
 DATE: 10 3 10
 AREA CODE: 502
 NUMBER: 396 0000
 YEAR: 10
 MO: 3
 DAY: 10

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

Ken Carla	Report for	Feb-10					Tot. Exc.=	0			
Tot. Flow=	0.080821	Concentrations					Pounds				
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.		
2/1/10	0.002										
2/2/10	0.002										
2/3/10	0.002	10	2	19	1	0.167	0.033	0.317	0.315		
2/4/10	0.003										
2/5/10	0.005										
2/6/10	0.004										
2/7/10	0.003										
2/8/10	0.003										
2/9/10	0.002										
2/10/10	0.002										
2/11/10	0.002										
2/12/10	0.003										
2/13/10	0.002										
2/14/10	0.002										
2/15/10	0.002										
2/16/10	0.003										
2/17/10	0.003										
2/18/10	0.002										
2/19/10	0.003										
2/20/10	0.002										
2/21/10	0.003										
2/22/10	0.003										
2/23/10	0.002										
2/24/10	0.003										
2/25/10	0.002										
2/26/10	0.003										
2/27/10	0.003										
2/28/10	0.002										
3/1/10											
3/2/10											
3/3/10											
Average	0.003	10.00	2.00	19.00	1.00	0.17	0.03	0.32	0.32		
Maximum	0.005	10.00	2.00	19.00	1.00	0.17	0.03	0.32	0.32		
Exceed.	0	0	0	0	0	0	0	0	0		

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

OXYGEN, DISSOLVE
(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