

MSD

Metropolitan Sewer District

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

November 11, 2011

Cheryl Edwards
DMR Coordinator
200 Fair Oaks Lane
Frankfort, Kentucky 40601

**Re: MSD Metro Operations
Ken Carla WQTC; KPDES No.: KY 0022497
Discharge Monitoring Reports for Oct. of 2011**

Dear Ms. Edwards:

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 Oct. 2011.

There were 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,



Kevin Thompson
Process Supervisor, East Region

KT/Ken Carla 10.11

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)

MINOR
(SUBR LV)
F - FINAL
SANITARY WASTEWATER
EFFLUENT
JEFFR

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME KEN CARLA WQTC MSD
ADDRESS C/O CEDAR CREEK WQTC
6405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY KEN CARLA WQTC MSD
LOCATION LOUISVILLE KY 00000
ATTN: DENNIS THOMASSON, SR METRO OPS

KY0022477			001				
PERMIT NUMBER			DISCHARGE NUMBER				
MONITORING PERIOD							
FROM	YEAR	MO.	DAY	TO	YEAR	MO.	DAY

*** 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)		*****	*****		8	*****	*****			2/31	GR
00200 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		MONTH	
BOD, 5-DAY (20 DEG. C)		0.81	0.81	LBS/DY		23	23			1/31	CP
00810 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L		MONTH	
TSS		*****	*****		6.3	*****	8.7			2/31	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	SU		MONTH	
SOLIDS, TOTAL SUSPENDED		1.06	1.06	LBS/DY		30	30			1/31	CP
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L		MONTH	
NITROGEN, AMMONIA TOTAL (AS N)		0.28	0.28	LBS/DY		8	8			1/31	CP
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L		MONTH	
PHOSPHORUS, TOTAL (AS P)		*****	*****			0.93	1.0			2/31	CP
00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30DA AVG	DAILY MX	MG/L		MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.003	0.005	MGD						CN	CN
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	INST MAX	MGD				****		DAYS	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H.J. Schardein JR
Executive Director
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.

Kenn Brown
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
502	540-6000	11	11	15
AREA CODE	NUMBER	YEAR	MO	DAY

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

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

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

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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 00000

ATTN: DENNIS THOMASSON, SR METRO OPS

KY0022477
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

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			
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****		*****	1	1	10	E	1/31	GR
	SAMPLE MEASUREMENT PERMIT REQUIREMENT										
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H. J. Scherlein JR
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 502 540-6600
DATE 11 11 15
AREA CODE NUMBER YEAR MO DAY

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

