



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

March 15, 2012

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 February 2012.

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 February 2012.

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,

A handwritten signature in black ink, appearing to read "Kevin Thompson", written over a white background.

Kevin Thompson
Process Supervisor, East Region

KT/Ken Carla 02/12.

Enclosures

cc: C. Roth (DOW Louisville)
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 00000
ATTN: DENNIS THOMASSON, SR METRO OPS

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

KY0022457
PERMIT NUMBER
0011
DISCHARGE NUMBER

MINOR (SUBR LV)
7 - FINAL
SANITARY WASTEWATER EFFLUENT
*** NO DISCHARGE 1/16 ***

JEFFCO

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

FROM

TO

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) 00300 1 0 0 EFFLUENT GROSS VALU	*****	*****	*****	*****	9	*****	*****	17	8	1/1	GR
SDO, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALU	*****	*****	*****	*****	INST MIN	*****	*****	MG/L		ONCE/MONTH	
PH 00400 1 0 0 EFFLUENT GROSS VALU	0.09	0.09	1.25	*****	*****	5	5	17	4	1/29	CP
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30	30	MG/L		ONCE/MONTH	
SOLIDS, TOTAL SUSPENDED 00500 1 0 0 EFFLUENT GROSS VALU	*****	*****	*****	*****	6.9	*****	8.0	12	4	1/1	GR
PERMIT REQUIREMENT	*****	*****	*****	*****	MINIMUM	*****	MAXIMUM	SU		ONCE/MONTH	
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALU	0.22	0.22	1.25	*****	*****	12	12	17	8	1/29	CP
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30	30	MG/L		ONCE/MONTH	
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALU	0.06	0.08	1.25	*****	*****	3	5	17	8	2/29	CP
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	20	20	MG/L		ONCE/MONTH	
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALU	*****	*****	*****	*****	*****	0.49	0.49	17	8	1/29	CP
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT	REPORT	MG/L		ONCE/MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLAN 90050 1 0 0 EFFLUENT GROSS VALU	0.003	0.007	0.03	*****	*****	*****	*****	*****	4	CN	CN
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	WEEKLY	ONCE/MONTH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Karl C. Hoffman PE
Interim 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.

Karl C. Hoffman
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
502	546-6600	12	03	16
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: 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

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

KY0022497
 001 1
 PERMIT NUMBER DISCHARGE NUMBER

MINOR (SUBR LV)
 F - FINAL
 SANITARY WASTEWATER EFFLUENT
 *** NO DISCHARGE 1 1 ***

Form Approved.
 OMB No. 2040-0004

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	12	01	01		12	03	16

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			
COLIFORM, FECAL GENERAL		*****	*****		*****	29	29	10	8	1/29	GR
74055 1 0 0		*****	*****	****	*****	200	400	#/		ONCE	GRS
EFFLUENT GROSS VALU						SODA GEL	7 DA GEL	100ML		MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Greg C. Hertzman PE
 Interim 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.

Ken Thomasson
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 502 540-6000
 DATE: 12 03 16
 AREA CODE NUMBER YEAR MO DAY

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

