



Louisville and Jefferson County Metropolitan Sewer District  
700 West Liberty Street  
Louisville Kentucky 40203-1911  
502-540-6000  
[www.msdlouky.org](http://www.msdlouky.org)

May 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 April 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 April 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 horizontal line.

Kevin Thompson  
Process Supervisor, East Region

KT/Ken Carla 04/12.

Enclosures

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



Beneficial Use of Louisville's Biosolids  
[www.louisvillegreen.com](http://www.louisvillegreen.com)

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

NAME: KEN CARLA WOTC MGD  
 ADDRESS: 0/0 CEDAR CREEK WOTC  
 8408 CEDAR CREEK RD  
 LOUISVILLE KY 40211  
 FACILITY: KEN CARLA WOTC MGD  
 LOCATION: LOUISVILLE KY 00000  
 ATTN: DENNIS THOMASSON, SR METRO EPS

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  
 \*\*\* NO DISCHARGE \*\*\*

Form Approved.  
 OMB No. 2040-0004

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY

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	*****	*****	( 19 )	0	1/1	GR
	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		ONCE / MONTH	GRAB
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALU	0.08	0.08	( 25 )	*****	2	2	( 19 )	0	1/30	CP	
	PERMIT REQUIREMENT	2.50	5.00	*****	30DA AVG	DAILY MX	MG/L		ONCE / MONTH	COMPOS	
PH 00400 1 0 0 EFFLUENT GROSS VALU	*****	*****	*****	*****	7.0	*****	8.1	( 12 )	0	1/1	GR
	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	SU		ONCE / MONTH	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALU	0.69	0.69	( 25 )	*****	17	17	( 19 )	0	1/30	CP	
	PERMIT REQUIREMENT	2.50	5.00	*****	30DA AVG	DAILY MX	MG/L		ONCE / MONTH	COMPOS	
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALU	0.01	0.01	( 25 )	*****	0.3	0.3	( 19 )	0	1/30	CP	
	PERMIT REQUIREMENT	1.67	3.34	*****	30DA AVG	DAILY MX	MG/L		ONCE / MONTH	COMPOS	
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALU	*****	*****	*****	*****	0.35	0.35	( 19 )	0	1/30	CP	
	PERMIT REQUIREMENT	*****	*****	****	REPORT	REPORT	MG/L		ONCE / MONTH	COMPOS	
FLOW, IN CONDUIT OR THRU TREATMENT PLAN 00080 1 0 0 EFFLUENT GROSS VALU	0.004	0.008	( 05 )	*****	*****	*****	*****	0	1	CN	
	PERMIT REQUIREMENT	REPORT	REPORT	*****	*****	*****	*****	****		WEEK / DAYS	INST

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Greg C Heitzman  
 Intarim 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 Thomas*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 502 540-6000  
 DATE: 12 05 15  
 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 WGTG MSD  
 ADDRESS C/O CEDAR CREEK WGTG  
 8405 CEDAR CREEK RD  
 LOUISVILLE KY 40211  
 FACILITY KEN CARLA WGTG MSD  
 LOCATION LOUISVILLE KY 00000  
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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		*****	10	10	( 13	0	1/30	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	200 30DA SEC	400 7 DA SEC	#/ 100ML		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
*Greg C. Hertzman*  
 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 Thomas*  
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