



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

July 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 June 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 June 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 06/12.

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)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: KEN CARLA WQTC MSD
ADDRESS: C/O CEDAR CREEK WQTC
8408 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY: KEN CARLA WQTC MSD
LOCATION: LOUISVILLE KY 00000
ATTN: DENNIS THOMASSON, SR METRO DPS

NPDES PERMIT NUMBER: KY00022497
DISCHARGE NUMBER: 001 1

MINOR (SUBR LV)
F - FINAL
SANITARY WASTEWATER EFFLUENT
*** NO DISCHARGE ***
NOTE: Read Instructions before completing this form.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
12	08	04		12	04	04

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			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****		8	*****	*****	(19		1/1	GR
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		ONCE / MONTH	GRAB
EFFLUENT GROSS VALU											
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	0.34	0.34	(25)	*****	11	11	(19		1/30	CP
00310 1 0 0	PERMIT REQUIREMENT	2.50	5.00		*****	30	50	MG/L		ONCE / MONTH	COMPO
EFFLUENT GROSS VALU											
PH	SAMPLE MEASUREMENT	*****	*****		7.9	*****	8.5	(12		1/1	GR
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	7.0	MG/L		ONCE / MONTH	GRAB
EFFLUENT GROSS VALU											
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	0.34	0.34	(25)	*****	11	11	(19		1/30	CP
00500 1 0 0	PERMIT REQUIREMENT	2.50	5.00		*****	30	50	MG/L		ONCE / MONTH	COMPO
EFFLUENT GROSS VALU											
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.002	0.002	(25)	*****	0.06	0.06	(19		1/30	CP
00610 1 0 0	PERMIT REQUIREMENT	1.57	3.34		*****	20	50	MG/L		ONCE / MONTH	COMPO
EFFLUENT GROSS VALU											
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	0.21	0.21	(19		1/30	CP
00665 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L		ONCE / MONTH	COMPO
EFFLUENT GROSS VALU											
FLOW, IN CONDUIT OR THRU TREATMENT PLAN	SAMPLE MEASUREMENT	0.004	0.009	(03)	*****	*****	*****			CN	CN
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	MG/L		ONCE / MONTH	COMPO
EFFLUENT GROSS VALU											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Greg A. Heitzman
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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
TELEPHONE: 502 540-6000
DATE: 12 07 15
AREA CODE: 502 NUMBER: 540-6000 YEAR: 12 MO: 07 DAY: 15

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

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

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

KY0022497
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MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
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*** NO DISCHARGE [] ***

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 74055 1 0 0 EFFLUENT GROSS VALU		*****	*****		*****	2	2	10	4	1/30	GR
		*****	*****	****	*****	200	400	#		ONCE / MONTH	
						300A GEC	7 DA GEC	100ML			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 [Signature]
 [Signature] 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.

[Signature]
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 502 590-6000
 DATE
 12 09 15
 AREA CODE NUMBER YEAR MO DAY

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

