



MSD

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

June 25, 2007

Ms. Kathy Thurman
Kentucky Division of Water
14 Reilly Road
Frankfort, Kentucky 40601

**Re: MSD Metro Operations
Ken Carla WTP; KPDES No.: KY0022497
Discharge Monitoring Reports – May 2007**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Ken Carla WTP; KPDES No.: KY0022497 for the month of May 2007.

If you have any questions concerning the attached DMRs, please contact me at (502)241-9093.

Sincerely,

John Kessel
Process Supervisor, East Region

JMK/Ken Carla 0507

Enclosures

cc: M. Mudd (DOW Louisville)
E. Brady
T. Singleton
P. Burgin
R. Shaw



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

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

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

Form Approved
OMB No. 2040-0004

NAME: KEN CARLA STP MGD
ADDRESS: 4741 LOUISVILLE/JEFF CO MGD
4522 ALDORQUAIN PKWY
LOUISVILLE KY 40211-2497
FACILITY: KEN CARLA STP MGD
LOCATION: LOUISVILLE KY
ATTN: ALEX S NOVAK, OPER MGR

KY0022497
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MINOR
(SUBR LV)
F - FINAL
SANITARY WASTEWATER
EFFLUENT

JEFF

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	05	01		07	06	01

*** NO DISCHARGE 1 ***

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	*****	*****		7.5	*****	*****	(19)	0	1/31	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	INST MIN	*****	*****	MG/L		MONTH	
BOD, 5-DAY (BOD5)	00310	0.10	0.10	(26)	*****	3.0	3.0	(19)	0	1/31	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L		MONTH	
PH	00400	*****	*****		6.8	*****	6.8	(12)	0	1/31	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	MINIMUM	*****	MAXIMUM	SU		MONTH	
SOLIDS, TOTAL SUSPENDED	00500	0.43	0.43	(26)	*****	13.0	13.0	(19)	0	1/31	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L		MONTH	
NITROGEN, AMMONIA TOTAL (AS N)	00610	0.004	0.004	(26)	*****	0.11	0.11	(19)	0	1/31	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L		MONTH	
PHOSPHORUS, TOTAL (AS P)	00625	*****	*****		*****	3.04	3.04	(17)	0	1/31	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT	REPORT	MG/L		MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	00050	0.003	0.005	(03)	*****	*****	*****	*****	0	5/7	Inst.
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	*****		DAYS	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Exec. Director
H.S. Scharden
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: 508 1241 9093
DATE: 07 06 20
AREA CODE: 508
NUMBER: 1241 9093
YEAR: 07
MO: 06
DAY: 20

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
 NAME: KEN CARLA STP MSD
 ADDRESS: 070 LOUISVILLE/JEFF CO MSD
 4522 ALGONGUIN PKWY
 LOUISVILLE KY 40211-2497
 FACILITY: KEN CARLA STP MSD
 LOCATION: LOUISVILLE KY
 ATTN: ALEX E NOVAK OPER MGR

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

KY0022497
 PERMIT NUMBER

0013
 DISCHARGE NUMBER

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

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
07	05	01		07	05	31

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			
COLIT DMV. FICAL GENERAL 14055 EFFLUENT CROSS VALVE		*****	*****		*****	1.0	1.0	(1.0)	0	1/3	6mb
	SAMPLE MEASUREMENT	*****	*****	***	*****	300A GED	400 B /	100NL		ONCE /	MONTH
	PERMIT REQUIREMENT	*****	*****	***	*****	300A GED	7 DA GED	100NL			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Exec Director
 H.J. Schindler
 TYPED OR PRINTED

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TELEPHONE: 508 241-9093
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 AREA CODE: 508
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)