



MSD

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

July 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 – June 2007**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Ken Carla WTP; KPDES No.: KY0022497 for the month of June 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 0607

Enclosures

cc: M. Mudd (DOW Louisville)  
E. Brady  
T. Singleton  
P. Burgin  
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: JEFF CARLA STP P&S  
 ADDRESS: 670 LOUISVILLE/JEFF CO MHD  
 4372 ALBION/IN RWY  
 LOUISVILLE KY 40211-2497  
 FACILITY: JEFF CARLA STP P&S  
 LOCATION: LOUISVILLE KY  
 ATTN: ALEX B. M. APT. OVER MGR

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

KY0002497  
 PERMIT NUMBER

001 I  
 DISCHARGE NUMBER

MINOR  
 (SUBR LV)  
 F - FINAL  
 SANITARY WASTEWATER  
 EFFLUENT

Form Approved  
 OMB No. 2040-0004

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	07	06	01		07	06	30

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

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
CARBON, TOTAL (00)	SAMPLE MEASUREMENT	*****	*****		7.6			( 17 )	0	1/30	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		ONCE / MONTH	
PHOSPHORUS, TOTAL (00) (00) (00) (00)	SAMPLE MEASUREMENT	0.02	0.02	( 26 )	*****	1.0	1.0	( 17 )	0	1/30	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.50 30DA AVG	5.00 DAILY MX	LBS/DY	*****	30 30DA AVG	50 DAILY MX	MG/L		ONCE / MONTH	
PHOSPHORUS, TOTAL (00) (00) (00) (00)	SAMPLE MEASUREMENT				6.8		6.8	( 12 )	3	1/30	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	5.0 MINIMUM	*****	7.0 MAXIMUM	50		ONCE / MONTH	
SOLIDS, TOTAL SUSPENDED (00) (00) (00) (00)	SAMPLE MEASUREMENT	0.08	0.08	( 26 )	*****	5.0	5.0	( 17 )	0	1/30	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.50 30DA AVG	5.00 DAILY MX	LBS/DY	*****	30 30DA AVG	50 DAILY MX	MG/L		ONCE / MONTH	
NITROGEN, AMMONIA TOTAL (00) (00) (00) (00)	SAMPLE MEASUREMENT	0.0037	0.0037	( 26 )	*****	0.22	0.22	( 17 )	0	1/30	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.87 30DA AVG	3.34 DAILY MX	LBS/DY	*****	20 30DA AVG	40 DAILY MX	MG/L		ONCE / MONTH	
PHOSPHORUS, TOTAL (00) (00) (00) (00)	SAMPLE MEASUREMENT				*****	3.58	3.58	( 17 )	0	1/30	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT 30DA AVG	REPORT DAILY MX	MG/L		ONCE / MONTH	
PHOSPHORUS, TOTAL (00) (00) (00) (00)	SAMPLE MEASUREMENT	0.003	0.004	( 03 )	*****	*****	*****		0	5/7	Int.
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	*****	*****	*****	****		ONCE / MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

H.S. Schadein  
 Exec 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

DATE

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: JEFF CARLA MCDONALD  
 ADDRESS: 100 SOUNDBVILLE/JEFF CO MCD  
 1507 ALKOHOLIA HWY  
 FACILITY: JEFF CARLA MCD MCD  
 LOCATION: LOUISVILLE KY 40211-2497  
 CITY: JEFF CARLA MCD MCD

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

KY00020497  
 PERMIT NUMBER

001 1  
 DISCHARGE NUMBER

MINOR  
 (SUBP LV)  
 F - FINAL

SANITARY WASTEWATER  
 EFFLUENT

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

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

FROM

TO

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLL. GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	1.0	1.0	(1.0)	0	1/30	Gmb
GENERAL	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	100ML		1/30	GRAB
WASTEWATER GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

H.J. Schneider  
 Exec. Director

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

500

241-7013

07 07 03

AREA CODE

NUMBER

YEAR

MO

DAY

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