

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

August 23, 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 – July 2007

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Ken Carla WTP; KPDES No.: KY0022497 for the month of July 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 0707

Enclosures

cc: M. Mudd (DOW Louisville)

E. Brady

T. Singleton

P. Burgin

R. Shaw



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

NAME KEN CARLA STP MED

ADDRESS C/O CEDAR CREEK STP

BAOS CEDAR CREEK RD

LOUISVILLE KY 40211

KY

FACILITY KEN CARLA STP MSD

LOCATION DUISVILLE
ATTN: DENNIS THOMASSON

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

**MONITORING PERIOD** 

TO

DAY

KYOO22497
PERMIT NUMBER

YEAR MO.

FROM

DISCHARGE NUMBER

DAY

YEAR MO

MINOR (SUBR LV) F - FINAL

38777

Form Approved.

OMB No. 2040-0004

SANITARY WASTEWATER

EFFLUENT

\*\*\* NO DISCHARGE | \_\_\_ | \*\*\*

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING				NO. EX	FREQUENCY OF	SAMPLE TYPE			
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H.J. Schalen Ence Director	submi or the submi	re that qualified personnel pr tted. Based on my inquiry of t se persons directly responsible tted is, to the best of my know	he person or persons who m e for gathering the informati ledge and belief, true, accura	anage the system, on, the informatic ate, and complete.	on n	ATURE OF PRINCIPAL		S <sup>SS</sup> 1,241 S	7693	S) C	on 2)
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved. NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR) PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) OMB No. 2040-0004 MIMOR NAME KEN CARLA STP MOD

YEAR

FROM

MO.

ADDRESS CXO CEDAR CREEK STP SAOS CEDAR CREEK RD LOUISVILLE

KY 40211

KY

FACILITY KEN CARLA STP MSD LOCATION DUTSVILLE ATTN: DENNIS THOMASSON

PERMIT NUMBER	DISCHARGE NUMBER
YUUEZ47/	

MONITORING PERIOD

TO

YEAR MO

DAY

DAY

(SUBR LV) F - FINAL

170 17 11 11

SANITARY WASTEWATER EFFLUENT

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

NOTE: Read Instructions before completing this form.

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		those persons directly responsible for gathering the information, the information mitted is, to the best of my knowledge and belief, true, accurate, and complete. In aware that there are significant penalties for submitting false information, cluding the possibility of fine and imprisonment for knowing violations.				I SIGNATURE OF PRINCIPAL EXECUTIVE I			<i>₹</i>	1 4 70 11 1	Un3.		19 2		
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