

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

October 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 - September 2007

Dear Ms. Thurman:

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

We had a exception on TSS that was due to the plant being upset. We had to reseed the aeration basin and the plant had not fully recovered before we sampled.

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 0907

Enclosures

cc. C. Roth (DOW)

E. Brady

T. Singleton

P. Burgin

R. Shaw



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

VAME KEN CARLA STP MSD

ADDRESS C/O CEDAR CREEK STP

8405 CEDAR CREEK RD

LOUISVILLE

KY 40211

KY

FACILITY KEN CARLA STP MED LOCATION LOUISVILLE

ATTN: DENNIS THOMASSON

KYOUZZ4Y/
PERMIT NUMBER

YEAR

FROM

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

MONITORING PERIOD

TO

YEAR

DISCHARGE NUMBER

MO₃

DAY

MINOR (SUBR LV)

F - FINAL SANITARY WASTEWATER

EFFLUENT

*** NO DISCHARGE |__ | ***

NOTE: Read Instructions before completing this form.

Form Approved.

OMB No. 2040-0004

JEFFE

THE PARK AND AND ADDRESS OF THE PARK TO THE PARK				:		NOTE. Head institutions seron						
PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY OF	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM .	UNITS		ANALYSIS	1176	
OXYGEN, DISSOLVED (DD)	SAMPLE MEASUREMENT	*****	会要会保持 价		7.7	米尔尔尔尔斯	ক্ষা ব্যৱস্থা কথা কথা ক	1 177	0	1/30	Grab	
00300 1 0 0 Effluent gross value	PERMIT REQUIREMENT	安安安安 泰	卡拉克松拉尔 不	*** ****	inst min	**************************************	se te se de se de	MG/L	1507:116	MONTH	ail mis	
30D, S-DAY (20 DEG. C)	SAMPLE MEASUREMENT	0.20	0.20	i elte)	安保华等	12.0	18.0	(19)	0	1/30	Long	
30310 1 0 0 EFFLUENT GRUSS VALUE	PERMIT REQUIREMENT	2.50 GVA AUC	DAILY MX	LBS/DY	*****	GODA AVG	DAILY M	9 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	*	MONAH	main tro	
	SAMPLE MEASUREMENT	作作分类的	安安安安 教		6.7	*******	6.7	\$ 4 th 5	0	190	G-S	
30400 ! 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	传教者保存在 2	告令 传教者教	MINIMUM	*****	MAXIMUM	SU.		MONTH		
BULIDS, TOTAL BUSPENDED	SAMPLE MEASUREMENT	0.92	0.98	K KOF	教育教教教	55.0	55.0		the column.	1/30	Long	
20530 1 0 0 SFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	# W ###	30DA AVG	Deira H)	a a pice y		MINTH	ar badd 23 Fast and	
VITROGEN, AMMONIA FOTAL (AS N)	SAMPLE MEASUREMENT	0.007	0.007	1 52 CD /	स्ट्रिय प्रदेश प्रदेश की किया	0.40	0.40		0	1/30	Low	
30610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1 57 GODA AVG	DAILY MX	LBS/DY		DODA AVG	DAILY M	MG/L		MONTH	ay bug 8 . 25 . Bug bug	
THOSPHORVS, TUTAL (AS P)	SAMPLE MEASUREMENT	**************************************	****		88888	4.80	4.00		0	1/20	Lag	
	PERMIT REQUIREMENT	******	体 安徽学教教	转长松		REPORT SODA AVO	DAILY M	MG/L	*	Z	at Beech to But hard to a	
TLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.003	0.004	1 (3.37	क्ट क्ट क्ट क्ट क्ट क्ट क	35, 36, 36, 36, 48	26 48 28 24 25 3		0	5/4	Inst.	
50050 1 0 0 Effluent großs value	PERMIT REQUIREMENT	- KETURI BODA AVĞ	TROPIN INST MAX	MGD	****	**************************************	*****	*************************************		DAYB	5 8 Sant 1 1785 9	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER 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								TELEPHO	relephone		DATE	
Exec Director	to assur submitt or those	e that qualified personnel pr ed. Based on my inquiry of tl persons directly responsible	operly gather and evaluate (ne person or persons who m for gathering the informati	the information anage the system, on, the informatio		De la companya della companya della companya de la companya della		9 1011-9				
H.J. Schaler TYPED OR PRINTED	I am av	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			1 <u>093</u> R	YEAR M	S S DAY	

PAGE

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

Form Approved. PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR) OMB No. 2040-0004 KEN CARLA STP MED MINOR ADDRESS C/O CEDAR CREEK STP (SURR (V) KYIKIWE 47/ (3(5)) 840% CEDAR CREEK RD F - FINAL PERMIT NUMBER DISCHARGE NUMBER LOUISVILLE KY 40211 SANTTARY WASTEWATER MONITORING PERIOD FACILITY KEN CARLA STP MSD FFFI UFNT MO. DAY YEAR MO: LOCATION LOUISVILLE *** NO DISCHARGE | | *** FROM TO ATTW- DEWNIS THOMASSON NOTE: Read Instructions before completing this form. PARAMETER FREQUENCY QUANTITY OF LOADING NO. QUALITY OR CONCENTRATION SAMPLE EΧ TYPE ANALYSIS **AVERAGE** MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS CULIFUMM, FEGAL ·我·教·安·安· TO BE SELECTED A SAMPLE 1.0 1.0 BENERAL 130 mo MEASUREMENT 74055 (1) ACTOR ACTOR ACTOR ACTOR ACTOR PERMIT EFFLUENT GROSS VALUE 经营业的 BODA GED 7 DA GED REQUIREMENT 100ML MONTH SAMPLE **MEASUREMENT** PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

おこことによって

Hろ Schoolcia

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 AREA CODE NUMBER YEAR MO DAY

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

REQUIREMENT
SAMPLE
MEASUREMENT
PERMIT
REQUIREMENT