



MSD

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

November 26, 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 – October 2007**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Ken Carla WTP; KPDES No.: KY0022497 for the month of October 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 1007

Enclosures

cc. C. Roth (DOW)
E. Brady
T. Singleton
P. Burgin
R. Shaw



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www.louisvillegreen.com

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

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

Form Approved.
 OMB No. 2040-0004

ADDRESS
 1501 CEDAR CREEK STP
 1501 CEDAR CREEK RD
 LOUISVILLE KY 40211

PERMIT NUMBER
 KY00022487

DISCHARGE NUMBER
 003 1

MINOR
 (SUDBR LV)
 F - FINAL

JEPFE

FACILITY LOCATION
 LOUISVILLE KY

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 07 | 10 | 01 | | 07 | 10 | 31 |

SANITARY WASTEWATER
 EFFLUENT

*** NO DISCHARGE 1 ***

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 | | | |
| EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | 7.9 | ***** | ***** | (17) | 0 | 1/31 | Grab |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | INST MIN | ***** | ***** | MG/L | | ONCE/MONTH | GRAB |
| EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | 0.07 | 0.07 | (26) | ***** | 4.0 | 4.0 | (19) | 0 | 1/31 | Comp |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | 30DA AVG | DAILY MX | LBS/DY | ***** | 30 | 60 | MG/L | | ONCE/MONTH | COMPOS |
| EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | 6.8 | ***** | 6.8 | (12) | 0 | 1/31 | Grab |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | MINIMUM | ***** | MAXIMUM | SU | | ONCE/MONTH | GRAB |
| EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | 0.38 | 0.38 | (26) | ***** | 23.0 | 23.0 | (19) | 0 | 1/31 | Comp |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | 30DA AVG | DAILY MX | BS/DY | ***** | 30 | 60 | MG/L | | ONCE/MONTH | COMPOS |
| EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | 0.005 | 0.005 | (26) | ***** | 0.28 | 0.28 | (19) | 0 | 1/31 | Comp |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | 30DA AVG | DAILY MX | BS/DY | ***** | 20 | 40 | MG/L | | ONCE/MONTH | COMPOS |
| EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 5.30 | 5.30 | (19) | 0 | 1/31 | Comp |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | REPORT | REPORT | MG/L | | ONCE/MONTH | COMPOS |
| EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | 0.003 | 0.013 | (02) | ***** | ***** | ***** | | 0 | 5/7 | Inst. |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | REPORT | REPORT | MGD | ***** | ***** | ***** | **** | | WEEK-DAYS | INSTAN |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Eric 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)

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

Form Approved.
OMB No. 2040-0004

NAME NEW CARLA STP MSU
ADDRESS C/O CEDAR CREEK STP
4405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY NEW CARLA STP MSU
LOCATION LOUISVILLE KY
Dennis Thomason

XY0022497
PERMIT NUMBER

001 1
DISCHARGE NUMBER

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


| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 07 | 10 | 01 | | 07 | 10 | 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 | | | |
| GENERAL EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 1.0 | 1.0 | (13) | 0 | 1/31 | Grab |
| | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 200 | 400 | */ | | ONCE/MONTH | GRAB |
| | 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
Evee Director
H.J. Schindler
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 241-4693
DATE 07 11 20
AREA CODE NUMBER YEAR MO DAY

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