

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

December 20, 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 - November 2007.

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Ken Carla WTP; KPDES No.: KY0022497 for the month of November 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 1107

Enclosures

cc. C. Roth (DOW)

E. Brady

T. Singleton

P. Burgin

R. Shaw



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

MONITORING PERIOD

TO

DAY

UI

YEAR

137

Form	App	roved.
OMB	No.	2040-0004

JUEN CARLA GATE MED

ADDRESS C/O CEDAR CREEK STR

WASE CEDAR CREEK RD

COUISVILLE

FACILITY SHE SARLA STP MSO LOCATION LOUISVILLE

KY 40211

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YEAR

FROM

001 **DISCHARGE NUMBER**

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SANITARY WASTEWATER EFFLUENT

*** NO DISCHARGE 1.

NOTE: Read Instructions before completing this form.

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I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

OFFICER OR AUTHORIZED AGENT

AREA NUMBER YEAR MO DAY

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) OMB No. 2040-0004 DISCHARGE MONITORING REPORT (DMR) MINOR Removeria States **メソハハツブルタフ** (SUBR LV) ADDRESS CYCLCEDAR CREEK STP **PERMIT NUMBER DISCHARGE NUMBER** F - FINAL JEFFE HALL I THAY CHEEN RD SANITARY WASTEWATER KY 40211 LOUISVILLE MONITORING PERIOD FACILITY EFFLUENT TEN CARLA STE MED YEAR DAY YEAR MO MO DAY LOCATION, COLUMN TIME *** NO DISCHARGE ! ! *** 4 **FROM** OI TO 1(37) 1. 1 30 NOTE: Read Instructions before completing this form. DERVIS THOMASSON FREQUENCY NO. SAMPLE **QUANTITY OR LOADING QUALITY OR CONCENTRATION PARAMETER** EX TYPE **ANALYSIS AVERAGE** MAXIMUM UNITS **AVERAGE** MAXIMUM UNITS MINIMUM (1,3) **各类长松松长** CIM A FERRY DESCRIE SAMPLE 转导转换数数 经营护检验营 10 $Z_{3\zeta_1}$ MEASUREMENT GENERAL NCE/ **PAR** 400 **美尔尔尔斯斯** 化 **** 200 PERMIT **放在公司的**数 经货格 74 D.E. REQUIREMENT **30DA GEO** 7 DA GEO 1000 MONTH EFFLUENT OROSS 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

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

STEPHONE CONTROL OF THE CONTROL OF

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