



*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



*Beneficial Use of Louisville's Biosolids
www.louisvillegreen.com*

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

NAME: MRS CARLA STP MSO
ADDRESS: C/O CEDAR CREEK STP
13435 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY: MRS CARLA STP MSO
LOCATION: LOUISVILLE KY
JOHN S THOMASSON

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

000000497
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MINOR
(SUBR LV)
F - FINAL

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	11	01	TO	07	11	30

SANITARY WASTEWATER
EFFLUENT

*** NO DISCHARGE 1 ***

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DISSOLVED OXYGEN (DO)	PERMIT REQUIREMENT	*****	*****		7.8	*****	*****	(19)	0	1/30	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	INST MIN	*****	*****	MG/L		ONCE/MONTH	
5-DAY BOD (20 DEG. C)	SAMPLE MEASUREMENT			(26)	*****			(19)	0	1/30	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.50	5.00	LBS/DY	*****	30	60	MG/L		ONCE/MONTH	
	SAMPLE MEASUREMENT	*****	*****		6.6	*****	6.6	(12)	0	1/30	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	EU		ONCE/MONTH	
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	6.63	6.63	(26)	*****	19.0	19.0	(19)	0	1/30	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.50	5.00	LBS/DY	*****	30	60	MG/L		ONCE/MONTH	
TOTAL AMMONIA NITROGEN	SAMPLE MEASUREMENT	6.63	6.63	(26)	*****	1.01	1.01	(19)	0	1/30	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.67	3.34	LBS/DY	*****	20	40	MG/L		ONCE/MONTH	
TOTAL PHOSPHORUS	SAMPLE MEASUREMENT	*****	*****		*****	5.95	5.95	(19)	0	1/30	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT	MG/L		ONCE/MONTH	
THROUGH TREATMENT PLANT	SAMPLE MEASUREMENT	6.63	6.605	(03)	*****	*****	*****		0	5/7	Inst
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MG/D	*****	*****	*****	*****		WEEK-DAYS	INSTAN

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Exec Director
H.S. Schaefer Jr.
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
502	241 9058	07	12	17

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

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

NAME NEW CARLA STP MSC
ADDRESS C/O CEDAR CREEK STP
8405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY NEW CARLA STP MSC
LOCATION LOUISVILLE KY
DENNIS THOMASSON

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

KYD022497
PERMIT NUMBER
001 1
DISCHARGE NUMBER

MINOR
(SUBR LV)
F - FINAL

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	11	01		07	11	30

SANITARY WASTEWATER
EFFLUENT

*** NO DISCHARGE 1 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			
GENERAL EFFLUENT GROSS VALUE		*****	*****		*****	1.0	1.0	(13)	0	1/30	C.B
		*****	*****	*****	*****	200	400	*/		ONCE/	GRAB
						30DA GEO	7 DA GEO	100ML		MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Exec Director
115
TYPED OR PRINTED

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TELEPHONE
DATE
AREA CODE NUMBER YEAR MO DAY

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