



**MSD**

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

February 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 – January 2007**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Ken Carla WTP; KPDES No.: KY0022497 for the month of January 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 0107

Enclosures

cc: M. Mudd (DOW Louisville)  
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)

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

MINOR  
(SUBR LV)  
F - FINAL

JEFF

NAME: KEN CARLA STP MSD  
ADDRESS: C/O LOUISVILLE/JEFF CO MSD  
4522 ALGONQUIN PKWY  
LOUISVILLE KY 40211-2497  
FACILITY: KEN CARLA STP MSD  
LOCATION: LOUISVILLE KY  
ATTN: ALEX E. NOVAK, OPER MGR

KY0022497  
PERMIT NUMBER

001 1  
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	01	01		07	01	31

SANITARY WASTEWATER  
EFFLUENT

\*\*\* NO DISCHARGE I [ ] \*\*\*

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			
OXYGEN, DISSOLVED (DO)	00300 1 0 0	7.2			7.2			MG/L	0	1/31	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT				INST MIN					ONCE/MONTH	GRAB
PO4, 5-DAY (20 DEG. C)	00310 1 0 0	.15	.15	( 26 )		6.0	6.0	MG/L	0	1/31	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.50	5.00			30	60			ONCE/MONTH	COMPLIS
PH	00400 1 0 0	6.9			6.0		9.0	SU	0	1/31	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT				MINIMUM		MAXIMUM			ONCE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	00500 1 0 0	.40	.40	( 26 )		16.0	16.0	MG/L	0	1/31	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.50	5.00			30	60			ONCE/MONTH	COMPLIS
NITROGEN, AMMONIA TOTAL (AS N)	00610 1 0 0	.01	.01	( 26 )		.22	.22	MG/L	0	1/31	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.67	3.34			20	40			ONCE/MONTH	COMPLIS
PHOSPHORUS, TOTAL (AS P)	00625 1 0 0	4.52	4.52	( 19 )		4.52	4.52	MG/L	0	1/31	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT			REPORT	REPORT			ONCE/MONTH	COMPLIS
FLOW IN CONDUIT OR THRU TREATMENT PLANT	00650 1 0 0	.003	.006	( 03 )				MGD	0	23/31	Inst.
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT							WEEKLY	INSTANT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER H.J. Schardew Jr Exec. 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
			503	546-6000	07	02	19

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

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

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

NAME: KEN CARLA STP MSD  
ADDRESS: C/O LOUISVILLE/JEFF CO MSD  
4522 ALCONQUIN FARM  
LOUISVILLE KY 40211-2477  
FACILITY: KEN CARLA STP MSD  
LOCATION: LOUISVILLE KY

KY0022497  
PERMIT NUMBER

0011  
DISCHARGE NUMBER

MINOR (SUBR LV)  
F - FINAL  
SANITARY WASTEWATER EFFLUENT  
JEFFCO


MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	01	01		07	01	31

\*\*\* 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			
UNIFORM FECAL GENERAL EFFLUENT GROSS VALUE		*****	*****		*****	3.0	3.0	(13)	0	1/31	Grab
		*****	*****	****	*****	200	400 #/			ONCE / MONTH	GRAB
						3000 GED	7 DA GED	100ML			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
H.J. Schanden Jr  
Exec. 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: 508 540-6000  
DATE: 07 02 19  
AREA CODE NUMBER YEAR MO DAY

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