



MSD

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

March 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 – February 2007**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Ken Carla WTP; KPDES No.: KY0022497 for the month of February 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 0207

Enclosures

cc: M. Mudd (DOW Louisville)
E. Brady
T. Singleton
P. Burgin
R. Shaw



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www.louisvillegreen.com*

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

MINOR
(SUBR LV)
F - FINAL JEFFE

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

NAME KEN CARLA SIP MSD
ADDRESS 670 LOUISVILLE/JEFF CO MSD
4527 ALGONQUIN PKWY
LOUISVILLE KY 40211-2497
FACILITY KEN CARLA SIP MSD
LOCATION LOUISVILLE KY
ATTN: ALEX E NOVAK, OPER MGR

KY0022497			001 1			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	02	01		07	02	28

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			
OXYGEN, DISSOLVED (DO) (100)	7.7	*****	*****		7.7	*****	*****	(19)	0	1/28	6rb
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	INST MIN	*****	*****	*****	MG/L		MONTH	
5-DAY BOD (20 DEG. C)	0.32	0.32	(26)	*****	19.0	19.0	(17)	0	1/28	6rb	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	30DA AVG	DAILY MX	MG/L		MONTH		
PH	6.8	*****	*****		6.8	*****	*****	(12)	0	1/28	6rb
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	MINIMUM	*****	*****	*****	MG/L		MONTH	
SOLIDS, TOTAL SUSPENDED	0.38	0.38	(26)	*****	23.0	23.0	(19)	0	1/28	6rb	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	30DA AVG	DAILY MX	MG/L		MONTH		
NITROGEN, AMMONIA TOTAL (AS N)	0.01	0.01	(26)	*****	0.39	0.39	(17)	0	1/28	6rb	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	30DA AVG	DAILY MX	MG/L		MONTH		
PHOSPHORUS, TOTAL (AS P)	3.51	3.51	(17)	*****	3.51	3.51	(17)	0	1/28	6rb	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	REPORT	REPORT	*****	MG/L		MONTH	
FLOW IN CONDUIT OR THRU TREATMENT PLANT	0.002	0.004	(03)	*****	*****	*****	*****		0	2/28	1-t
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	*****	*****	*****	*****	*****		WEEK	INSTAN
		30DA AVG	INST MAX	MGD						DAYS	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER H S Shadwin Sr Exec. Director	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
TYPED OR PRINTED			502	241 9093	07	03	20

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

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

NAME: MRS CARLA STP MSD
 ADDRESS: 070 LOUISVILLE/JEFF CD MSD
 4522 ALGONQUIN PKWY
 LOUISVILLE KY 40211-2497
 FACILITY: MRS CARLA STP MSD
 LOCATION: LOUISVILLE KY
 ATTN: ALEX E NOVAK, OPER MGR


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

KY0022497			001 1			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	02	01		07	02	28

MINOR
 (SUBR LV)
 F - FINAL
 SANITARY WASTEWATER
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 *** NO DISCHARGE I [] ***

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PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
CALIFORM: FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	1	1	100	0	1/28	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	300A GED	7 DA GED	100ML	1	MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										

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			502	241 9093	07	03	26

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