

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

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

NAME ARM TOWRLA STP MSO

ADDRESS C/O LOUISVILLE/JEFF CO MOD

ABOW ALCONOUIN PRKY

LOUISVILLE FACILITY NEW CARLA SIP NEW KY 40211-2477

LOCATION: PROTESTED E \$A.Y NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

TO

KY0022497 PERMIT NUMBER

MO

DAY

YEAR

FROM

001 1 DISCHARGE NUMBER

DAY.

YEAR MO.

MINOR (SUBR LV) F - FINAL Form Approved. OMB No. 2040-0004

JEFFE

SAMITARY MASTEWATER

EFFLUENT

*** NO DISCHARGE ! ! ***

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

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ADDRESS C/O LOUISVILLE/JETE OD MSD

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LOUISVILLE

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

MONITORING PERIOD

TO

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DAY

YEAR

FROM

(30)1 1 DISCHARGE NUMBER

DAY

YEAR MO

MINOR (SUBR LV) F - FINAL

OMB No. 2040-0004

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Form Approved.

SANITARY WASTEWATER

EFFLUENT

*** NO DISCHARGE ! ! ***

NOTE: Read Instructions before completing this form.

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER 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 informatio submitted is, to the best of my knowledge and belief, true, accurate, and complete.		on Q		SCOUTURE SC	TELEPHON		(77 ()	ATE OC			
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