



**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 – March 2007**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Ken Carla WTP; KPDES No.: KY0022497 for the month of March 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 0307

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)

NAME BEN CARLA STP MSD  
ADDRESS C/O LOUISVILLE/JEFF CO MSD  
4522 ALGONQUIN PKWY  
LOUISVILLE KY 40211-2497  
FACILITY BEN 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

MINOR (SUBR LV)  
F - FINAL JEFFE  
SANITARY WASTEWATER EFFLUENT  
\*\*\* NO DISCHARGE [ ] \*\*\*

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	03	01	07	03	01

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)	*****	*****	*****	( 19)	7.5	*****	*****	( 19)	0	1/31	Grab
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		ONCE/MONTH	GRAB
BOD, 5-DAY (20 DEG. C)	*****	*****	*****	( 26)	*****	10.0	10.0	( 19)	0	1/31	Comp
00310 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.50	5.00	LBS/DY	*****	30	50	MG/L		ONCE/MONTH	COMPOSITE
PH	*****	*****	*****	( 12)	6.9	*****	6.9	( 12)	0	1/31	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0	SU		ONCE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	*****	*****	*****	( 26)	*****	22.0	22.0	( 19)	0	1/31	Comp
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.50	5.00	LBS/DY	*****	30	50	MG/L		ONCE/MONTH	COMPOSITE
NITROGEN, AMMONIA TOTAL (AS N)	*****	*****	*****	( 26)	*****	0.28	0.28	( 19)	0	1/31	Comp
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.67	3.34	LBS/DY	*****	20	40	MG/L		ONCE/MONTH	COMPOSITE
PHOSPHORUS, TOTAL (AS P)	*****	*****	*****	( 17)	*****	φ	φ	( 17)	0	1/31	Comp
00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L		ONCE/MONTH	COMPOSITE
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	*****	*****	*****	( 03)	*****	*****	*****	*****	0	Inst.	Inst.
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	*****		WEEKLY	INST MAX

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
HT. Schadein  
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 502 241-9093  
DATE 07 04 18  
AREA CODE NUMBER YEAR MO DAY

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

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

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

KY0022497 PERMIT NUMBER  
 001 1 DISCHARGE NUMBER

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

JEFF CO

MONITORING PERIOD  
 FROM YEAR 07 MO 03 DAY 01 TO YEAR 07 MO 03 DAY 31

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			
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	1.0	1.0	(13)	0	1/31	Grab
	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	#/		ONCE / MONTH	GRAB
	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 H.J. Schardeiu 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 502	NUMBER 241-4093	YEAR 07	MO 04

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