

**MSD**

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

May 22, 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 – April 2007**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Ken Carla WTP; KPDES No.: KY0022497 for the month of April 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 0407

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)

Form Approved. OMB No. 2040-0004

NAME: NEW CARLA STR. MSF  
ADDRESS: 670 LOUISVILLE/JEFF CO MSD

PERMIT NUMBER: KY0022497

DISCHARGE NUMBER: 001 1

MINOR (SUBR LV)

F - FINAL

SANITARY WASTEWATER EFFLUENT

FACILITY: NEW CARLA STR. MSF  
LOCATION: LOUISVILLE, KY 40211-2497

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	04	01		07	04	30

\*\*\* NO DISCHARGE \*\*\*

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			
OXYGEN, DISSOLVED (DO)		*****	*****		7.2	*****	*****	( 17 )	0	1/30	Grab
EFFLUENT GROSS VALUE		*****	*****	***	INST MIN	*****	*****	MG/L		MONTH	
PHOSPHORUS, TOTAL (AS P)		0.13	0.13	( 25 )	*****	4.0	4.0	( 17 )	0	1/30	Comp
EFFLUENT GROSS VALUE		2.50	5.00	LBS/DY	*****	30	30	MG/L		MONTH	
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L		MONTH	
PHOSPHORUS, AMMONIA (AS N)		*****	*****		6.9	*****	6.9	( 12 )	0	1/30	Grab
EFFLUENT GROSS VALUE		*****	*****	***	MINIMUM	*****	MAXIMUM	SU		MONTH	
SOLIDS, TOTAL SUSPENDED		0.57	0.57	( 26 )	*****	17.0	17.0	( 17 )	0	1/30	Comp
EFFLUENT GROSS VALUE		2.30	5.00	LBS/DY	*****	30	30	MG/L		MONTH	
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L		MONTH	
AMMONIA NITROGEN, TOTAL (AS N)		0.01	0.01	( 25 )	*****	0.28	0.28	( 17 )	0	1/30	Comp
EFFLUENT GROSS VALUE		1.57	3.34	LBS/DY	*****	20	30	MG/L		MONTH	
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L		MONTH	
PHOSPHORUS, TOTAL (AS P)		*****	*****		*****	5.03	5.03	( 17 )	0	1/30	Comp
EFFLUENT GROSS VALUE		*****	*****	***	*****	REPORT	REPORT	MG/L		MONTH	
EFFLUENT GROSS VALUE		*****	*****	***	*****	30DA AVG	DAILY MX	MG/L		MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.003	0.005	( 10 )	*****	*****	*****		0	5/7	Est.
EFFLUENT GROSS VALUE		REPORT	REPORT	MGD	*****	*****	*****	***		DAYS	
EFFLUENT GROSS VALUE		30DA AVG	INST MAX	MGD	*****	*****	*****	***		DAYS	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER H.S. Schneider 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
			502	241-9693	07	05	22

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

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

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

MINOR  
(SUBR LV)  
\* - FINAL  
SANITARY WASTEWATER  
EFFLUENT

NAME: NEWARK/INDA/ETP/MSD  
ADDRESS: 171 LOUISVILLE/JEFF CD MSD  
INDIANA CONQUIN PARK  
LOUISVILLE KY 40211-2497  
FACILITY: NEW LARDA/STP/MSD  
LOCATION: LOUISVILLE KY  
OWNER: ALEX E NOVAK, OPER MGR

KY0022497  
PERMIT NUMBER

001  
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	04	01		07	04	30

FROM

TO

\*\*\* NO DISCHARGE \*\*\*

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		*****	*****		*****	1.0	1.0	(13)	0	1/30	Grab
EFFLUENT GROSS VALUE		*****	*****	***	*****	300A GED	400B GED	100ML		ONCE MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Alex Schardein  
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

509 631-5293

DATE

07 05 2007

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