



MSD

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

May 22, 2008

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 2008**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Ken Carla WTP; KPDES No.: KY0022497 for the month of April 2008.

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 0408

Enclosures

cc. C. Roth (DOW)
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 KEN CARLA STP MSO
ADDRESS C/O CEDAR CREEK STP
5405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY KEN CARLA STP MSO
LOCATION LOUISVILLE KY
ATTN: DENNIS THOMASON, SR METRO OPS

KY0022497
PERMIT NUMBER

0011
DISCHARGE NUMBER

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

JEPFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	04	01		08	04	30

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)		*****	*****		7.8	*****	*****	(19)	0	1/30	Grab
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		ONCE / MONTH	
BOD, 5-DAY (20 DEG. C)		0.07	0.07	(26)	*****	4.0	4.0	(19)	0	1/30	Comp
00310 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.50 30DA AVG	5.00 DAILY MX	LBS/DY	*****	30 30DA AVG	60 DAILY MX	MG/L		ONCE / MONTH	
PH		*****	*****		7.2	*****	7.2	(12)	0	1/30	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	BU		ONCE / MONTH	
SOLIDS, TOTAL SUSPENDED		0.03	0.03	(26)	*****	2.0	2.0	(19)	0	1/30	Comp
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.50 30DA AVG	5.00 DAILY MX	LBS/DY	*****	30 30DA AVG	60 DAILY MX	MG/L		ONCE / MONTH	
NITROGEN, AMMONIA TOTAL (AS N)		0.004	0.004	(26)	*****	0.22	0.22	(19)	0	1/30	Comp
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.67 30DA AVG	3.34 DAILY MX	LBS/DY	*****	20 30DA AVG	40 DAILY MX	MG/L		ONCE / MONTH	
PHOSPHORUS, TOTAL (AS P)		*****	*****		*****	3.0	3.0	(19)	0	1/30	Comp
00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT 30DA AVG	REPORT DAILY MX	MG/L		ONCE / MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.003	0.005	(03)	*****	*****	*****		0	5/7	Inst
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	*****	*****	*****	****		WEEK - DAYS	INST MAX

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Eric Director H.J. Schaefer Jr 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		
			500 AREA CODE	241 9493 NUMBER	08 YEAR	05 MO

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 CEDAR CREEK STP
 8405 CEDAR CREEK RD
 LOUISVILLE KY 40211
FACILITY KEN CARLA STP MSD
LOCATION LOUISVILLE KY
ATTN. DENNIS THOMASSON, SR METRO OPS

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

JEFF

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
03	04	01		03	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			
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	1.0	1.0	(13)	0	1/30	Grab
74055 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	#/		ONCE / MONTH	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			****		3000 GPD	7 DA GPD	100ML			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Exec Director
 H.J. Schaefer Jr
 TYPED OR PRINTED

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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 502 241-9693
 DATE
 08 05 21

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