



MSD

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

March 26, 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 – February 2008**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Ken Carla WTP; KPDES No.: KY0022497 for the month of February 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 0208

Enclosures

cc. C. Roth (DOW)
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: 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
 *** NO DISCHARGE 1 1 ***

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	02	01		08	02	29

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****		7.8	*****	*****	(19)	0	1/29	Grab
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	2	*****	*****			ONCE/ MONTH	GRAB
EFFLUENT GROSS VALUE				****	INST MIN			MG/L			
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	0.40	0.40	(26)	*****	16.0	16.0	(19)	0	1/29	Comp
00310 1 0 0	PERMIT REQUIREMENT	2.50	5.00		*****	30	60			ONCE/ MONTH	COMPOS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
PH	SAMPLE MEASUREMENT	*****	*****		6.7	*****	6.7	(12)	0	1/29	Grab
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0			ONCE/ MONTH	GRAB
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM	SU			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	0.40	0.40	(26)	*****	15.0	15.0	(19)	0	1/29	Comp
00530 1 0 0	PERMIT REQUIREMENT	2.50	5.00		*****	30	60			ONCE/ MONTH	COMPOS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.01	0.01	(26)	*****	0.40	0.40	(19)	0	1/29	Comp
00610 1 0 0	PERMIT REQUIREMENT	1.67	3.34		*****	20	40			ONCE/ MONTH	COMPOS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	1.70	1.70	(19)	0	1/29	Comp
00665 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT			ONCE/ MONTH	COMPOS
EFFLUENT GROSS VALUE				****		30DA AVG	DAILY MX	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.002	0.004	(03)	*****	*****	*****		0	5/17	Inst
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		WEEK- DAYS	INSTAN
EFFLUENT GROSS VALUE		30DA AVG	INST MAX	MGD				****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
		AREA CODE	NUMBER	YEAR	MO	DAY
Executive Director H.T. Schubein Jr	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.	502	241-9093	08	03	24
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

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

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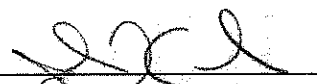
Form Approved.
 OMB No. 2040-0004

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	02	01		08	02	27

*** NO DISCHARGE 1 1 ***

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PARAMETER		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	1/29	Grab
74055 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	200	400 #/			ONCE /	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			****		30DA GED	7 DA GED	100ML		MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										

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			AREA CODE 502	NUMBER 241-9093	YEAR 08	MO 03	DAY 24

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