



MSD

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

April 23, 2008

Charlie Roth, District Supervisor
Kentucky Division of Water
9116 Leesgate road
Louisville, Kentucky 40222

**Re: MSD Metro Operations
Ken Carla WTP; KPDES No.: KY0022497
Discharge Monitoring Reports – March 2008**

Dear Mr. Roth

Attached is the Discharge Monitoring Reports (DMRs) for the Ken Carla WTP; KPDES No.: KY0022497 for the month of March 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 0308

Enclosures

cc. K. Thurman (DOW)
T. Singleton

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

Form Approved.
 OMB No. 2040-0004

JEFFE

SANITARY WASTEWATER
 EFFLUENT

*** NO DISCHARGE [] ***

NOTE: Read instructions before completing this form.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	03	01		08	03	31

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)		*****	*****		8.9	*****	*****	(19)	0	1/31	Grab
00300 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	2	*****	*****	MG/L		ONCE / MONTH	GRAB
BOD, 5-DAY (20 DEG. C)		0.03	0.03	(26)	*****	3.0	3.0	(19)	0	1/31	Comp
00310 1 0 0 EFFLUENT GROSS VALUE		2.50	5.00	LBS/DY	*****	30	60	MG/L		ONCE / MONTH	COMPOS
PH		*****	*****		7.2	*****	7.2	(12)	0	1/31	Grab
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	6.0	*****	9.0	GU		ONCE / MONTH	GRAB
SOLIDS, TOTAL SUSPENDED		0.18	0.18	(26)	*****	21.0	21.0	(19)	0	1/31	Comp
00530 1 0 0 EFFLUENT GROSS VALUE		2.50	5.00	LBS/DY	*****	30	60	MG/L		ONCE / MONTH	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)		0.001	0.001	(26)	*****	0.11	0.11	(19)	0	1/31	Comp
00610 1 0 0 EFFLUENT GROSS VALUE		1.67	3.34	LBS/DY	*****	20	40	MG/L		ONCE / MONTH	COMPOS
PHOSPHORUS, TOTAL (AS P)		*****	*****		*****	3.0	3.0	(19)	0	1/31	Comp
00665 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	REPORT	REPORT	MG/L		ONCE / MONTH	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.002	0.004	(03)	*****	*****	*****		0	5/7	Inst.
50050 1 0 0 EFFLUENT GROSS VALUE		REPORT	REPORT	MGD	*****	*****	*****	***		WEEK - INSTAN	INSTAN
		30DA AVG	INST MAX		*****	*****	*****	***		DAYS	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Exec 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		
			AREA CODE NUMBER	YEAR	MO	DAY
			241-9693	08	01	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)

Form Approved.
OMB No. 2040-0004

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLIFORM, FECAL GENERAL		*****	*****		*****	2.0	2.0	(13)	0	1/31	Grab
74055 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	200 30DA GED	400 7 DA GED	*/ 100ML		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
502 241-9093
AREA CODE NUMBER
DATE
08 01 22
YEAR MO DAY

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