



MSD

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

September 25, 2008

Ms. Vickie L. Prather
Kentucky Division of Water
14 Reilly Road
Frankfort, Kentucky 40601

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

Dear Ms. Prather :

Attached is the Discharge Monitoring Reports (DMRs) for the Ken Carla WTP; KPDES No.: KY0022497 for the month of August 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 0808

Enclosures

cc. C. Roth (DOW)
T. Singleton
P. Burgin
R. Shaw



*Beneficial Use of Louisville's Biosolids
www.louisvillegreen.com*

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

AME KEN CARLA STP MSD
DDRESS C/O CEDAR CREEK STP
6405 CEDAR CREEK RD
LOUISVILLE KY 40211

ACILITY 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)
T - FINAL

JEFFE

SANITARY WASTEWATER
EFFLUENT

*** NO DISCHARGE 1 ***

NOTE: Read Instructions before completing this form.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
05	05	01		05	05	31

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)	*****	*****			7.5	*****	*****	(19)	0	1/31	Grab
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		ONCE / MONTH	GRAB
00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.08	0.08	(26)	*****	3.0	3.0	(19)	0	1/31	Comp
00310 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	3.50	5.00	****	*****	30	50	MG/L		ONCE / MONTH	COMPOS
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.9	*****	6.9	(12)	0	1/31	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0	50		ONCE / MONTH	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.08	0.08	(26)	*****	3.0	3.0	(19)	0	1/31	Comp
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	3.50	5.00	****	*****	30	50	MG/L		ONCE / MONTH	COMPOS
00610 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.01	0.01	(26)	*****	0.22	0.22	(19)	0	1/31	Comp
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.67	3.34	****	*****	20	40	MG/L		ONCE / MONTH	COMPOS
00665 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	2.74	2.74	(19)	0	1/31	Comp
00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L		ONCE / MONTH	COMPOS
00950 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.003	0.004	(03)	*****	*****	*****		0	5/17	Inst.
00950 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	****	*****	*****	*****	****		WEEKLY	INSTANT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Exec Director
H.T. 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		
108 411-6600	07	09	24
AREA CODE NUMBER	YEAR	MO	DAY

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

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

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

KY0022497
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MINDR
(SUBR LV)
F - FINAL
SANITARY WASTEWATER
EFFLUENT
JEFFE

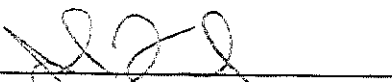
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	08	01		08	08	31

*** NO DISCHARGE 1 1 ***
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			
COLIFORM, FECAL GENERAL	*****	*****			*****	5.0	5.0	(13)	0	1/31	Grab
74055 1 0 0 EFFLUENT GROSS VALUE	*****	*****	***	****	*****	200	400 #/			ONCE/	WRAB
						30DA GED	7 DA GED	100ML		MONTH	

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Exec Director
H.T. Schadein Jr
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 502 540-6000
DATE 08 09 24
AREA CODE NUMBER YEAR MO DAY

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