



MSD

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

November 21, 2008

Ms. Carolena Bentley
DMR Coordinator
200 Fair Oaks Lane
Frankfort, Kentucky 40601

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

Dear Ms. Bentley

Attached is the Discharge Monitoring Reports (DMRs) for the Ken Carla WTP; KPDES No.: KY0022497 for the month of October 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 1008

Enclosures

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



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

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

MINOR
(SUBR LV)
F - FINAL
SANITARY WASTEWATER
EFFLUENT

JEFF

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

ERMITTEE 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

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
05	10	01		05	10	31

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DOXYGEN, DISSOLVED (DO)	*****	*****			7.8	*****	*****	(19)	0	1/31	Grab
DO300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	2	*****	*****			ONCE/MONTH	GRAB
EFFLUENT GROSS VALUE BOD, 5-DAY (20 DEG. C)	0.10	0.10	(26)	*****	9.0	9.0	(19)	0	1/31	Comp	
DO310 1 0 0	PERMIT REQUIREMENT	2.50	5.00		30	60				ONCE/MONTH	COMPOS
EFFLUENT GROSS VALUE PH	*****	*****			7.1	7.1	(12)	0	1/31	Grab	
DO400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0	9.0				ONCE/MONTH	GRAB
EFFLUENT GROSS VALUE SOLIDS, TOTAL SUSPENDED	0.10	0.10	(26)	*****	10.0	10.0	(19)	0	1/31	Comp	
DO530 1 0 0	PERMIT REQUIREMENT	2.50	5.00		30	60				ONCE/MONTH	COMPOS
EFFLUENT GROSS VALUE NITROGEN, AMMONIA TOTAL (AS N)	0.0005	0.0005	(26)	*****	0.00	0.10	(19)	0	1/31	Comp	
DO610 1 0 0	PERMIT REQUIREMENT	1.67	3.34		20	40				ONCE/MONTH	COMPOS
EFFLUENT GROSS VALUE PHOSPHORUS, TOTAL (AS P)	*****	*****			0.50	0.50	(19)	0	1/31	Comp	
DO665 1 0 0	PERMIT REQUIREMENT	*****	*****	****	REPORT	REPORT				ONCE/MONTH	COMPOS
EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT	0.001	0.002	(03)	*****	*****	*****		0	5/3	Inst.	
DO050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT	****	*****	*****	****			WEEK-DAYS	INSTAN
EFFLUENT GROSS VALUE	30DA AVG	INST MAX	MGD								

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Exec Dir H. J. Schabert, 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		
			503 AREA CODE	646-6000 NUMBER	18 YEAR	11 MO

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

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

MINOR
(SUBR LV)
F - FINAL

JEFF

SANITARY WASTEWATER
EFFLUENT

*** NO DISCHARGE [] ***

NOTE: Read Instructions before completing this form.

KY0022497
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	10	01		08	10	31

FROM

TO

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

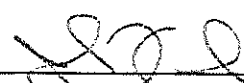
FACILITY KEN CARLA STP MSD
LOCATION LOUISVILLE KY

ATTN: DENNIS THOMASSON, SR METRO OPS

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 74055 1 G O EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	1.0	1.0	(13)	0	1/3	Grab
	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	#/		ONCE/	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Suzanne
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 502 540-6000
DATE 08 11 25
AREA CODE NUMBER YEAR MO DAY

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

KEN CARLA STP MSD
 C/O ERIC G. BRADY
 4522 ALGONQUIN PARKWAY
 LOUISVILLE KY 40211-2407
 KEN CARLA STP MSD
 LOUISVILLE KY
 ATTN: H. J. SCHARDI

KY002249:001 1

Tot. Phos.

	Quantity or Loading			Quality or Cc	
	Average	Maximum	Units	Minimum	Average
OXYGEN, DISSOLVEI (DO)	*****	*****	***	0	*****
00300 1 0 0	*****	*****	***	2	*****
EFFLUENT GROSS VALUE BOD, 5-DAY (20 DEG. C)			(26)	INST MIN *****	
00310 1 0 0	2.50	5.00	LBS/DY	*****	30
EFFLUENT GROSS V30DA AVG DAILY MX PH	*****	*****	***	0	30DA AVG *****
00400 1 0 0	*****	*****	***	6.0	*****
EFFLUENT GROSS VALUE SOLIDS, TOTAL SUSPENDED			(26)	MINIMUM *****	
00530 1 0 0	2.50	5.00	LBS/DY	*****	30
EFFLUENT GROSS V30DA AVG DAILY MX NITROGEN, AMMONIA TOTAL (AS N)			(26)	*****	30DA AVG
00610 1 0 0	1.67	3.34	LBS/DY	*****	20
EFFLUENT GROSS V30DA AVG DAILY MX PHOSPHORUS, TOT/ (AS P)	*****	*****	***	*****	30DA AVG
00665 1 0 0	*****	*****	***	*****	REPORT 30DA AVG
EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT			(03)	*****	*****
50050 1 0 0	REPORT	REPORT	MGD	*****	*****
EFFLUENT GROSS V30DA AVG INST MAX COLIFORM, FECAL GENERAL	*****	*****	***	*****	
74055 1 0 0	*****	*****	***	*****	200
EFFLUENT GROSS VALUE					30DA GEO

0.54
 0.54

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

Concentration	Units	No. Ex.	Freq. Of Analysis	Sample Type
Maximum *****	(19)	0	1/30	GRAB
*****	MG/L		ONCE/ MONTH	GRAB
	(19)	0	1/30	COMPOS
60 DAILY MX	MG/L		ONCE/ MONTH	COMPOS
0	(12)	0	1/30	GRAB
9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
	(19)	0	1/30	COMPOS
60 DAILY MX	MG/L		ONCE/ MONTH	COMPOS
	(19)	0	1/30	COMPOS
40 DAILY MX	MG/L		ONCE/ MONTH	COMPOS
	(19)	0	1/30	COMPOS
REPORT DAILY MX	MG/L		ONCE/ MONTH	COMPOS
*****	***	0	5/7	INSTAN
*****	***		WEEK- DAYS	INSTAN
	(13)	0	1/30	GRAB
400 7 DA GEO	# /100ml		ONCE/ MONTH	GRAB