



**MSD**

*Louisville and Jefferson County Metropolitan Sewer District  
700 West Liberty Street  
Louisville Kentucky 40203-1911  
502-540-6000  
[www.msdlouky.org](http://www.msdlouky.org)*

October 27, 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 – September 2008**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Ken Carla WTP; KPDES No.: KY0022497 for the month of September 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 0908

Enclosures

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



*Beneficial Use of Louisville's Biosolids  
[www.louisvillegreen.com](http://www.louisvillegreen.com)*

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

AME **KEN CARLA STP MBL**  
DDRESS **C/O CEDAR CREEK STP**  
**8405 CEDAR CREEK RD**  
**LOUISVILLE KY 40211**  
ACILITY **KEN CARLA STP MBL**  
OCATION **LOUISVILLE KY**  
TTN **DENNIS THOMASSON, SR METRO OPS**

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

KY0032497  
PERMIT NUMBER

001 1  
DISCHARGE NUMBER

MINOR  
(SUBR LV)  
F - FINAL  
SANITARY WASTEWATER  
EFFLUENT  
\*\*\* NO DISCHARGE \*\*\*  
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 | *****               | *****    |        | 8.0                      | *****    | *****    | ( 19 ) | 0      | 1/30                  | Grab        |
| 00300 1 0 0                              | PERMIT REQUIREMENT | *****               | *****    | *****  | INST MIN                 | *****    | *****    | MG/L   |        | ONCE/ MONTH           | GRAB        |
| EFFLUENT GROSS VALUE                     |                    |                     |          |        |                          |          |          |        |        |                       |             |
| OD, 5-DAY (20 DEG. C)                    | SAMPLE MEASUREMENT | 0.03                | 0.03     | ( 26 ) | *****                    | 3.0      | 3.0      | ( 19 ) | 0      | 1/30                  | Comp        |
| 00310 1 0 0                              | PERMIT REQUIREMENT | 2.50                | 5.00     |        | *****                    | 30       | 50       | MG/L   |        | ONCE/ MONTH           | COMPOS      |
| EFFLUENT GROSS VALUE                     |                    | 30DA AVG            | DAILY MX | LBS/DY |                          | 30DA AVG | DAILY MX | MG/L   |        |                       |             |
| PH                                       | SAMPLE MEASUREMENT | *****               | *****    |        | 7.0                      | *****    | 7.0      | ( 12 ) | 0      | 1/30                  | Grab        |
| 00400 1 0 0                              | PERMIT REQUIREMENT | *****               | *****    | *****  | 5.0                      | *****    | 9.0      | BU     |        | ONCE/ MONTH           | GRAB        |
| EFFLUENT GROSS VALUE                     |                    |                     |          |        | MINIMUM                  |          | MAXIMUM  |        |        |                       |             |
| SOLIDS, TOTAL SUSPENDED                  | SAMPLE MEASUREMENT | 0.06                | 0.06     | ( 26 ) | *****                    | 7.0      | 7.0      | ( 19 ) | 0      | 1/30                  | Comp        |
| 00530 1 0 0                              | PERMIT REQUIREMENT | 2.50                | 5.00     |        | *****                    | 30       | 50       | MG/L   |        | 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 | 0.001               | 0.001    | ( 26 ) | *****                    | 0.13     | 0.13     | ( 19 ) | 0      | 1/30                  | Comp        |
| 00610 1 0 0                              | PERMIT REQUIREMENT | 1.27                | 3.34     |        | *****                    | 20       | 40       | MG/L   |        | ONCE/ MONTH           | COMPOS      |
| EFFLUENT GROSS VALUE                     |                    | 30DA AVG            | DAILY MX | LBS/DY |                          | 30DA AVG | DAILY MX | MG/L   |        |                       |             |
| PHOSPHORUS, TOTAL (AS P)                 | SAMPLE MEASUREMENT | *****               | *****    |        | *****                    | 3.55     | 3.55     | ( 19 ) | 0      | 1/30                  | Comp        |
| 00665 1 0 0                              | PERMIT REQUIREMENT | *****               | *****    | *****  | *****                    | REPORT   | REPORT   | MG/L   |        | ONCE/ MONTH           | COMPOS      |
| EFFLUENT GROSS VALUE                     |                    |                     |          |        |                          | 30DA AVG | DAILY MX |        |        |                       |             |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT | SAMPLE MEASUREMENT | 0.001               | 0.002    | ( 03 ) | *****                    | *****    | *****    |        | 0      | 5/7                   | Inst.       |
| 00050 1 0 0                              | PERMIT REQUIREMENT | REPORT              | REPORT   |        | *****                    | *****    | *****    | *****  |        | WEEK- DAYS            | INSTAN      |
| EFFLUENT GROSS VALUE                     |                    | 30DA AVG            | INST MAX | MG     |                          |          |          |        |        |                       |             |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Exec Dir  
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 |    |     |
|-----------|----------|------|----|-----|
| 502       | 540-1666 | 08   | 10 | 24  |
| AREA CODE | NUMBER   | YEAR | MO | DAY |

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

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY

06 07 01 06 07 30

MINOR  
(SURE LV)  
F - FINAL  
SANITARY WASTEWATER  
EFFLUENT  
\*\*\* NO DISCHARGE \*\*\*  
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 |        |                       |             |
| COLIFORM, FECAL<br>GENERAL<br>74055-1 C C<br>EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | *****               | *****   |       | *****                    | 1.0             | 1.0             | (13)  | 0      | 1/30                  | Grab        |
|   | PERMIT REQUIREMENT | *****               | *****   | ***   | *****                    | 200<br>30DA GED | 400<br>7 DA GED | 100ML |        | ONCE / MONTH          |             |
|   | SAMPLE MEASUREMENT |                     |         |       |                          |                 |                 |       |        |                       |             |
|   | PERMIT REQUIREMENT |                     |         |       |                          |                 |                 |       |        |                       |             |
|   | SAMPLE MEASUREMENT |                     |         |       |                          |                 |                 |       |        |                       |             |
|   | PERMIT REQUIREMENT |                     |         |       |                          |                 |                 |       |        |                       |             |
|   | SAMPLE MEASUREMENT |                     |         |       |                          |                 |                 |       |        |                       |             |
|   | PERMIT REQUIREMENT |                     |         |       |                          |                 |                 |       |        |                       |             |
|   | SAMPLE MEASUREMENT |                     |         |       |                          |                 |                 |       |        |                       |             |
|   | PERMIT REQUIREMENT |                     |         |       |                          |                 |                 |       |        |                       |             |
|   | SAMPLE MEASUREMENT |                     |         |       |                          |                 |                 |       |        |                       |             |
|   | PERMIT REQUIREMENT |                     |         |       |                          |                 |                 |       |        |                       |             |
|   | SAMPLE MEASUREMENT |                     |         |       |                          |                 |                 |       |        |                       |             |
|   | PERMIT REQUIREMENT |                     |         |       |                          |                 |                 |       |        |                       |             |

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TELEPHONE  
502 540-6000  
AREA CODE NUMBER

DATE  
08 10 24  
YEAR MO DAY

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