



MSD

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

January 20, 2009

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

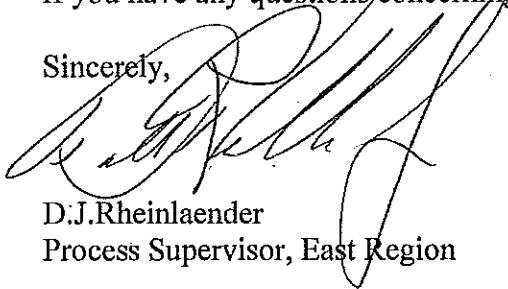
**Re: MSD Metro Operations
Ken Carla WTP; KPDES No.: KY0022497
Discharge Monitoring Reports – December 2008**

Dear Ms. Bentley

Attached is the Discharge Monitoring Reports (DMRs) and the Monthly operators report (MOR) for the Ken Carla WTP; KPDES No.: KY0022497 for the month of December 2008.

If you have any questions concerning the attached DMRs, please contact me at (502)241-9093.

Sincerely,



D.J. Rheinlaender
Process Supervisor, East Region

DJR/Ken Carla 1208

Enclosures

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



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

NAME MEN CARLA STP MSD
 ADDRESS C/O CEDAR CREEK STP
 8405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY MEN CARLA STP MSD
 LOCATION LOUISVILLE KY
 ATTN: DENNIS THOMASSON, SR METRO OPS

KY0022497
 PERMIT NUMBER

001 1
 DISCHARGE NUMBER

MINOR
 (SUBR LV)
 F - FINAL

JEFF

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
05	12	01		05	12	31

SANITARY WASTEWATER EFFLUENT

*** NO DISCHARGE 1 1 ***

NOTE: Read Instructions before completing this form.

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) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.9	*****	*****	(19)	0	1/31	GRAB
	PERMIT REQUIREMENT	*****	*****	****	2	*****	*****			ONCE / MONTH	GRAB
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.13	0.18	(26)	*****	2	2	(19)	0	1/31	COMPOS
	PERMIT REQUIREMENT	2.50	5.00	LBS/DY	*****	30	60			ONCE / MONTH	COMPOS
		30DA AVG	DAILY MX			30DA AVG	DAILY MX	MG/L			
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.9	*****	6.9	(12)	0	1/31	GRAB
	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0			ONCE / MONTH	GRAB
				****	MINIMUM		MAXIMUM	SU			
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.10	0.25	(26)	*****	6	6	(19)	0	1/31	COMPOS
	PERMIT REQUIREMENT	2.50	5.00	LBS/DY	*****	30	60			ONCE / MONTH	COMPOS
		30DA AVG	DAILY MX			30DA AVG	DAILY MX	MG/L			
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.002	0.005	(26)	*****	0.11	0.11	(19)	0	1/31	COMPOS
	PERMIT REQUIREMENT	1.87	3.34	LBS/DY	*****	20	40			ONCE / MONTH	COMPOS
		30DA AVG	DAILY MX			30DA AVG	DAILY MX	MG/L			
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.54	0.54	(19)	0	1/31	COMPOS
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT			ONCE / MONTH	COMPOS
				****		30DA AVG	DAILY MX	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.001	0.005	(03)	*****	*****	*****		0	1/31	INSTAN
	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	****		WEEK - DAYS	INSTAN
		30DA AVG	INST MAX								

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Ext Dir
 H. J. Edwards
 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

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

NAME **KEN CARLA STP MSD**
 ADDRESS **C/O CEDAR CREEK STP**
6405 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

MINOR
 (SUBR LV)
 F - FINAL

JEFF

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
05	12	01		05	12	31

SANITARY WASTEWATER EFFLUENT

*** NO DISCHARGE [] ***

NOTE: Read Instructions before completing this form.

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	SAMPLE MEASUREMENT	*****	*****		*****	/	/	(13)	0	1/31	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										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Ext 017
H. J. [Signature]
 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]
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 502 494 5800
 DATE
 09 01 20

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.

0.539

	Quantity or Loading			Quality or Co	
	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.	Freq. Of	Sample
Maximum	(19)	Ex.	Analysis	Type
*****		0	1/30	GRAB
*****	MG/L		ONCE/ MONTH	GRAB
	(19)	0	1/30	COMPOS
60	MG/L		ONCE/ MONTH	COMPOS
DAILY MX	(12)	0	1/30	GRAB
0				
9.0	SU		ONCE/ MONTH	GRAB
MAXIMUM	(19)	0	1/30	COMPOS
60	MG/L		ONCE/ MONTH	COMPOS
DAILY MX	(19)	0	1/30	COMPOS
40	MG/L		ONCE/ MONTH	COMPOS
DAILY MX	(19)	0	1/30	COMPOS
REPORT	MG/L		ONCE/ MONTH	COMPOS
DAILY MX	***	0	5/7	INSTAN
*****	***		WEEK- DAYS	INSTAN
	(13)	0	1/30	GRAB
400	# /100ml		ONCE/ MONTH	GRAB
7 DA GEO				