



MSD

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

April 22, 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 – March 2009**

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 March 2009.

The TSS violation was due to excessive amount of solids. We wasted out the solids. And know the plant is back to compliances.

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 0309

Enclosures

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



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

NAME KEN CARLA STP MSD
 ADDRESS C/O CEDAR CREEK STP
 8406 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
 0011 DISCHARGE NUMBER

MINOR (SUBR LV)
 F - FINAL JEFFE
 SANITARY WASTEWATER EFFLUENT
 *** NO DISCHARGE () ***
 NOTE: Read Instructions before completing this form.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	03	01		07	03	01

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 (00)	*****	*****			9.9	*****	*****	(19)	1	1/31	GRAB
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	2 INST MIN	*****	*****	MG/L		ONCE / MONTH	GRAB
BOD, 5-DAY (20 DEG. C)	*****		(26)		*****	*****	*****	(19)	1	1/31	COMPOS
00310 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.50 30DA AVG	3.00 DAILY MX	LBS/DY	*****	30	50	MG/L		ONCE / MONTH	COMPOS
PH	*****	*****			6.1	*****	7.4	(12)	1	1/31	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	5.0 MINIMUM	*****	9.0 MAXIMUM	SU		ONCE / MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	*****		(26)		*****	*****	*****	(19)	1	1/31	COMPOS
00520 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.50 30DA AVG	3.00 DAILY MX	LBS/DY	*****	30	50	MG/L		ONCE / MONTH	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	*****		(26)		*****	*****	*****	(19)	1	1/31	COMPOS
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.57 30DA AVG	3.34 DAILY MX	LBS/DY	*****	20	40	MG/L		ONCE / MONTH	COMPOS
PHOSPHORUS, TOTAL (AS P)	*****	*****			*****	*****	*****	(19)	1	1/31	COMPOS
00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT 30DA AVG	REPORT DAILY MX	MG/L		ONCE / MONTH	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	*****		(03)		*****	*****	*****		1	1/31	INSTAN
90050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	*****	*****	*****	****		WEEK / DAYS	INSTAN

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER 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)

135: see attached cover letter

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

NAME **KEN CARLA STP MSD**
 ADDRESS **C/O CEDAR CREEK STP**
#405 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 **001 1**
 PERMIT NUMBER DISCHARGE NUMBER

MINOR (SUBR LV)
 F - FINAL JEFFE
 SANITARY WASTEWATER EFFLUENT
 *** NO DISCHARGE [] ***
 NOTE: Read Instructions before completing this form.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	03	01		07	03	31

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)		1/31	CELL
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	200	400 #/			ONCE /	GRAB
	SAMPLE MEASUREMENT					3000 GPD	7 DA GPD	100NL			MONTH
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Exh. 100
Dennis Thomasson Sr
 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
Dennis Thomasson Sr

TELEPHONE
 DATE
 AREA CODE NUMBER YEAR MO DAY
 502 251-4000 07 04 01

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

KY0022497001 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)	*****	
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
EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT			(03)	*****	30DA AVG *****
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

3.06

3.53

0.497

2.36

3.53