



*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)*

July 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 –June 2009**

Dear Ms. Bentley

Attached is the Discharge Monitoring Reports (DMRs) and the Monthly Operator Report (MOR) for the Ken Carla WTP; KPDES No.: KY0022497 for the month of June 2009.

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

Sincerely,

A handwritten signature in black ink, appearing to read "D.J. Rheinlaender", is written over a large, stylized, handwritten "A".

D.J. Rheinlaender  
Process Supervisor, East Region

DJR/Ken Carla 0609

Enclosures

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



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

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

NAME KEN CARLA STP MND  
ADDRESS C/O CEDAR CREEK STP  
8405 CEDAR CREEK RD  
LOUISVILLE KY 40211  
FACILITY KEN CARLA STP MND  
LOCATION LOUISVILLE KY  
ATTN: DENNIS THOMASSEN, SR. METRO OPS

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

K70022497			001				
PERMIT NUMBER			DISCHARGE NUMBER				
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	07	06	01		07	06	06

Form Approved.  
OMB No. 2040-0004

MINOR  
(SUBR LV)  
F - FINAL  
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			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****		9	*****	*****	( 17 )	0	1/30	GR
00300 : 0 0	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		WEEK	COMPLD
EFFLUENT GROSS VALUE				****						MONTH	
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	0.13	0.13	( 25 )	*****	4	4	( 17 )	0	1/30	CP
00310 : 0 0	PERMIT REQUIREMENT	2.50	5.00		*****	30	50	MG/L		WEEK	COMPLD
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L		MONTH	
PH	SAMPLE MEASUREMENT	*****	*****		8.2	*****	8.2	( 12 )	0	1/30	CP
00400 : 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	7.0	SC		WEEK	COMPLD
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM			MONTH	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	0.17	0.17	( 25 )	*****	5	5	( 17 )	0	1/30	CP
00500 : 0 0	PERMIT REQUIREMENT	2.50	5.00		*****	30	50	MG/L		WEEK	COMPLD
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L		MONTH	
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.002	0.002	( 25 )	*****	0.1	0.1	( 17 )	0	1/30	CP
00610 : 0 0	PERMIT REQUIREMENT	1.37	3.34		*****	20	40	MG/L		WEEK	COMPLD
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L		MONTH	
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	0.1	0.1	( 17 )	0	1/30	CP
00660 : 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L		WEEK	COMPLD
EFFLUENT GROSS VALUE				****		30DA AVG	DAILY MX	MG/L		MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	1.004	0.005	( 05 )	*****	*****	*****		0	1/30	CP
00050 : 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		WEEK	INST MIN
EFFLUENT GROSS VALUE		30DA AVG	INST MAX	MGD						DAYS	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		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.				TELEPHONE		DATE			
EXT. DIR											
H. I. Subedine Jr											
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				501 546 688		09 07 19			
						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: BLANNIS THOMASSON, SR METRO OPS

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

470022477  
PERMIT NUMBER  
0011  
DISCHARGE NUMBER

Form Approved.  
OMB No. 2040-0004  
MINOR  
(SUBR LV)  
F - FINAL  
SANITARY WASTEWATER  
EFFLUENT  
\*\*\* NO DISCHARGE \*\*\*

MONITORING PERIOD  
FROM YEAR MO DAY TO YEAR MO DAY  
07 09 01 07 09 09

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			
COLLIFORM FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****					1/3c	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	100ML		ONCE PER MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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		
Typed or Printed			AREA CODE	NUMBER	YEAR	MO

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

<b>Ken Carla</b>	Report for	<b>Jun-09</b>	Tot. Exc.= 0						
Tot. Flow=	0.1116	Concentrations		Pounds					
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
6/1/09	0.004								
6/2/09	0.004								
6/3/09	0.004	5	4	0.055	1	0.167	0.133	0.002	0.092
6/4/09	0.004								
6/5/09	0.003								
6/6/09	0.002								
6/7/09	0.003								
6/8/09	0.004								
6/9/09	0.004								
6/10/09	0.004								
6/11/09	0.005								
6/12/09	0.004								
6/13/09	0.003								
6/14/09	0.003								
6/15/09	0.004								
6/16/09	0.005								
6/17/09	0.004								
6/18/09	0.004								
6/19/09	0.004								
6/20/09	0.002								
6/21/09	0.004								
6/22/09	0.004								
6/23/09	0.003								
6/24/09	0.004								
6/25/09	0.003								
6/26/09	0.004								
6/27/09	0.003								
6/28/09	0.003								
6/29/09	0.003								
6/30/09	0.003								
Average	0.004	5.00	4.00	0.06	1.00	0.17	0.13	0.00	0.09
Maximum	0.005	5.00	4.00	0.06	1.00	0.17	0.13	0.00	0.09
Exceed.	0	0	0	0	0	0	0	0	

KEN CARLA STP MSL  
C/O ERIC G. BRADY  
4522 ALGONQUIN PA  
LOUISVILLE KY  
KEN CARLA STP MSL  
LOUISVILLE KY  
ATTN: H. J. SCHARDI

OXYGEN, DISSOLVEI  
(DO)  
00300 1 0 0  
EFFLUENT GROSS V  
BOD, 5-DAY  
(20 DEG. C)  
00310 1 0 0  
EFFLUENT GROSS V  
PH

00400 1 0 0  
EFFLUENT GROSS V  
SOLIDS, TOTAL  
SUSPENDED  
00530 1 0 0  
EFFLUENT GROSS V  
NITROGEN, AMMONI.  
TOTAL (AS N)  
00610 1 0 0  
EFFLUENT GROSS V  
PHOSPHORUS, TOT/  
(AS P)  
00665 1 0 0  
EFFLUENT GROSS V  
FLOW, IN CONDUIT C  
THRU TREATMENT P  
50050 1 0 0  
EFFLUENT GROSS V  
COLIFORM, FECAL