



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

May 26, 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 – April 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 April 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. Rheinfaender", is written over a circular stamp or watermark.

D.J. Rheinfaender
Process Supervisor, East Region

DJR/Ken Carla 0409

Enclosures

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



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

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

NAME NEW CARLA STP NSD
ADDRESS C/O CEDAR CREEK STP
8415 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY NEW CARLA STP NSD
LOCATION LOUISVILLE KY
ATTN: DARRIN THOMASON, SR METRO DPE

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

WY0022477
PERMIT NUMBER
001-1
DISCHARGE NUMBER

MINOR
(SUBR LV)
F - FINAL
SANITARY WASTEWATER
EFFLUENT
*** NO DISCHARGE [] ***

JEFF E

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	04	01		07	04	01

FROM

TO

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DISSOLVED OXYGEN (DO)	*****	*****	*****	*****	8	*****	*****	*****	1	1/30	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	INST MIN	*****	*****	*****		1/30	GR
BOD5 (20 DEG C)	*****	*****	*****	*****	*****	3	3	*****	1	1/30	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	3.50	5.00	LBS/DY	*****	30	50	*****		1/30	CP
TSS	*****	*****	*****	*****	7.3	*****	7.9	*****	1	1/30	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	*****		1/30	GR
SOLID, TOTAL SUSPENDED	*****	*****	*****	*****	*****	8	8	*****	1	1/30	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	3.50	5.00	LBS/DY	*****	30	50	*****		1/30	CP
NITROGEN AMMONIA TOTAL (AS N)	*****	*****	*****	*****	*****	0.1	0.1	*****	1	1/30	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.57	3.34	LBS/DY	*****	20	50	*****		1/30	CP
PHOSPHORUS TOTAL (AS P)	*****	*****	*****	*****	*****	0.4	0.9	*****	1	3/7	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT	*****		3/7	CP
FLOW THRU CONDUIT OR THRU TREATMENT PLANT	*****	*****	*****	*****	*****	*****	*****	*****	1	1/7	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	*****	*****	*****	*****	*****		1/7	CP

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H. J. Sebastian 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
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 WSD
ADDRESS 670 CEDAR CREEK STP
6405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY KEN CARLA STP WSD
LOCATION LOUISVILLE KY
ATTN: DENNIS THOMASSON, SR. METRO OPS

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

PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
FROM	TO
YEAR MO DAY	YEAR MO DAY

MINOR
(SUBR LV)
F - FINAL
SANITARY WASTEWATER
EFFLUENT
*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
GENERAL EFFLUENT GROSS VALUE		*****	*****		*****	2	2		0	1/30	GA
	PERMIT REQUIREMENT	*****	*****	***	*****	200	400	1		MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Exec Dir
H. J. Edwards, 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.

Chris B...
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
DATE
AREA CODE NUMBER YEAR MO DAY
88-546-1111 19 05 21

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

