MSD
Metropolitan Sewer District

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

September 15, 2009

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

Re: MSD Metro Operations
Ken Carla WQTC; KPDES No.: KY0022497
Discharge Monitoring Reports –August 2009

Dear Ms. Bentley

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

If you have any questions concerning the attached DMRs, please contact me at (502)587-5856.

Sincerely,

D.J.Rheinlaender
Process Supervisor, East Region

DJR/Ken Carla 0809

Enclosures

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

Form Approved.
OMB No. 2040-0004

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

NAME KEN, CARLA WQTC MSD

ADDRESS C/O CEDAR CREEK WQTC
8405 CEDAR CREEK RD
LOUISVILLE KY 40211

FACILITY KEN CARLA WQTC 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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	08	01	TO	04	08	31

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

JEFFE

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) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		9	******	******	(19)	0	1/31	GR
	PERMIT REQUIREMENT	******	****** ****	****	2 INST MIN	******	******	MG/L		ONCE/ MONTH	GRAB
BOD, 5-DAY (20 DEG C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.14	1.14	(26)	******	5	5	(19)	0	1/31	CP
	PERMIT REQUIREMENT	2.50 30DA AVG	5.00 DAILY MX	LBS/DY	******	30 30DA AVG	60 DAILY MX	MG/L		ONCE/ MONTH	COMPOS
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		8.5	******	8.5	(12)	0	1/31	GP
	PERMIT REQUIREMENT	******	****** ****	****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.03	0.03	(26)	******	3	3	(19)	0	1/31	CP
	PERMIT REQUIREMENT	2.50 30DA AVG	5.00 DAILY MX	LBS/DY	******	30 30DA AVG	60 DAILY MX	MG/L		ONCE/ MONTH	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	< 0.01	< 0.01	(26)	******	0.1	0.1	(19)	0	1/31	CP
	PERMIT REQUIREMENT	1.67 30DA AVG	3.34 DAILY MX	LBS/DY	******	20 30DA AVG	40 DAILY MX	MG/L		ONCE/ MONTH	COMPOS
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	0.06	0.06	(19)	0	1/31	CP
	PERMIT REQUIREMENT	******	****** ****	****	******	REPORT 30DA AVG	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.004	0.007	(03)	******	******	******		0	C/N	C/N
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	******	******	****** ****	****		WEEK-DAYS	CALCLN

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Exec Dir	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.		AREA CODE	NUMBER	YEAR	MO	DAY
H. J. Schardein Jr		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	502	540 6555	09	09	15
TYPED OR PRINTED							

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

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

NAME: MEM CARLA WQTC MSD
ADDRESS: C/O CEDAR CREEK WQTC
5405 CEDAR CREEK RD
LOUISVILLE KY 40211

FACILITY LOCATION: MEM CARLA WQTC MSD
LOUISVILLE KY

ATTN: DENNIS THOMASSON, SR METRO OPS

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

PERMIT NUMBER	DISCHARGE NUMBER
KY0022497	001 1

	MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	09	08	01	TO	09	08	31

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

JEFF

Form Approved.
OMB No. 2040-0004

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PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
COLIFORM, FECAL GENERAL 74055 1 0 0	SAMPLE MEASUREMENT	******	******		******	/	/	(13)	0	1/31	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	******	200 30DA GEO	400 7 DA GEO	#/100ML		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	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

Exect. Dir
H. J Schardein 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]

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
502	540 6000	09	09	15
AREA CODE	NUMBER	YEAR	MO	DAY

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

Ken Carla Report for **Aug-09** Tot. Exc.= 0

Tot. Flow= 0.1239 Concentrations Pounds

Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
8/1/09	0.0009								
8/2/09	0.003								
8/3/09	0.004								
8/4/09	0.005								
8/5/09	0.001	3	5	0.055	1	0.025	0.042	0.000	0.06
8/6/09	0.005								
8/7/09	0.003								
8/8/09	0.002								
8/9/09	0.003								
8/10/09	0.005								
8/11/09	0.006								
8/12/09	0.007								
8/13/09	0.005								
8/14/09	0.004								
8/15/09	0.003								
8/16/09	0.004								
8/17/09	0.002								
8/18/09	0.004								
8/19/09	0.005								
8/20/09	0.005								
8/21/09	0.004								
8/22/09	0.003								
8/23/09	0.004								
8/24/09	0.005								
8/25/09	0.005								
8/26/09	0.005								
8/27/09	0.005								
8/28/09	0.004								
8/29/09	0.004								
8/30/09	0.004								
8/31/09	0.004								
Average	0.004	3.00	5.00	0.06	1.00	0.03	0.04	0.00	0.06
Maximum	0.007	3.00	5.00	0.06	1.00	0.03	0.04	0.00	0.06
Exceed.	0	0	0	0	0	0	0	0	

KEN CARLA STP MSI
C/O ERIC G. BRADY
4522 ALGONQUIN PA
LOUISVILLE KY
KEN CARLA STP MSI
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 (
THRU TREATMENT F
50050 1 0 0
EFFLUENT GROSS V
COLIFORM, FECAL