



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

October 22, 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 –September 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 September 2009.

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

Sincerely,

A handwritten signature in black ink, appearing to read "D.J. Rheinlaender", is written over a large, stylized graphic element that resembles a signature or a decorative flourish.

D.J.Rheinlaender
Process Supervisor, East Region

DJR/Ken Carla 0909

Enclosures

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



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

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

MINOR
(SUBR LV)
7 - FINAL

JEFFE

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

KY0022497
PERMIT NUMBER

001 1
DISCHARGE NUMBER

FACILITY KEN CARLA WQTC MSD
LOCATION LOUISVILLE KY

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	07	01		07	07	30

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			
OXYGEN, DISSOLVED (DO)	00300	*****	*****		8	*****	*****	(19)	0	1/30	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	INST MIN	*****	*****	MG/L		ONCE / MONTH	GRAB
BOD, 5-DAY (20 DEG. C)	00310	0.10	0.10	(26)	*****	3	3	(17)	0	1/30	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L		ONCE / MONTH	LUMPUS
PH	00400	*****	*****		8.1	*****	8.1	(12)	0	1/30	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	BU		ONCE / MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	00500	0.20	0.20	(26)	*****	6	6	(19)	0	1/30	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L		ONCE / MONTH	LUMPUS
NITROGEN, AMMONIA TOTAL (AS N)	00610	0.004	0.004	(26)	*****	0.1	0.1	(19)	0	1/30	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L		ONCE / MONTH	LUMPUS
PHOSPHORUS, TOTAL (AS P)	00665	*****	*****		*****	0.61	0.61	(19)	0	1/30	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT	MG/L		ONCE / MONTH	LUMPUS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	00050	0.004	0.006	(03)	*****	*****	*****		0	6/10	6/10
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	*****		WEEKLY	INSTAN

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Exec Dir
H. J. Subradin
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		
508	546 6000	07	10	19
AREA CODE	NUMBER	YEAR	MO	DAY

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

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
 NAME: KEN CARLA WQTC MSD
 ADDRESS: C/O CEDAR CREEK WQTC
 8408 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY: KEN CARLA WQTC MSD
 LOCATION: LOUISVILLE KY
 ATTN: DENNIS THOMASSON, SR METRO OPS

KY0022497
 PERMIT NUMBER

001 1
 DISCHARGE NUMBER

MINOR
 (SUBR LV)
 F - FINAL

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	07	01		07	07	30

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		*****	*****		*****			(19)		1/30	GR
EFFLUENT GROSS VALUE		*****	*****	***	*****	200	400	30DA GED 7 DA GED 100ML		ONCE / MONTH	GRAS
	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
Exec. Dir
H. J. Subandina
 TYPED OR PRINTED

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[Signature]
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 502 346 6000
 DATE: 09 10 19
 AREA CODE NUMBER YEAR MO DAY

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

Ken Carla		Report for	Sep-09			Tot. Exc.=		0		
Tot. Flow=		0.125033		Concentrations			Pounds			
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.	
9/1/09	0.004	6	3	0.11	1	0.200	0.100	0.004	0.612	
9/2/09	0.006									
9/3/09	0.002									
9/4/09	0.003									
9/5/09	0.003									
9/6/09	0.003									
9/7/09	0.004									
9/8/09	0.004									
9/9/09	0.004									
9/10/09	0.004									
9/11/09	0.003									
9/12/09	0.003									
9/13/09	0.003									
9/14/09	0.004									
9/15/09	0.004									
9/16/09	0.004									
9/17/09	0.004									
9/18/09	0.003									
9/19/09	0.003									
9/20/09	0.006									
9/21/09	0.005									
9/22/09	0.004									
9/23/09	0.005									
9/24/09	0.006									
9/25/09	0.005									
9/26/09	0.005									
9/27/09	0.006									
9/28/09	0.005									
9/29/09	0.002									
9/30/09	0.004									
Average	0.004	6.00	3.00	0.11	1.00	0.20	0.10	0.00	0.61	
Maximum	0.006	6.00	3.00	0.11	1.00	0.20	0.10	0.00	0.61	
Exceed.	0	0	0	0	0	0	0	0		

KEN CARLA STP MSE
C/O ERIC G. BRADY
4522 ALGONQUIN PA
LOUISVILLE KY
KEN CARLA STP MSE
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