MSD

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

February 23, 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 – January 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 January 2009.

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 0109

Enclosures

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

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: DENNIS THOMASSON, SR METRO OPS

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

Form Approved.
OMB No. 2040-0004

KY0022497	001 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD: FROM YEAR 07 MO 01 DAY 01 TO YEAR 07 MO 01 DAY 31

MINOR
(SUBR LV)
P - 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)	SAMPLE MEASUREMENT	******	******		8.9	******	******	(19)	C	1/31	Grab
00300 1 0 0	PERMIT REQUIREMENT	******	******	**** ****	2 INST MIN	******	******	MG/L	C	ONCE/ MONTH	GRAB
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	C 1/	C 1/	(26)	******	3.0 C	3.0 C	(19)	C	1/31	Comp
00310 1 0 0	PERMIT REQUIREMENT	2.50 30DA AVG	5.00 DAILY MX	LBS/DY	******	30 30DA AVG	60 DAILY MX	MG/L	C	ONCE/ MONTH	COMPOS
PH	SAMPLE MEASUREMENT	******	******		L 6	******	L 6	(12)	C	1/31	Grab
00400 1 0 0	PERMIT REQUIREMENT	******	****** **** ****		6.0 MINIMUM	******	9.0 MAXIMUM	SU	C	ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	C 1C	C 1C	(26)	******	3.0 C	3.0 C	(19)	C	1/31	Comp
00530 1 0 0	PERMIT REQUIREMENT	2.50 30DA AVG	5.00 DAILY MX	LBS/DY	******	30 30DA AVG	60 DAILY MX	MG/L	C	ONCE/ MONTH	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	C C1	0 C1	(26)	******	0.17	C 17	(19)	C	1/31	Comp
00610 1 0 0	PERMIT REQUIREMENT	1.67 30DA AVG	3.34 DAILY MX	LBS/DY	******	20 30DA AVG	40 DAILY MX	MG/L	C	ONCE/ MONTH	COMPOS
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	******	******		******	4.2	4.2	(19)	C	1/31	Comp
00665 1 0 0	PERMIT REQUIREMENT	******	****** **** ****		******	REPORT 30DA AVG	REPORT DAILY MX	MG/L	C	ONCE/ MONTH	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	C.0C3	C.007	(03)	******	******	******		C	C/1	C/1
50050 1 0 0	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	******	******	******	**** ****	C	WEEK-DAYS	INSTAN

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
Eric D. [illegible]	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
TYPED OR PRINTED							

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
1840S 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)*

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
KY0022497	001 1

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	09	01	01	TO	09	01	31

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

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			
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	1.1	1.1	(13)	(	1/31	Grab
	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										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
[illegible]	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.	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

Ken Carla Report for **Jan-01** Tot. Exc.= 0

Tot. Flow=	0.103656	Concentrations				Pounds		
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3
1/1/01	0.002							
1/2/01								
1/3/01								
1/4/01	0.004							
1/5/01	0.004							
1/6/01	0.003							
1/7/01	0.003							
1/8/01	0.002							
1/9/01								
1/10/01								
1/11/01	0.003							
1/12/01	0.003							
1/13/01	0.003							
1/14/01	0.003							
1/15/01	0.003							
1/16/01								
1/17/01								
1/18/01	0.007							
1/19/01	0.004							
1/20/01	0.004	3	3	0.17	1	0.100	0.100	0.006
1/21/01	0.002							
1/22/01								
1/23/01								
1/24/01								
1/25/01								
1/26/01								
1/27/01								
1/28/01								
1/29/01	0.0035							
1/30/01								
1/31/01								
Average	0.003	3.00	3.00	0.17	1.00	0.10	0.10	0.01
Maximum	0.007	3.00	3.00	0.17	1.00	0.10	0.10	0.01
Exceed.	0	0	0	0	0	0	0	0
Daily Viol.								
Mo. Viol.								
Minimum	0.002	MIN	MAX					
	DO (min)							
	pH							

KEN CARLA STP MSD KY0022497 001 1
C/O ERIC G. BRADY
Tot. Phos. 4522 ALGONQUIN PARKWAY
LOUISVILLE KY 40211-2407
KEN CARLA STP MSD
LOUISVILLE KY
ATTN: H. J. SCHARDI

		Quantity or Loading			Quality or C	
		Average	Maximum	Units	Minimum	Average
	OXYGEN, DISSOLVEI (DO)	******	******	***	0	******
	00300 1 0 0	******	******	***	2	******
	EFFLUENT GROSS VALUE				INST MIN	
	BOD, 5-DAY (20 DEG. C)			(26)	******	
	00310 1 0 0	2.50	5.00	LBS/DY	******	30
	EFFLUENT GROSS V	30DA AVG	DAILY MX			30DA AVG
	PH	******	******	***	0	******
	00400 1 0 0	******	******	***	6.0	******
	EFFLUENT GROSS VALUE				MINIMUM	
	SOLIDS, TOTAL SUSPENDED			(26)	******	
4.63	00530 1 0 0	2.50	5.00	LBS/DY	******	30
	EFFLUENT GROSS V	30DA AVG	DAILY MX			30DA AVG
	NITROGEN, AMMONIA TOTAL (AS N)			(26)	******	
	00610 1 0 0	1.67	3.34	LBS/DY	******	20
	EFFLUENT GROSS V	30DA AVG	DAILY MX			30DA AVG
	PHOSPHORUS, TOT/ (AS P)	******	******	***	******	
	00665 1 0 0	******	******	***	******	REPORT
	EFFLUENT GROSS VALUE					30DA AVG
	FLOW, IN CONDUIT OR THRU TREATMENT PLANT			(03)	******	******
4.63	50050 1 0 0	REPORT	REPORT	MGD	******	******
4.63	EFFLUENT GROSS V	30DA AVG	INST MAX			
	COLIFORM, FECAL GENERAL	******	******	***	******	
	74055 1 0 0	******	******	***	******	200
	EFFLUENT GROSS VALUE					30DA GEO