



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

February 23, 2010

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 –January 2010**

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 January 2010.

There are no exceedences, overflow reports or bypass reports for this month.

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". Below the signature, the name "Kessel" is printed in a small, black, sans-serif font.

Kessel

D.J.Rheinlaender
Process Supervisor, East Region

DJR/Ken Carla 0210

Enclosures

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



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

NAME: MRS CARLA WOTC MBO
ADDRESS: C/O CEDAR CREEK WQTC
0405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY: MRS CARLA WOTC MBO
LOCATION: LOUISVILLE KY
BY: DENNIS THOMASSEN, SR METRO DWS

KY0022497
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MINOR (SUBR LV)
F - FINAL
SANITARY WASTEWATER EFFLUENT
JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
10	01	01		10	01	31

*** NO DISCHARGE 1 1 ***

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 SOLIDS (DD)	*****	*****	*****		10	*****	*****	(19)	0	3/30	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		ONCE / MONTH	GRAB
5 DAY BOD (20 DEG C)	*****	0.23	0.23	(24)	*****	9	9	(17)	0	1/30	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.50	5.00	LBS/DY	*****	30	50	MG/L		ONCE / MONTH	COMPOS
PH	*****	*****	*****		6.5	*****	6.6	(12)	0	3/30	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	5.0 MINIMUM	*****	9.0 MAXIMUM	BU		ONCE / MONTH	GRAB
SUSPENDED SOLIDS TOTAL	*****	0.28	0.28	(26)	*****	11	11	(19)	0	1/30	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.50	5.00	LBS/DY	*****	30	50	MG/L		ONCE / MONTH	COMPOS
NITROGEN AMMONIA TOTAL (AS N)	*****	0.06	0.06	(25)	*****	2	2	(19)	0	1/30	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.07	3.34	LBS/DY	*****	20	40	MG/L		ONCE / MONTH	COMPOS
PHOSPHORUS TOTAL (AS P)	*****	*****	*****		*****	0.38	0.38	(19)	0	1/30	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L		ONCE / MONTH	COMPOS
FLOW IN CONDUIT OR THRU TREATMENT PLANT	*****	0.003	0.007	(03)	*****	*****	*****		0	4W	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	****		WEEK - DAYS	INSTAN

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
E... Dir
H.T. Sch... 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: 502 | 590-6000
DATE: 10 | 2 | 26
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 NEW CARLA WGTG MSD
 ADDRESS 0/0 CEDAR CREEK WGTG
 6905 CEDAR CREEK RD
 LOUISVILLE KY 40211

FACILITY NEW CARLA WGTG MSD
 LOCATION LOUISVILLE KY

ATTN DENNIS THOMASSON, SR METRO OPS

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

KY0022497
 PERMIT NUMBER

001 1
 DISCHARGE NUMBER

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

Form Approved, OMB No. 2040-0004

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
20	07	01		20	07	01

FROM

TO

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 FECA GENERAL 74054 EFFLUENT GROSS VALUE		*****	*****		*****	1	1	100	0	1/30	GR
		*****	*****	****	*****	200	400	100ML		ONCE PER MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Exec Dir
 H.J. Schauder, 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 502 1340-6000
 DATE 10 02 26
 AREA CODE NUMBER YEAR MO DAY

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

Ken Carla Tot. Flow= Date	Report for Flow	Jan-10 Concentrations BOD	NH3	Tot. Exc.= Fecal	TSS	Pounds BOD	NH3	Tot. Phos.	
1/1/10	0.007								
1/2/10	0.003								
1/3/10	0.002								
1/4/10	0.002								
1/5/10	0.003	11	9	2.4	1	0.275	0.225	0.060	
1/6/10	0.004							0.379	
1/7/10	0.003								
1/8/10	0.002								
1/9/10	0.003								
1/10/10	0.003								
1/11/10	0.003								
1/12/10	0.003								
1/13/10	0.003								
1/14/10	0.003								
1/15/10	0.003								
1/16/10	0.003								
1/17/10	0.002								
1/18/10	0.003								
1/19/10	0.003								
1/20/10	0.003								
1/21/10	0.006								
1/22/10	0.003								
1/23/10	0.003								
1/24/10	0.005								
1/25/10	0.004								
1/26/10	0.003								
1/27/10	0.003								
1/28/10	0.003								
1/29/10	0.003								
1/30/10	0.003								
1/31/10	0.003								
Average	0.003	11.00	9.00	2.40	1.00	0.28	0.23	0.06	0.38
Maximum	0.007	11.00	9.00	2.40	1.00	0.28	0.23	0.06	0.38
Exceed.	0	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 C
THRU TREATMENT P
50050 1 0 0
EFFLUENT GROSS V
COLIFORM, FECAL