



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

April 20, 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 –March 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 March 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", is written over a horizontal dotted line.

D.J. Rheinlaender
Process Supervisor, East Region

DJR/Ken Carla 0310

Enclosures

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



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

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

NAME KEN CARLA WOTC MTD
 ADDRESS 670 CEDAR CREEK WOTC
 6405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY KEN CARLA WOTC MTD
 LOCATION LOUISVILLE KY
 3TH. DIANIS THOMASON. SR METRO OPS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

157002247
 PERMIT NUMBER

001
 DISCHARGE NUMBER

MINOR

(SUBR LV)

5 - FINAL

SANITARY WASTEWATER

EFFLUENT

*** NO DISCHARGE () ***

JEFFRE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
99	03	01		99	03	01

FROM

TO

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			
DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****		8	*****	*****	(19)	0	1/31	AP
00300 0 0 0	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L	0	ONCE / MONTH	GRAB
EFFLUENT GROSS VALUE											
BOD (5 DAY)	SAMPLE MEASUREMENT	0.28	0.28	(25)	*****	11	11	(19)	0	1/31	AP
(20 DEG. C)	PERMIT REQUIREMENT	2.50	5.00		*****	30	60		0	ONCE / MONTH	COMPOS
00310 0 0 0		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
EFFLUENT GROSS VALUE											
SP	SAMPLE MEASUREMENT	*****	*****		7.1	*****	8.1	(12)	0	1/31	AP
00410 0 0 0	PERMIT REQUIREMENT	*****	*****	****	5.0	*****	9.0		0	ONCE / MONTH	GRAB
EFFLUENT GROSS VALUE					MINIMUM		MAXIMUM	50			
SUSPENDED	SAMPLE MEASUREMENT	0.73	0.73	(25)	*****	19	19	(19)	0	1/31	AP
00500 0 0 0	PERMIT REQUIREMENT	2.50	5.00		*****	30	60		0	ONCE / MONTH	COMPOS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
NITROGEN, AMMONIA	SAMPLE MEASUREMENT	0.01	0.01	(25)	*****	1	1	(19)	0	1/31	AP
TOTAL (AS N)	PERMIT REQUIREMENT	1.57	3.34		*****	20	40		0	ONCE / MONTH	COMPOS
00610 0 0 0		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
EFFLUENT GROSS VALUE											
PHOSPHORUS, TOTAL	SAMPLE MEASUREMENT	*****	*****		*****	0.19	0.19	(19)	0	1/31	AP
(AS P)	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT		0	ONCE / MONTH	COMPOS
00620 0 0 0		*****	*****	****	*****	30DA AVG	DAILY MX	MG/L			
EFFLUENT GROSS VALUE											
FLOW IN CONDUIT OR	SAMPLE MEASUREMENT	0.003	0.004	(03)	*****	*****	*****		0	1/10	1/10
THRU TREATMENT PLANT	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****	0	WEEK - INSTANT	
00630 0 0 0		30DA AVG	INST MAX	MGD				****		DAYS	
EFFLUENT GROSS VALUE											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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

TYPED OR PRINTED

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 WOTT MGD
ADDRESS: 0/0 CEDAR CREEK WQTC
8400 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY: KEN CARLA WQTC MGD
LOCATION: LOUISVILLE KY
ATTN: DUNNIE THOMASSEN SR METRO OPS

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

00022497

PERMIT NUMBER

001 1

DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004

MINOR (SUBP LV)
7 - FINAL
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			
GENERAL	SAMPLE MEASUREMENT					3	3		0	1/31	GA
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT					300A GGD	400 7 DA GGD	100ML		ONCE / MONTH	WRAS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
11.8
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
502 546-1000

DATE
10 4 19

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

Ken Carla	Report for	Mar-10	Tot. Exc.= 0						
Tot. Flow=	0.087	Concentrations		Pounds					
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
3/1/10	0.003								
3/2/10	0.003								
3/3/10	0.003								
3/4/10	0.003	29	11	0.5	3	0.726	0.275	0.013	0.692
3/5/10	0.003								
3/6/10	0.002								
3/7/10	0.002								
3/8/10	0.003								
3/9/10	0.003								
3/10/10	0.002								
3/11/10	0.003								
3/12/10	0.004								
3/13/10	0.002								
3/14/10	0.002								
3/15/10	0.003								
3/16/10	0.003								
3/17/10	0.003								
3/18/10	0.003								
3/19/10	0.003								
3/20/10	0.003								
3/21/10	0.002								
3/22/10	0.003								
3/23/10	0.002								
3/24/10	0.003								
3/25/10	0.003								
3/26/10	0.003								
3/27/10	0.003								
3/28/10	0.003								
3/29/10	0.003								
3/30/10	0.002								
3/31/10	0.004								
Average	0.003	29.00	11.00	0.50	3.00	0.73	0.28	0.01	0.69
Maximum	0.004	29.00	11.00	0.50	3.00	0.73	0.28	0.01	0.69
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, DISSOLVE
(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 F
50050 1 0 0
EFFLUENT GROSS V
COLIFORM, FECAL