



Louisville and Jefferson County Metropolitan Sewer District  
700 West Liberty Street  
Louisville Kentucky 40203-1911  
502-540-6000  
[www.msdlouky.org](http://www.msdlouky.org)

May 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 –April 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 April 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 light blue horizontal line.

D.J.Rheinlaender  
Process Supervisor, East Region

DJR/Ken Carla 0410

Enclosures

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



*Beneficial Use of Louisville's Biosolids*  
[www.louisvillegreen.com](http://www.louisvillegreen.com)

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

NAME KEN CARLA WQTC MSD  
ADDRESS C/O CEDAR CREEK WQTC  
2405 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  
PERMIT NUMBER  
001 1  
DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
10	07	01		10	07	30

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 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	7	*****	*****	( 19)	0	4/30	GR
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		1/30	CP
PH 00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	( 12)	0	5/30	GR
SOLIDS, TOTAL SUSPENDED 00500 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	( 19)	0	1/30	CP
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	( 19)	0	1/30	CP
PHOSPHORUS, TOTAL (AS P) 00660 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	( 19)	0	1/30	CP
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	MG/L	0	C/N	C/N

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Exect. Dir</i> <i>H. J. Sabatino Jr</i> 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 <i>H. J. Sabatino Jr</i>	TELEPHONE AREA CODE NUMBER 504-546-4100	DATE YEAR MO DAY 10 5 17
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

NAME KEN CARLA WGTG MSD  
 ADDRESS C/O CEDAR CREEK WGTG  
 8405 CEDAR CREEK RD  
 LOUISVILLE KY 40211  
 FACILITY KEN CARLA WGTG MSD  
 LOCATION LOUISVILLE KY  
 ATTN: DENNIS THOMASSON, SR METRO OPS

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

WY0022497  
 PERMIT NUMBER

001 1  
 DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
10	04	01		10	04	30

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		*****	*****		*****			(13)		1/30	GR
74055 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	300	400	#/100ML		ONCE / MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
*Exec. Dir*  
*H. J. Buchanan, 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  
 AREA CODE NUMBER YEAR MO DAY  
 410 541 6100 10 5 17

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

Ken Carla		Report for	Apr-10		Tot. Exc.=		0			
Tot. Flow=	0.104367		Concentrations				Pounds			
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.	
4/1/10	0.003									
4/2/10	0.003									
4/3/10	0.002									
4/4/10	0.002									
4/5/10	0.002									
4/6/10	0.002									
4/7/10	0.002	20	5	0.45	1	0.334	0.083	0.008	0.956	
4/8/10	0.003									
4/9/10	0.002									
4/10/10	0.003									
4/11/10	0.002									
4/12/10	0.003									
4/13/10	0.003									
4/14/10	0.003									
4/15/10	0.002									
4/16/10	0.003									
4/17/10	0.002									
4/18/10	0.002									
4/19/10	0.003									
4/20/10	0.004									
4/21/10	0.008									
4/22/10	0.007									
4/23/10	0.005									
4/24/10	0.005									
4/25/10	0.006									
4/26/10	0.004									
4/27/10	0.004									
4/28/10	0.003									
4/29/10	0.004									
4/30/10	0.004									
5/1/10										
Average	0.003	20.00	5.00	0.45	1.00	0.33	0.08	0.01	0.96	
Maximum	0.008	20.00	5.00	0.45	1.00	0.33	0.08	0.01	0.96	
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, 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