MSD
Metropolitan Sewer District

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

August 18, 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 –July 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 July 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,

Richard W. Mills

Richard W. Mills
Process Supervisor, East Region

RWM/Ken Carla 0710

Enclosures

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

Form Approved.
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME MSD CARLA WQTC MSD
ADDRESS C/O CEDAR CREEK WQTC
6405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY MSD CARLA WQTC MSD
LOCATION LOUISVILLE KY 00000
ATTN: DENNIS THOMASSON, SR METRO OPS

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

KY0022497	001 1
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO.	DAY
FROM	08	07	01	TO	08	07	31

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*******	*******		7	*******	*******	(17)	0	1/7	GR
00300 1 0 0	PERMIT REQUIREMENT	*******	*******	****	4.0 INST MIN	*******	*******	MG/L		ONCE/MONTH	GRAB
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	0.15	0.15	(26)	*******	6	6	(17)	0	1/31	CP
00310 1 0 0	PERMIT REQUIREMENT	2.50 30DA AVG	5.00 DAILY MX	LBS/DY	*******	30 30DA AVG	60 DAILY MX	MG/L		ONCE/MONTH	COMPOS
PH	SAMPLE MEASUREMENT	*******	*******		6.4	*******	8.5	(12)	0	1/7	GR
00400 1 0 0	PERMIT REQUIREMENT	*******	*******	****	6.0 MINIMUM	*******	9.0 MAXIMUM	SU		ONCE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	0.13	0.13	(26)	*******	5	5	(17)	0	1/31	CP
00530 1 0 0	PERMIT REQUIREMENT	2.50 30DA AVG	5.00 DAILY MX	LBS/DY	*******	30 30DA AVG	60 DAILY MX	MG/L		ONCE/MONTH	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.01	0.01	(26)	*******	0.4	0.4	(17)	0	1/31	CP
00610 1 0 0	PERMIT REQUIREMENT	1.67 30DA AVG	3.34 DAILY MX	LBS/DY	*******	20 30DA AVG	40 DAILY MX	MG/L		ONCE/MONTH	COMPOS
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*******	*******		*******	0.93	2.0	(17)	0	1/31	CP
00665 1 0 0	PERMIT REQUIREMENT	*******	*******	****	*******	REPORT 30DA AVG	REPORT DAILY MX	MG/L		ONCE/MONTH	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.003	0.006	(03)	*******	*******	*******		0	CN	CN
50050 1 0 0	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	*******	*******	*******	****		WEEKLY DAYS	CONTIN

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE		
H.J. Schardein, Jr. Exec. Director	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.	Richard Mills	502 540-6000	10	08	27
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)***

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

FACILITY KEN CARLA WQTC MSD

LOCATION LOUISVILLE KY 00000

ATTN. DENNIS THOMASSON, SR METRO OPS

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

PERMIT NUMBER	DISCHARGE NUMBER
KY0022497	001 1

	MONITORING PERIOD						
	YEAR	MO.	DAY		YEAR	MO.	DAY
FROM	[illegible]	[illegible]	[illegible]	TO	[illegible]	[illegible]	[illegible]

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

NOTE: Read Instructions before completing this form.

Form Approved.
OMB No. 2040-0004

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	******	******		******	2	2	(13)	0	1/31	GR
74055 1 0 0 EFFLUENT GROSS VALUE	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										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

H. J. Schardein, Jr.
~~Ex~~ Exec. Director

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.

Richard Mitts

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
502	540-6000	10	08	26
AREA CODE	NUMBER	YEAR	MO	DAY

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

Ken Carla		Report for	**Jul-10**		Tot. Exc.=	0			
Tot. Flow=	0.091		Concentrations				Pounds		
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
7/1/10	0.003	5	6	0.39	2	0.125	0.150	0.010	1.96
7/2/10	0.003								
7/3/10	0.003								
7/4/10	0.003								
7/5/10	0.003								
7/6/10	0.003								
7/7/10	0.003								
7/8/10	0.003								
7/9/10	0.003								
7/10/10	0.003								
7/11/10	0.003								
7/12/10	0.003								
7/13/10	0.006								
7/14/10	0.004								
7/15/10	0.004								0.365
7/16/10	0.004								
7/17/10	0.003								
7/18/10	0.002								
7/19/10	0.003								
7/20/10	0.004								
7/21/10	0.003								
7/22/10	0.003								
7/23/10	0.001								0.419
7/24/10	0.002								
7/25/10	0.002								
7/26/10	0.002								
7/27/10	0.003								
7/28/10	0.002								0.958
7/29/10	0.003								
7/30/10	0.002								
7/31/10	0.002								
Average	0.003	5.00	6.00	0.39	2.00	0.13	0.15	0.01	0.93
Maximum	0.006	5.00	6.00	0.39	2.00	0.13	0.15	0.01	1.96
Exceed.	0	0	0	0	0	0	0	0	