



Metropolitan Sewer District

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

November 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 October 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 October 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
Process Supervisor, East Region

RWM/Ken Carla 1010

Enclosures

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



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

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 THOMASSEN, SR. METRO OPS

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	10	01		10	10	01

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			
OXYGEN, DISSOLVED (OD) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7	*****	*****	(17)		01/31	GR
	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		1	MONTH
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.30	0.30	(25)	*****	6	6	(19)		01/31	CP
	PERMIT REQUIREMENT	2.50	5.00	LBS/DY	*****	30	60	MG/L		1	MONTH
		30DA AVG	DAILY MX			30DA AVG	DAILY MX				
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.4	*****	6.4	(12)		01/31	GR
	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0	SU		1	MONTH
					MINIMUM		MAXIMUM				
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.10	0.10	(26)	*****	2	2	(17)		01/31	CP
	PERMIT REQUIREMENT	2.50	5.00	LBS/DY	*****	30	60	MG/L		1	MONTH
		30DA AVG	DAILY MX			30DA AVG	DAILY MX				
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.01	0.01	(26)	*****	0.1	0.1	(17)		01/31	CP
	PERMIT REQUIREMENT	1.67	3.34	LBS/DY	*****	20	40	MG/L		1	MONTH
		30DA AVG	DAILY MX			30DA AVG	DAILY MX				
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.07	0.07	(17)		01/31	CP
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L		1	MONTH
						30DA AVG	DAILY MX				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 00050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.003	0.006	(03)	*****	*****	*****			CN	CN
	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	****		1	MONTH
		30DA AVG	INST MAX							DAYS	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H.J. Schardein Jr.
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 W. Mills
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 52541-6001
DATE: 10 11 17
AREA CODE NUMBER YEAR MO DAY

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

NAME KEN CARLA WQTC MSD
ADDRESS C/O CEDAR CREEK WQTC
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LOUISVILLE KY 40511
FACILITY KEN CARLA WQTC MSD
LOCATION LOUISVILLE KY 00000
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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	1	1	(10)	8	1/31	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	100ML		MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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TELEPHONE 562 546-6000
DATE 10 11 17
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