



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

January 18, 2011

Crystal Thompson  
DMR Coordinator  
200 Fair Oaks Lane  
Frankfort, Kentucky 40601

**Re: MSD Metro Operations  
Ken Carla WQTC; KPDES No.: KY0022497  
Discharge Monitoring Reports December 2010**

Dear Ms. Thompson:

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 December 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 cursive script that reads "Richard Mills".

Richard. Mills  
Process Supervisor, East Region

RM/Ken Carla 1210

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 THOMASSON, SR METRO OPS**

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

KY0022497  
 PERMIT NUMBER

001 1  
 DISCHARGE NUMBER

MINOR  
 (SUBR LV)  
 T - FINAL  
 SANITARY WASTEWATER  
 EFFLUENT  
 \*\*\* NO DISCHARGE 1 - 1 \*\*\*  
 JEFFE  
 NOTE: Read Instructions before completing this form.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
20	12	01		20	12	31

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)	*****	*****	*****		8	*****	*****	( 17 )	0	2/30	GR
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		UNCE/MONTH	GRAB
BOD, 5-DAY (20 DEG. C)	0.08	0.08	( 26 )		*****	5	5	( 19 )	0	1/30	CP
00310 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	3.50 30DA AVG	5.00 DAILY MX	LBS/DY	*****	30 30DA AVG	50 DAILY MX	MG/L		UNCE/MONTH	COMPOS
PH	*****	*****			7.2	*****	7.3	( 12 )	0	2/30	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		UNCE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	0-03	0-03	( 26 )		*****	2	2	( 17 )	0	1/30	CP
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.50 30DA AVG	5.00 DAILY MX	LBS/DY	*****	30 30DA AVG	50 DAILY MX	MG/L		UNCE/MONTH	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	0-16	0-16	( 26 )		*****	10	10	( 17 )	0	1/30	CP
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.57 30DA AVG	3.34 DAILY MX	LBS/DY	*****	20 30DA AVG	40 DAILY MX	MG/L		UNCE/MONTH	COMPOS
PHOSPHORUS, TOTAL (AS P)	*****	*****			*****	0.1	0.1	( 17 )	0	1/30	CP
00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT 30DA AVG	REPORT DAILY MX	MG/L		UNCE/MONTH	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	0.002	0-004	( 03 )		*****	*****	*****		0	CN	CN
00050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	*****	*****	*****	****		UNCE/DAYS	INST MAX

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 HT Schardien 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 Mille  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
 502-544-6000  
 DATE  
 11 / 1 / 20  
 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**  
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 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	12	01		10	12	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, FECAL GENERAL		*****	*****		*****	2	2	(10)	0	1/30	GR
74055 1 0 0		*****	*****	***	*****	200	400 #/				
EFFLUENT GROSS VALUE		*****	*****	****	*****	30DA GED	7 DA GED	100ML		MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
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.					TELEPHONE			DATE		
<b>HT Schandrew Jr</b> <b>Exec. Director</b>						502 540-6000			11	1	20
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)

Ken Carla	Report for	Dec-10				Tot. Exc.=		0		
Tot. Flow=	0.076	Concentrations				Pounds				
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.	
12/1/10	0.004									
12/2/10	0.002									
12/3/10	0.002									
12/4/10	0.003									
12/5/10	0.002									
12/6/10	0.002									
12/7/10	0.003									
12/8/10	0.002	2	5	9.8	2	0.033	0.083	0.163	0.1	
12/9/10	0.002									
12/10/10	0.003									
12/11/10	0.003									
12/12/10	0.004									
12/13/10	0.002									
12/14/10	0.003									
12/15/10	0.003									
12/16/10	0.003									
12/17/10	0.002									
12/18/10	0.002									
12/19/10	0.002									
12/20/10	0.002									
12/21/10	0.002									
12/22/10	0.002									
12/23/10	0.002									
12/24/10	0.002									
12/25/10	0.003									
12/26/10	0.003									
12/27/10	0.002									
12/28/10	0.003									
12/29/10	0.002									
12/30/10	0.002									
12/31/10	0.002									
Average	0.002	2.00	5.00	9.80	2.00	0.03	0.08	0.16	0.10	
Maximum	0.004	2.00	5.00	9.80	2.00	0.03	0.08	0.16	0.10	