

R/S

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

April 24, 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 for March, 2011**

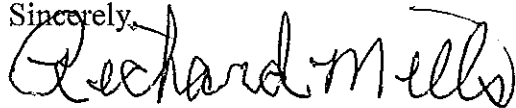
Dear Ms. Thompson:

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 March, 2011.

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. Mills
Process Supervisor, East Region

RM/Ken Carla 3 11

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 WQTC MSD
 ADDRESS C/O CEDAR CREEK WQTC
 2405 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)
 F - FINAL
 SANITARY WASTEWATER EFFLUENT
 *** NO DISCHARGE 1 1 ***

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
11	03	01		11	03	31

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	*****	*****	*****	*****	7	*****	*****	(19)	0	1/31	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	INST MIN	*****	*****	MG/L		ONCE / MONTH	GRAB
BOD, 5-DAY (20 DEG. C) 00310 1 0 0	0.08	0.08	(26)	*****	3	3	(19)	0	1/31	CP	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.50 30DA AVG	5.00 DAILY MX	LBS/DY	*****	30 30DA AVG	60 DAILY MX	MG/L		ONCE / MONTH	COMPOS
PH 00400 1 0 0	*****	*****	*****	*****	6-6	*****	6-6	(12)	0	1/31	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	SU		ONCE / MONTH	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0	0.25	0.25	(26)	*****	10	10	(19)	0	1/31	CP	
EFFLUENT GROSS VALUE	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) 00610 1 0 0	0.01	0.01	(26)	*****	0.2	0.2	(19)	0	1/31	CP	
EFFLUENT GROSS VALUE	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) 00665 1 0 0	*****	*****	*****	*****	0-12	0-12	(19)	0	1/31	CP	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 30DA AVG	REPORT DAILY MX	MG/L		ONCE / MONTH	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0	0.003	0.016	(03)	*****	*****	*****	*****	0	CN	CN	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	*****	*****	*****	*****		WEEK - DAYS	INSTANT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Herbert Schardein Sr -

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE	DATE
502 540-6000	11 4 27
AREA CODE NUMBER	YEAR MO DAY

TYPED OR PRINTED

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

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

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 DPS

KY0022497
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MINOR
(SUBR LV)
F - FINAL
SANITARY WASTEWATER
EFFLUENT
*** NO DISCHARGE [] ***
NOTE: Read Instructions before completing this form.

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
11	03	01		11	03	31

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		*****	*****		*****	9	9	(13)	0	1/31	GR	
74055 1 0 0		*****	*****	****	*****	200	400	#/		ONCE	GRAB	
EFFLUENT GROSS VALUE				****		30DA GEG	7 DA GEG	100ML		MONTH		
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
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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				
<i>Herbert Schandernor</i>						<i>Richard Mills</i>		502 540-6000		11 4 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)

Ken Carla		Report for	Mar-11			Tot. Exc.=		0		
Tot. Flow=	0.093	Concentrations								
Date	Flow	TSS	BOD	NH3	Fecal	TSS	Pounds BOD	NH3	Tot. Phos.	
3/1/11	0.002									
3/2/11	0.003	10	3	0.22	9	0.250	0.075	0.006	0.115	
3/3/11	0.002									
3/4/11	0.002									
3/5/11	0.005									
3/6/11	0.002									
3/7/11	0.003									
3/8/11	0.004									
3/9/11	0.016									
3/10/11	0.006									
3/11/11	0.002									
3/12/11	0.002									
3/13/11	0.001									
3/14/11	0.003									
3/15/11	0.003									
3/16/11	0.002									
3/17/11	0.002									
3/18/11	0.003									
3/19/11	0.002									
3/20/11	0.002									
3/21/11	0.003									
3/22/11	0.003									
3/23/11	0.002									
3/24/11	0.002									
3/25/11	0.003									
3/26/11	0.002									
3/27/11	0.002									
3/28/11	0.002									
3/29/11	0.002									
3/30/11	0.003									
3/31/11	0.002									
Average	0.003	10.00	3.00	0.22	9.00	0.25	0.08	0.01	0.12	
Maximum	0.016	10.00	3.00	0.22	9.00	0.25	0.08	0.01	0.12	