



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)

July 18, 2011

Cheryl Edwards  
DMR Coordinator  
200 Fair Oaks Lane  
Frankfort, Kentucky 40601

**Re: MSD Metro Operations  
Ken Carla WQTC; KPDES No.: KY 0022497  
Discharge Monitoring Reports for June of 2011**

Dear Ms. Edwards:

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 June 2011.

There were 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 that reads "Kevin Thompson". The signature is written in a cursive style with a long horizontal flourish extending to the right.

Kevin Thompson  
Process Supervisor, East Region

RM/Ken Carla 6 11

Enclósures

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 WGTG MSD  
 ADDRESS C/O CEDAR CREEK WGTG  
 8405 CEDAR CREEK RD  
 LOUISVILLE KY 40211  
 FACILITY KEN CARLA WGTG MSD  
 LOCATION LOUISVILLE KY 40000  
 ATTN: DENNIS THOMASOW, SR METRO OPS

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

KV002247/  
 PERMIT NUMBER  
 001 1  
 DISCHARGE NUMBER

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

JEPT

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

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			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****		7	*****	*****	MG/L	8	8/30	GR
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		MONTH	
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	0.03	0.03	( 25 )	*****	2	2	MG/L	8	1/30	CP
00310 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.50	5.00	LBS/DY	*****	50	50	MG/L		MONTH	
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	*****	*****		6.6	*****	7.1	MG/L	8	8/30	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	MG/L		MONTH	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	0.08	0.08	( 25 )	*****	5	5	MG/L	8	1/30	CP
00500 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.50	5.00	LBS/DY	*****	50	50	MG/L		MONTH	
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.005	0.005	( 25 )	*****	0.3	0.3	MG/L	8	1/30	CP
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.50	2.50	LBS/DY	*****	20	20	MG/L		MONTH	
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	0.2	0.2	MG/L	8	1/30	CP
00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L		MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.003	0.005	( 0.5 )	*****	*****	*****	MG/L	8	CN	CN
00050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	MG/L		DAY	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 H.S. Schardein Jr  
 Executive 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.

*Ken Thomasow*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
502	546-6000	11	07	19
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 WOTC MSD**  
 ADDRESS **C/O CEDAR CREEK WOTC**  
**8408 CEDAR CREEK RD**  
**LOUISVILLE KY 40211**  
 FACILITY **KEN CARLA WOTC MSD**  
 LOCATION **LOUISVILLE KY 00000**  
 ATTN: **DENNIS THOMASSON, SR METRO OPS**

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

PERMIT NUMBER **KY0022497** DISCHARGE NUMBER **001 1**

MINOR (SUBV LV)  
 F - FINAL  
 SANITARY WASTEWATER EFFLUENT

Form Approved  
 OMB No. 2040-0004

JEFFS

MONITORING PERIOD						
YEAR	MO.	DAY	TO	YEAR	MO.	DAY

\*\*\* NO DISCHARGE 1/1 \*\*\*

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 74055 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	1	1	100ML	2	1/30	GR
		*****	*****	****	*****	200	400	100ML		MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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*Ken Thompson*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE

502 540-6000 11 07 19

AREA CODE NUMBER YEAR MO DAY

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

