

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

August 11, 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 July of 2011

Dear Ms. Edwards:

Attached is the Discharge Monitoring Reports (DMRs) and the Monthly Operator Report (MOR) for the Ken Carla WOTC; KPDES No.: KY0022497 for the month of July 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,

Kewin Thompson

Process Supervisor, East Region

RM/Ken Carla 7.11

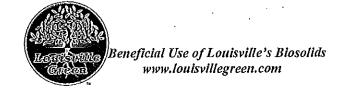
Enclosures

cc:

C. Roth (DOW Louisville)

T. Singleton

R. Shaw



PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) FEN CARLA WOTC MED

ADDRESS CAU CEDAR CRESK WOTC

DAGS CEDAR CREEK RD

LOUISVILLE FACILITY NEW CARLA WOTO MOD

KY 40211

LOCATION LOUISVILLE

COCCO YK PATTA: DENNIS THOMASBON, SR METRO OPS

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1.	DISCHARGE MONITORING REPORT (DMF	?)

MONITORING PERIOD

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YEAR

FROM

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YEAR MOy DAY

MINOR (SUBR Ly)

F - FINAL SANITARY WASTEWATER

EFFLUENT FFF NO DISCHARGE :

NOTE: Read Instructions before completing this form.

Form Approved.

OMB No. 2040-0004

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NAME/TITLE PRINCIPAL EXECUTIVE	OFFICER I certify	under penalty of law that th d under my direction or supe	is document and all attachm	ents were			TELEPHONE		DATE			
H.J. Schardein TR	e that qualified personnel pro ed. Based on my inquiry of the	operly eather and evaluate ()	to information		-	LECTIONE		DA	16			
Executive Director	or those submitte	persons directly responsible ed is, to the best of my knowl	for gathering the informatio	n, the information	· File	~ 1/Mm						
TYPED OR PRINTED	are that there are significant is the possibility of fine and i	penalties for submitting fols	a lufa-netau	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			0 540 6		11 6	8 15		
OMMENTS AND EXPLANATION OF	ANY VIOLATIONS	(Reference all atta	OFF	TUER OR AUTHORIZE	D AGENT C	REA NUMBER	}	YEAR M	O DAY			

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR) Form Approved. REN CARLA WOTO MOD OMB No. 2040-0004 MINDR ADDRESS SIG SEDAR CREEK WOTO KEUBR LYI the second MAGE CEDAR CREEK NO F - FINAL PERMIT NUMBER DISCHARGE NUMBER LOGISVILLE AY AORII METAWRY WASTEWATEN FACILITY KEN CARLA WOTE MOD MONITORING PERIOD Brank the YEAR MO... LOCATION LOUIS SVILLE DAY YEAR MO DAY MY COCCO **FROM** TO ATTN. DERNIS THOMASSON, SR METRO OFS NOTE: Read Instructions before completing this form. **PARAMETER QUANTITY OR LOADING** FREQUENCY **QUALITY OR CONCENTRATION** NO. SAMPLE EX TYPE ANALYSIS **AVERAGE** MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS OCCLI: ONN. FECAL فواره بالرف الإرام سأرأه مندور سيؤا Charles of the state of the last SAMPLE 会会的に対対し MEASUREMENT 74055 PERMIT EFFLUENT GROSS VALUE REQUIREMENT 安全安长 رميز دموريس ميا بيدونيا 7 DA GEO 10076 SAMPLE MEASUREMENT PERMIT 🖔 REQUIREMENT SAMPLE MEASUREMENT 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 TELEPHONE DATE H.J. Schardein JR to assure that qualified personnel properly guther and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, FRECHIVE Director 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, SIGNATURE OF PRINCIPAL EXECUTIVE

including the possibility of fine and imprisonment for knowing violations,

TYPED OR PRINTED

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

OFFICER OR AUTHORIZED AGENT

YEAR

NUMBER

MO

Ken Caria Tot. Flow≕	0.096	Report for	Jui-11		Tot. Exc.=	0	- .				•	
Date	Flow	TSS	Concentr		Facal	TOO	Pounds	2010				
7/1/11	0.003	133	BOD.	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.			
7/0/11	0.005							•				
7/3/11											-	
7/4/11	0:004 0.004											
7/ 4 /11 7/5/11	0.004	. 10	E	0.00		0.404	0.407					
7/6/11 7/6/11	0.004	13	5	0.28	. 2	0.434	0.167	0.009	0.416			
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7/15/11 7/16/11												
7/10/11	0.003		•									
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7/10/11 7/19/11	0.003							•				
7/19/11	0.003											
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7/21/11 7/22/11	0.001											
7/23/11	0.003											
7/23/11	0.002											
7/25/11	0.003						•					
7/26/11	0.002										•	
7/27/11	0.003											
7/28/11	0.002											
7/29/11	0.004										•	
7/23/11	0.004				,							
7/30/11	0.003								•			
Average	0.003	13.00	5.00	0.28	2.00	0.43	0.17	0.01	0.42			
Maximum	0.005	13.00	5.00	0.28	2.00	0.43	0.17	0.01	0.42			
Exceed.	0.000	0.00	0.00	0.20	2.00	0.43	0.17	0.01	0.42			

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