



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)

October 16, 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 Sept. 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 Sept. 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,

  
Kevin Thompson  
Process Supervisor, East Region

RM/Ken Carla 9.11

Enclosures

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 WOTC MSD  
 ADDRESS: 8405 CEDAR CREEK WOTC  
 8405 CEDAR CREEK RD  
 LOUISVILLE KY 40211

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

MINOR (SUBR LV)

Form Approved. OMB No. 2040-0004

FACILITY: KEN CARLA WOTC MSD  
 LOCATION: LOUISVILLE KY 40000  
 ATTN: DENNIS THOMASSON, SR METRO OPS

PERMIT NUMBER: KY0022997

DISCHARGE NUMBER: 001 1

MONITORING PERIOD						
YEAR	MO.	DAY	TO	YEAR	MO.	DAY

F - FINAL  
 SANITARY WASTEWATER EFFLUENT

\*\*\* NO DISCHARGE \*\*\*

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				E	1/1	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT				INST MIN			MG/L		MONTH	
DO, 5-DAY (20 DEG. C)	00310 1 0 0	0.36	0.36	LBS/DY		11	11		E	1/30	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L		MONTH	
TSS	00340 1 0 0				6.1		7.5		E	1/1	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT				MINIMUM		MAXIMUM	SU		MONTH	
SOLIDS, TOTAL SUSPENDED	00350 1 0 0	0.46	0.46	LBS/DY		14	14		E	1/30	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L		MONTH	
NITROGEN, AMMONIA TOTAL (AS N)	00360 1 0 0	0.01	0.01	LBS/DY		0.3	0.3		E	1/30	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L		MONTH	
PHOSPHORUS, TOTAL (AS P)	00365 1 0 0					1.1	1.4		E	3/30	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT					30DA AVG	DAILY MX	MG/L		MONTH	
FLOW, IN SURDOLY OR THRU TREATMENT PLANT	00050 1 0 0	0.004	0.010	MGD					E	CN	CN
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	INST MAX	MGD						DAYS	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 H.J. Schardein TR  
 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 Thomasson*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 502 546-6600  
 DATE: 11 10 10  
 AREA CODE: 502 NUMBER: 546-6600 YEAR: 11 MO: 10 DAY: 10

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME KEN CARLA WOTC MGD  
 ADDRESS C/O CEDAR CREEK WOTC  
 8405 CEDAR CREEK RD  
 LOUISVILLE KY 40211

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

RY002297  
 PERMIT NUMBER

W01 1  
 DISCHARGE NUMBER

MINOR  
 (SUBR LV)

F - FINAL  
 SANITARY WASTEWATER  
 EFFLUENT

Form Approved  
 OMB No. 2040-0004

FACILITY KEN CARLA WOTC MGD

LOCATION LOUISVILLE KY 40200

ATTN: DENNIS THOMASSEN, SR METRO OPS

MONITORING PERIOD						
YEAR	MO.	DAY	TO	YEAR	MO.	DAY
99	01	01		00	01	01

\*\*\* NO DISCHARGE \*\*\*

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		*****	*****		*****	68	68		8	1/30	GR
GENERAL EFFLUENT GROSS VALUE		*****	*****	***	*****	3000 GPD	7 DA GPD	100ML		MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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*Keri Thomas*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 502 546-6800  
 DATE 11 10 10  
 AREA CODE NUMBER YEAR MO DAY

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

