



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)

January 15, 2012

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 Dec 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 December 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, appearing to read "Kevin Thompson", written over a white background.

Kevin Thompson  
Process Supervisor, East Region

KT/Ken Carla 12.11

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 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 \*\*\*

Form Approved  
OMB No. 2040-0004

JEFF

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY

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)		*****	*****		9	*****	*****	( 17 )		29/31	GR
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	***	INST MIN	*****	*****	MG/L		MONTH	
EFFLUENT GROSS VALUE				****							
BOD, 5-DAY (20 DEG. C)		0.47	0.47	( 25 )	*****	8	8	( 17 )		1/31	CP
00310 1 0 0	PERMIT REQUIREMENT	2.50	5.00		*****	30	50	MG/L		MONTH	
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX				
PH		*****	*****		6.2	*****	8.7	( 17 )		30/31	GR
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	***	MINIMUM	*****	MAXIMUM	50		MONTH	
EFFLUENT GROSS VALUE				****							
SOLIDS, TOTAL SUSPENDED		1.22	1.22	( 25 )	*****	21	21	( 17 )		1/31	CP
00530 1 0 0	PERMIT REQUIREMENT	2.50	5.00		*****	30	50	MG/L		MONTH	
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX				
NITROGEN, AMMONIA TOTAL (AS N)		0.05	0.05	( 25 )	*****	0.8	0.8	( 17 )		1/31	CP
00610 1 0 0	PERMIT REQUIREMENT	1.50	3.00		*****	20	40	MG/L		MONTH	
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX				
PHOSPHORUS, TOTAL (AS P)		*****	*****		*****	0.58	0.58	( 17 )		1/31	CP
00665 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT	REPORT	MG/L		MONTH	
EFFLUENT GROSS VALUE				****		30DA AVG	DAILY MX				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.005	0.025	( 03 )	*****	*****	*****			CN	CN
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	MGD		DAYS	
EFFLUENT GROSS VALUE		30DA AVG	INST MAX								

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
Greg C. Hertzman PE  
Interim 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 Thomas*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 502 540-6000  
DATE 12 01 15  
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  
 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

Form Approved  
 OMB No. 2040-0004

01/15/15

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
11	12	15		11	01	15

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

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PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLIFORM, FECAL GENERAL		*****	*****		*****	1	1	(15)	0	1/31	GR
74055 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	200	400	1		1/31	GR
EFFLUENT GROSS VALUE				***		30 DA GED	7 DA GED	100ML		MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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*Ken Thomasson*

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TELEPHONE	DATE
502 540-6000	12 01 15
AREA CODE NUMBER	YEAR MO DAY

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

