

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

February 10, 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 January 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 January 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 1 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**
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 **001 1**
 PERMIT NUMBER DISCHARGE NUMBER

MINOR (SUBR LV)
 F - FINAL JEFFE
 SANITARY WASTEWATER EFFLUENT

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

*** 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			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****		7	*****	*****	(19)	0	1/31	GR
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		ONCE / MONTH	GRAB
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	0.03	0.03	(26)	*****	2	2	(19)	0	1/31	CP
00310 1 0 0	PERMIT REQUIREMENT	2.50	5.00		*****	30	60	MG/L		ONCE / MONTH	COMPOS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX				
PH	SAMPLE MEASUREMENT	*****	*****		6.8	*****	6.8	(12)	0	1/31	GR
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0	SU		ONCE / MONTH	GRAB
EFFLUENT GROSS VALUE					MINIMUM		MAXIMUM				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	0.10	0.10	(26)	*****	6	6	(19)	0	1/31	CP
00530 1 0 0	PERMIT REQUIREMENT	2.50	5.00		*****	30	60	MG/L		ONCE / MONTH	COMPOS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX				
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.01	0.01	(26)	*****	0.3	0.3	(19)	0	1/31	CP
00610 1 0 0	PERMIT REQUIREMENT	1.67	3.34		*****	20	40	MG/L		ONCE / MONTH	COMPOS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX				
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	0.1	0.1	(19)	0	1/31	CP
00665 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L		ONCE / MONTH	COMPOS
EFFLUENT GROSS VALUE						30DA AVG	DAILY MX				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.003	0.006	(03)	*****	*****	*****		0	CN	CN
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		WEEK - INSTANT	
EFFLUENT GROSS VALUE		30DA AVG	INST MAX	MGD				****		DAYS	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
HJ Schatlein 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.

Richard Mills
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE **502 540-6000**
 DATE **11 2 10**
 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**
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MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
11	01	01		11	01	31

*** 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		*****	*****		*****	2	2	(13)	0	1/31	GR
74055 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	200	400	#/		ONCE /	GRAB
EFFLUENT GROSS VALUE				***		30DA GEO	7 DA GEO	100ML		MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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Ken Carla		Report for	Jan-11			Tot. Exc.=		0		
Tot. Flow= Date	0.086 Flow	TSS	Concentrations		Fecal	TSS	Pounds		Tot. Phos.	
			BOD	NH3			BOD	NH3		
1/1/11	0.003									
1/2/11	0.002									
1/3/11	0.002	6	2	0.28	2	0.100	0.033	0.005	0.107	
1/4/11	0.002									
1/5/11	0.001									
1/6/11	0.004									
1/7/11	0.003									
1/8/11	0.002									
1/9/11	0.002									
1/10/11	0.006									
1/11/11	0.002									
1/12/11	0.002									
1/13/11	0.003									
1/14/11	0.004									
1/15/11	0.003									
1/16/11	0.004									
1/17/11	0.003									
1/18/11	0.001									
1/19/11	0.003									
1/20/11	0.003									
1/21/11	0.003									
1/22/11	0.003									
1/23/11	0.003									
1/24/11	0.003									
1/25/11	0.002									
1/26/11	0.002									
1/27/11	0.005									
1/28/11	0.003									
1/29/11	0.002									
1/30/11	0.002									
1/31/11	0.003									
Average	0.003	6.00	2.00	0.28	2.00	0.10	0.03	0.00	0.11	
Maximum	0.006	6.00	2.00	0.28	2.00	0.10	0.03	0.00	0.11	