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

August 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 July 2012.

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 July 2012.

There were no overflow reports or bypass reports for this month.

There was one exceedance for BOD this month. At this time, we are not certain of the cause of the elevated BOD results. All of our process control data of this plant indicates optimum treatment processes are occurring. During the investigation process, we had an independent laboratory analyze non-permitted BOD process control samples. Those results were within allowable concentration limits. MSD's laboratory personnel are currently investigating their BOD testing process. As a precaution, we hauled the plants solids inventory and re-seeded the plant and cleaned contact tank. As a result, MSD will conduct split sampling analyses of BOD and non-permitted BOD analyses until a determination is made.

If you have any questions concerning the attached DMRs, please contact me at (502)587-5856.

Sincerely,

Kevin Thompson
Process Supervisor, East Region

KT/Ken Carla 07/12.

Enclosures

cc: C. Roth (DOW Louisville)
T. Singleton
R. Shaw

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: CEDAR CREEK WQTC
ADDRESS: 8405 CEDAR CREEK RD
LOUISVILLE, KY 40211
FACILITY: KEN CARLA WQTC MSD
LOCATION: 8701 1/2 LYNHALL RD
LOUISVILLE, KY 00000

ATTN: DENNIS THOMASSON, SR METRO OPS

KY0022497	001-1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	07/01/2012	TO	07/31/2012

DMR Mailing ZIP CODE: 40211
MINOR
(SUBR LV) JEFFE
SANITARY WASTEWATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	******	8	******	******		0	1/1	GR
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	2 INST MIN	******	******	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1.0	3		******	32	59		1	8/31	CP
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2.5 30DA AVG	5 DAILY MX	lb/d	******	30 30DA AVG	60 DAILY MX	mg/L		Monthly	COMPOS
pH	SAMPLE MEASUREMENT	******	******	******	7	******	9		0	1/1	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0.2	0.2		******	6	6		0	1/31	CP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2.5 30DA AVG	5 DAILY MX	lb/d	******	30 30DA AVG	60 DAILY MX	mg/L		Monthly	COMPOS
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	0.01	0.01		******	0.3	0.3		0	1/31	CP
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	1.67 30DA AVG	3.34 DAILY MX	lb/d	******	20 30DA AVG	40 DAILY MX	mg/L		Monthly	COMPOS
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******	0.21	0.21		0	1/31	CP
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.003	0.006		******	******	******	******	0	CN	CN
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. INST MAX	MGD	******	******	******	******		Weekdays	INSTAN

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Greg C. Heitzman Interim Executive Director	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 Mo	502-540-6000		08/16/2012
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

See cover letter for explanation of exceedences.

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

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

NAME: CEDAR CREEK WQTC
ADDRESS: 8405 CEDAR CREEK RD
LOUISVILLE, KY 40211
FACILITY: KEN CARLA WQTC MSD
LOCATION: 8701 1/2 LYNHALL RD
LOUISVILLE, KY 00000

ATTN: DENNIS THOMASSON, SR METRO OPS

KY0022497	001-1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	07/01/2012	TO	07/31/2012

DMR Mailing ZIP CODE: 40211
MINOR
(SUBR LV) JEFFE
SANITARY WASTEWATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	******	6	6		0	1/31	GR
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 30DA GEO	400 7 DA GEO	#/100mL		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Greg C. Heitzman Interim Executive Director	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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	502-540-6000		08/16/2012
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

Ken Carla Report for **Jul-12** Tot. Exc.= 0 **Violation**

Tot. Flow= 0.09149 Concentrations Pounds

Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
7/1/12	0.00353								
7/2/12	0.00397	6		0.34		0.199		0.011	0.209
7/3/12	0.00345				6				
7/4/12	0.00335								
7/5/12	0.00367								
7/6/12	0.00391								
7/7/12	0.00294								
7/8/12	0.00324								
7/9/12	0.00359								
7/10/12	0.00358								
7/11/12	0.00216								
7/12/12	0.00018								
7/13/12	0								
7/14/12	0.00008								
7/15/12	0.00018								
7/16/12	0.00133								
7/17/12	0.00547								
7/18/12	0.00531		38				1.683		
7/19/12	0.00341								
7/20/12	0.00316								
7/21/12	0.00251								
7/22/12	0.00237								
7/23/12	0.00367								
7/24/12	0.00329		48				1.317		
7/25/12	0.00192		50				0.801		
7/26/12	0.00256		59				1.260		
7/27/12	0.00383		5				0.160		
7/28/12	0.00268		3				0.067		
7/29/12	0.00321		2				0.054		
7/30/12	0.00611		48				2.446		
7/31/12	0.00283								
Average	0.003	6.00	31.63	0.34	6.00	0.20	0.97	0.011	0.21
Maximum	0.006	6.00	59.00	0.34	6.00	0.20	2.45	0.011	0.21
Exceed.	0	0	0	0	0	0	0	0	
Daily Viol.									
Mo. Viol.			1						