



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

December 19, 2012

Cheryl Edwards  
Kentucky Division of Water  
200 Fair Oaks Lane  
Frankfort, Kentucky 40601

**Re: MSD Metro Operations  
Ken Carla WQTC; KPDES No.: KY 0022497  
Discharge Monitoring Reports for November 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 November 2012.

There were no exceedences, overflows 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

KT/Ken Carla 11/12.

Enclosures

cc: T. Singleton  
R. Shaw



*Beneficial Use of Louisville's Biosolids  
www.louisvillegreen.com*

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

KY0022497  
PERMIT NUMBER

001-1  
DISCHARGE NUMBER

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

ATTN: DENNIS THOMASSON, SR METRO OPS

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	11/01/2012	TO	11/30/2012

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
00300 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	9	*****	*****		A	1/1	GR
	PERMIT REQUIREMENT	*****	*****	*****	2 INST MIN	*****	*****	mg/L			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0.1	0.1		*****	5	5		A	1/30	CP
	PERMIT REQUIREMENT	2.5 30DA AVG	5 DAILY MX	lb/d	*****	30 30DA AVG	60 DAILY MX	mg/L			
00310 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	8	*****	9		A	1/1	GR
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU			
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	25	48		A	3/30	CP
	PERMIT REQUIREMENT	2.5 30DA AVG	5 DAILY MX	lb/d	*****	30 30DA AVG	60 DAILY MX	mg/L			
00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.5	0.9		*****	0.8	0.8		A	1/30	CP
	PERMIT REQUIREMENT	1.67 30DA AVG	3.34 DAILY MX	lb/d	*****	20 30DA AVG	40 DAILY MX	mg/L			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.14	0.14		A	1/30	CP
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L			
00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.002	0.006		*****	*****	*****	*****	A	CN	CN
	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. INST MAX	MGD	*****	*****	*****	*****			
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	A	CN	CN
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	A	CN	CN
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	A	CN	CN
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
00610 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	A	CN	CN
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
00665 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	A	CN	CN
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Greg C. Heitzman</i> 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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Ken Thompson</i>	TELEPHONE	DATE
			502-540-6000	12/17/2012
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			AREA Code	NUMBER
				MM/DD/YYYY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal general 74055 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	68	68			1/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	200 30DA GEO	400 7 DA GEO	#/100mL		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Breg C. Hertzman</i> 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 ensure 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 <i>Ken M</i>	TELEPHONE		DATE
			AREA Code	NUMBER	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			502-540-6000		12/17/2012

