



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

January 14, 2013

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 January 2013.**


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 January 2013.

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 01/13.

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 LYNNHALL CT
LOUISVILLE, KY 40059
ATTN: KEVIN RIES

KY0022497
PERMIT NUMBER

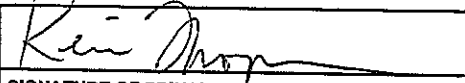
001-1
DISCHARGE NUMBER

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

MONITORING PERIOD
FROM 01/01/2013 TO 01/31/2013

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	*****	*****		0	30/31	GR
	PERMIT REQUIREMENT	*****	*****	*****	2 INST MIN	*****	*****	mg/L		Monthly	GRAB
00310 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.06	0.06		*****	4	4		0	1/31	CP
	PERMIT REQUIREMENT	2.5 30DA AVG	5 DAILY MX	lb/d	*****	30 30DA AVG	60 DAILY MX	mg/L		Monthly	COMPOS
00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	6	*****	9		0	30/31	GR
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Monthly	GRAB
00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.44	0.44		*****	30	30		0	1/31	CP
	PERMIT REQUIREMENT	2.5 30DA AVG	5 DAILY MX	lb/d	*****	30 30DA AVG	60 DAILY MX	mg/L		Monthly	COMPOS
00610 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.01	0.01		*****	0.4	0.4		0	1/31	CP
	PERMIT REQUIREMENT	1.67 30DA AVG	3.34 DAILY MX	lb/d	*****	20 30DA AVG	40 DAILY MX	mg/L		Monthly	COMPOS
00665 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.43	0.43		0	1/31	CP
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMPOS
50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.002	0.008		*****	*****	*****	*****	0	CN	CN
	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. INST MAX	MGD	*****	*****	*****	*****		Weekdays	INSTAN

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Graz C. Heitzman 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 	TELEPHONE	DATE
			502-540-6000	02/18/2013
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		AREA Code	NUMBER	MM/DD/YYYY

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 LYNNHALL CT
LOUISVILLE, KY 40059
ATTN: KEVIN RIES

KY0022497
PERMIT NUMBER

001-1
DISCHARGE NUMBER

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

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 01/01/2013	TO 01/31/2013

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 74055 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	27	27		0	1/31	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	200 30DA GEO	400 7 DA GEO	#/100mL		Monthly	GRAB

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>Kevin Ries</i>	TELEPHONE		DATE
			AREA Code	NUMBER	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			502-540-6000		02/18/2013

