



MSD

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)

February 22, 2007

Ms. Kathy Thurman  
Kentucky Division of Water  
14 Reilly Road  
Frankfort, Kentucky 40601

RE: Jeffersontown Treatment Plant, KPDES No: KY0025194  
Discharge Monitoring Report  
January 2007

Dear Ms. Thurman:

Attached are the Discharge Monitoring Report (DMR) and the Monthly Operating Report (MOR) report for the Jeffersontown Wastewater Treatment Plant, for the month of January 2007.

Sincerely,

James E. Porter Jr.  
Process Supervisor Central Region

JEP/Jeffersontown 1207.doc

Enclosures

cc: M. Mudd (DOW Louisville)  
E. Brady  
R. Shaw  
P. Burgin  
T. Singleton



Beneficial Use of Louisville's Biosolids  
[www.louisvillegreen.com](http://www.louisvillegreen.com)

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

NAME M50 JEFFERSONTOWN STP  
ADDRESS 8405 CEDAR CREEK RD  
LOUISVILLE KY 40293

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

KY0025194

PERMIT NUMBER

001 2

DISCHARGE NUMBER

MAJOR  
(SUBR LV)

F - FINAL

FLOW 800 TSS 00 PM

EFFLUENT

\*\*\* NO DISCHARGE 1 \*\*\*

NOTE: Read Instructions before completing this form.

FACILITY M50 JEFFERSONTOWN STP  
LOCATION JEFFERSONTOWN KY 40299  
ATTN: DEBBIE NEWTON

PARAMETER		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	*****	*****		9.2	*****	*****	( 19 )	0	3/7	GRAB
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		FREE/GRAB	WEEK
EFFLUENT GROSS VALUE PH	SAMPLE MEASUREMENT	*****	*****		7.2	*****		( 12 )	0	3/7	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	SU		FREE/GRAB	WEEK
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	5.632	7132	( 26 )	*****	130	158	( 19 )	0	3/7	comb
SOLIDS, TOTAL SUSPENDED	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		FREE/COMPOS	WEEK
00530 3 0 0	SAMPLE MEASUREMENT	377	750	( 26 )	*****	8	11	( 19 )	0	3/7	comb
RAW SEW/INFLUENT	PERMIT REQUIREMENT	1000 MD AVG	1501 MX WK AV	LBS/DY	*****	30 MD AVG	45 MX WK AV	MG/L		FREE/COMPOS	WEEK
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	4.86	548	( 26 )	*****	11.8	14.7	( 19 )	0	3/7	comb
00530 1 0 0	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		FREE/COMPOS	WEEK
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	5.66	16.83	( 26 )	*****	0.09	0.09	( 19 )	0	3/7	comb
NITROGEN, AMMONIA TOTAL (AS N)	PERMIT REQUIREMENT	334 MD AVG	500 MX WK AV	LBS/DY	*****	10 MD AVG	15 MX WK AV	MG/L		FREE/COMPOS	WEEK
00610 3 0 0	SAMPLE MEASUREMENT	24.50	29.73	( 26 )	*****	0.57	7.1	( 19 )	0	3/7	comb
RAW SEW/INFLUENT	PERMIT REQUIREMENT	87 MD AVG	100 MX WK AV	LBS/DY	*****	2.0 MD AVG	3.0 MX WK AV	MG/L		FREE/COMPOS	WEEK
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	24.50	29.73	( 26 )	*****	0.57	7.1	( 19 )	0	3/7	comb
00610 1 0 0	PERMIT REQUIREMENT	87 MD AVG	100 MX WK AV	LBS/DY	*****	2.0 MD AVG	3.0 MX WK AV	MG/L		FREE/COMPOS	WEEK
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	24.50	29.73	( 26 )	*****	0.57	7.1	( 19 )	0	3/7	comb
PHOSPHORUS, TOTAL (AS P)	PERMIT REQUIREMENT	87 MD AVG	100 MX WK AV	LBS/DY	*****	2.0 MD AVG	3.0 MX WK AV	MG/L		FREE/COMPOS	WEEK
00665 1 0 0	SAMPLE MEASUREMENT	24.50	29.73	( 26 )	*****	0.57	7.1	( 19 )	0	3/7	comb
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	87 MD AVG	100 MX WK AV	LBS/DY	*****	2.0 MD AVG	3.0 MX WK AV	MG/L		FREE/COMPOS	WEEK

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

H.J. SERRAVALLO JR.  
BYSE 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

502 540-6000

DATE

7 2 19

AREA CODE

NUMBER

YEAR

MO.

DAY

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

USE MD AVG FOR BOD/TSS REMV; REPT IN MINIMUM COLUMN.

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

NAME MSD JEFFERSONTOWN STP

ADDRESS 8405 CEDAR CREEK RD

LOUISVILLE

KY 40291

FACILITY MSD JEFFERSONTOWN STP

LOCATION JEFFERSONTOWN

KY 40299

ATTN: DEBBIE NEWTON

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

KY0025194

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DISCHARGE NUMBER

MAJOR (SUBR LV)

F - FINAL

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	5.06	10.99	( 03 )	*****	*****	*****		0	4/1	C/N
50050 1 0 0	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	MGD	*****	*****	*****	*****		CONTIN. CONTIN.	
EFFLUENT GROSS VALUE										UOUS	
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	4	8.28	( 15 )	0	3/7	GRUB
74055 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	200	400	#/		FREE/GRAB	
EFFLUENT GROSS VALUE						30DA GED	7 DA GED	100ML		WEEK	
BOD, CARBONACEOUS 5 DAY, 20C	SAMPLE MEASUREMENT	5000	5639	( 26 )	*****	116	140	( 17 )	0	3/7	comb
80082 2 0 0	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		FREE/COMPOS	
RAW SEW/INFLUENT										WEEK	
BOD, CARBONACEOUS 5 DAY, 20C	SAMPLE MEASUREMENT	139	306	( 26 )	*****	3	4	( 17 )	0	9/1	comb
80082 3 0 0	PERMIT REQUIREMENT	657	1001		*****	20	30			FREE/COMPOS	
EFFLUENT GROSS VALUE		MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV	MG/L		WEEK	
BOD, CARB-5 DAY, 20 DEG C, PERCENT REMVL	SAMPLE MEASUREMENT	*****	*****		96.7	*****	*****	( 23 )	1	1/31	calc
80091 4 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	PER-CENT		INCE/ CALC'D	
PERCENT REMOVAL					MD AVG					MONTH	
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		92.7	*****	*****	( 23 )	1	1/31	calc
81011 4 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	PER-CENT		INCE/ CALC'D	
PERCENT REMOVAL					MD MIN					MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

H.J. SCARBIN JR.

Exec. Director

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

James E. Port...

TELEPHONE

502 540-6000

DATE

7 2 19

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USE MD AVG FOR BOD/TSS REMV; REPT IN MINIMUM COLUMN.