



MSD

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

March 20, 2007

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

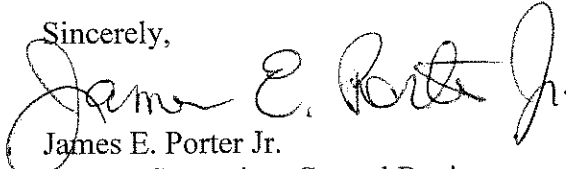
RE: Jeffersontown Treatment Plant, KPDES No: KY0025194  
Discharge Monitoring Report  
February 2007

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 February 2007.

If you have any questions concerning the attached DMR's, please contact me at (502) 239-7695.

Sincerely,



James E. Porter Jr.  
Process Supervisor Central Region

JEP/Jeffersontown 0207.doc

Enclosures

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



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



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March 20, 2007

Mr. Mike Mudd  
Kentucky Division of Water  
9116 Leesgate Rd.  
Louisville, Ky. 40222-5084

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

Dear Mr. Mudd:

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

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James E. Porter Jr.  
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Enclosures

cc: K. Thurman (KDOW)  
E. Brady  
R. Shaw  
P. Burgin  
T. Singleton



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

NAME **MSD JEFFERSONTOWN STP**  
ADDRESS **8405 CEDAR CREEK RD**  
**LOUISVILLE KY 40291**

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

**KY0025194** PERMIT NUMBER  
**001 2** DISCHARGE NUMBER

MAJOR (SUBR LV)  
F - FINAL JEFFE

FACILITY LOCATION **MSD JEFFERSONTOWN STP**  
**JEFFERSONTOWN KY 40299**  
ATTN: **DEBBIE NEWTON**

MONITORING PERIOD  
FROM **07 02 01** TO **07 02 28**

FLOW **800 TSS 80 PH**  
EFFLUENT  
\*\*\* NO DISCHARGE [ ] \*\*\*  
NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		9.9	*****	*****	( 19 )	0	3/1	GRAB
	PERMIT REQUIREMENT	*****	*****	****	7 INST MIN	*****	*****	MG/L		FREE/	GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.0	*****	7.5	( 12 )	0	3/1	GRAB
	PERMIT REQUIREMENT	*****	*****	****	6 MINIMUM	*****	7 MAXIMUM	PH		FREE/	GRAB
SOLIDS, TOTAL SUSPENDED 00530 2 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	6559	8701	( 26 )	*****	199	270	( 19 )	0	3/1	COMP
	PERMIT REQUIREMENT	REPORT MG AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MG AVG	REPORT MX WK AV	MG/L		FREE/	COMPOS
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	208	287	( 26 )	*****	6	6	( 19 )	0	3/1	COMP
	PERMIT REQUIREMENT	1000 MG AVG	1501 MX WK AV	LBS/DY	*****	30 MG AVG	45 MX WK AV	MG/L		FREE/	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 0 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	557	719	( 26 )	*****	17.4	23.07	( 19 )	0	3/1	COMP
	PERMIT REQUIREMENT	REPORT MG AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MG AVG	REPORT MX WK AV	MG/L		FREE/	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	3.11	4.87	( 26 )	*****	0.08	0.10	( 19 )	0	3/1	COMP
	PERMIT REQUIREMENT	334 MG AVG	500 MX WK AV	LBS/DY	*****	10 MG AVG	15 MX WK AV	MG/L		FREE/	COMPOS
PHOSPHORUS, TOTAL (AS P) 00665 1 2 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	11.8	18.27	( 26 )	*****	0.32	0.53	( 19 )	0	3/1	COMP
	PERMIT REQUIREMENT	67 MG AVG	100 MX WK AV	LBS/DY	*****	2.0 MG AVG	3.0 MX WK AV	MG/L		FREE/	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
**H. J. SCHARDEIN JR.**  
**ESPC, 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.

*James E. Burk*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE **502 54-6000**  
DATE **07 03 20**

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
USE MG AVG FOR BOD/TSS REMV; REPT IN MINIMUM COLUMN.

NAME MSD JEFFERSONTOWN STP  
 ADDRESS 8405 CEDAR CREEK RD  
 LOUISVILLE KY 40291

KY0025194  
 PERMIT NUMBER

001 2  
 DISCHARGE NUMBER

MAJOR (SUBR LV)  
 F - FINAL  
 FLOW BOD TSS DO PH  
 EFFLUENT

FACILITY MSD JEFFERSONTOWN STP  
 LOCATION JEFFERSONTOWN KY 40299

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	02	01		07	02	28

\*\*\* NO DISCHARGE 1 1 \*\*\*  
 NOTE: Read Instructions before completing this form.

ATTN: DEBBIE NEWTON

PARAMETER	X	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		4.21	9.31	( 03 )	*****	*****	*****		0	C/H	C/H
50050 1 0 0 EFFLUENT GROSS VALUE		REPORT	REPORT	MGD	*****	*****	*****	*****		CONTIN	CONTIN
COLIFORM, FECAL GENERAL		*****	*****		*****	4	9.96	( 13 )	0	3/1	GRAB
74055 1 0 0 EFFLUENT GROSS VALUE		*****	*****	*****	*****	200	400 #/	30DA GEG 7 DA GEG 100P/L		THREE/	GRAB
BOD, CARBONACEOUS 5 DAY, 20C		6074	7134	( 26 )	*****	184	221	( 19 )	0	3/1	COMP
50082 0 0 0 RAW SEW/INFLUENT		REPORT	REPORT	LBS/DY	*****	REPORT	REPORT	MG/L		THREE/	COMPOS
BOD, CARBONACEOUS 5 DAY, 20C		90	151	( 26 )	*****	2	3	( 19 )	0	3/1	COMP
50082 1 0 0 EFFLUENT GROSS VALUE		667	1001	LBS/DY	*****	20	30	MG/L		THREE/	COMPOS
BOD, CARB-5 DAY, 20 DEG C, PERCENT REMV		*****	*****		98.4	*****	*****	( 23 )	0	1/31	CAL
50091 K 0 0 PERCENT REMOVAL		*****	*****	*****	55	*****	*****	PER - CENT		ONCE/	CALC'D
SOLIDS, SUSPENDED PERCENT REMOVAL		*****	*****		91.4	*****	*****	( 23 )	0	1/31	CAL
51011 K 0 0 PERCENT REMOVAL		*****	*****	*****	55	*****	*****	PER - CENT		ONCE/	CALC'D

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 H. J. SCHROEDER JR.  
 BY: [Signature] 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]  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 502-580-6000  
 DATE 07 03 20  
 AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 USE MG AVG FOR BOD/TSS REMV; REPT IN MINIMUM COLUMN.