

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





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

RE:

Jeffersontown Treatment Plant, KPDES No: KY0025194

Discharge Monitoring Report

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E. Brady

R. Shaw

P. Burgin

T. Singleton



> Form Approved. OMB No. 2040-0004

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

MEN JEFFERSUNTOWN STP

ADDRESS 8408 CEDAR CREEK RD LOWISVILLE

KY 40291

ATIONAL POLLUTANT DISCHARGE ELIMINATION SYST	TEM (NPDES)
DISCHARGE MONITORING REPORT	(DMR)

KY0025194 PERMIT NUMBER

001 2 DISCHARGE NUMBER MA. IOR (SUBR LV) F - FINAL

JEFFE

FACILITY MSD JEFFERSONTOWN STP

LOCATION JEFFERSONTOWN ATTM: DEBRIE NEWTON

KY 40299

:	MONITORING PERIOD									
	YEAR	MO	DAY		YEAR	МО	DAY			
FROM	97	02	01	то	07	UZ.	25			

FLOW BOD TES DO PH EFFLUENT

ARA NO DISCHARGE | | ARA

NOTE: Read Instructions before completing this form.

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NAME/TITLE PRINCIPAL EXECUTIVE H. J. SCHPOLOGIN EVEC. DIRECTOR TYPED OR PRINTED	prepare to assur submitt or those submitt	d under my direction or sup e that qualified personnel pt ed. Based on my inquiry of t persons directly responsible ed is, to the best of my know are that there are significan	nis document and all attachnervision in accordance with roperly gather and evaluate in the person or persons who me of or gathering the informati ledge and belief, true, accur- t penalties for submitting fal imprisonment for knowing v	a system designed the information anage the system, on, the informatio ate, and complete ise information,	on Sign	ATURE OF PRINCIPAL FICER OR AUTHORIZE		TELEPHOI	6800	070	3 20

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

USE MO AVG FOR BODYTSS REMVIREFT IN MINIMUM COLUMN.

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

OMB No. 2040-0004

NAME

HAD TEFFEREEMTERS STE ADDRESS RADE CEDAR CREEK RD

MY 40291

AVOODETRA PERMIT NUMBER

3777 DISCHARGE NUMBER

MAJOR (SUMM LV) F - FINAL

JEFFE

FACILITY

MED JEFFERBONTOWN STP LOCATION

JEFFERSONTOWN

LOUISVILLE

KY 40279

MONITORING PERIOD YEAR MO DAY MO DAY YEAR FROM () 3. TO 0.7 ೦೩ 26 \mathbb{Q}^{2}

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system design to assure that qualified personnel property 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.			a system designed the information anage the system, ion, the information	$a = \int a \eta$		no h	TELEPHON		070	ATE 2 2a	
TYPED OR PRINTED	I am av	ted is, to the best of my know ware that there are significan ng the possibility of fine and	t penalties for submitting fa imprisonment for knowing	lse information,	L / C.C.	SIGNATURE OF PRINCIPAL OFFICER OR AUTHORIZE		REA NUMBER		+=	10 DAY

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