



MSD

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

July 25, 2007

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

**Re: MSD Metro Operations
KJC Institute for Women WTP; KPDES No.: KY0039004
Discharge Monitoring Reports – June 2007**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the KJC Institute for Women WTP; KPDES No.: KY0039004 for the month of June 2007.

If you have any questions concerning the attached DMRs, please contact me at (502)241-9093

Sincerely,

John Kessel
Process Supervisor, East Region

JMK/KCIW 0607

Enclosures

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



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

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

NAME **JEFF CO MEN**
 ADDRESS **4001 JEFF CO RD**
LOUISVILLE KY 40211-2477
 FACILITY **JEFF CO MEN**
 LOCATION **JEFF CO MEN**
 CITY **LOUISVILLE KY**

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

KY0037004
 PERMIT NUMBER

001 1
 DISCHARGE NUMBER

MINOR
 (SUDR LV)
 F - FINAL
 SANITARY WASTEWATER
 EFFLUENT

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	08	01	TO	07	08	01

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DAYWATER DISCHARGED	SAMPLE MEASUREMENT	*****	*****		7.2	*****	*****	(17)	0	1/7	Grab
0300	PERMIT REQUIREMENT	*****	*****		INST MIN	*****	*****	MG/L			
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.1	*****	6.5	(12)	0	1/7	Grab
0400	PERMIT REQUIREMENT	*****	*****		MINIMUM	*****	MAXIMUM	SU			
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	13.21	20.22	(26)	*****	4.50	6.0	(17)	0	1/7	Comp
0500	PERMIT REQUIREMENT	31.2	62.5		*****	30	30	MG/L			
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.75	1.27	(26)	*****	0.25	0.39	(17)	0	1/7	Comp
0600	PERMIT REQUIREMENT	2.09	4.18		*****	2	4	MG/L			
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	4.77	5.38	(17)	0	1/7	Comp
0700	PERMIT REQUIREMENT	*****	*****		*****	REPORT	REPORT	MG/L			
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.329	0.537	(03)	*****	*****	*****	*****	0	1/7	Grab
0800	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	*****			
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	(17)	0	1/7	Grab
0900	PERMIT REQUIREMENT	*****	*****		*****	0.017	0.017	MG/L			
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

H.S. Schurlein
 Exec 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

241 9093

DATE

07 07 23

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

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

NAME RUI INSTITUTE FOR WOMEN
 ADDRESS 100 LOUISVILLE/JEFF CO MED
 1000 ALBION PKWY
 LOUISVILLE KY 40211-2497
 FACILITY RUI INSTITUTE FOR WOMEN
 LOCATION PENNS VALLEY KY 40056
 TITLE AREA & N/AAL OPER MGR

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

KY0039004
 PERMIT NUMBER

001 2
 DISCHARGE NUMBER

MINOR
 (SUPR LV)
 F - FINAL
 SANITARY WASTEWATER
 EFFLUENT

Form Approved
 OMB No. 2040-0004

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	03	01		07	03	01

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

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLIFORMS FROM GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	1.68	2.0	(15)	0	1/2	Grab
EFFLUENT DROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	300	400	MG/L		WEEKLY	
TOXIC SUBSTANCES	SAMPLE MEASUREMENT	7.67	10.64	(26)	*****	3.75	4.0	(17)	0	1/2	Comp
EFFLUENT DROSS VALUE	PERMIT REQUIREMENT	10.4	20.5		*****	10	20	MG/L		WEEKLY	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 502 241-9093
 DATE
 07 07 23
 AREA CODE NUMBER YEAR MO DAY

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