

**MSD**

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

September 11, 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 – August 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 August 2007.

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

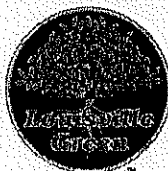
Sincerely,

John Kessel  
Process Supervisor, East Region

JMK/KCIW 0807

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 KJC INSTITUTE FOR WOMEN  
 ADDRESS C/O LOUISVILLE/JEFF CO MSD  
 4522 ALGONQUIN PKWY  
 LOUISVILLE KY 40211-2497  
 FACILITY KJC INSTITUTE FOR WOMEN  
 LOCATION PEWEE VALLEY KY 40056  
 ATTN: ALEX E NOVAK, OPER MOR

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

KY0039004  
 001 1  
 PERMIT NUMBER DISCHARGE NUMBER

MINOR  
 (SUBR LV)  
 F - FINAL  
 SANITARY WASTEWATER  
 EFFLUENT  
 \*\*\* NO DISCHARGE [ ] \*\*\*

SHELE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

NOTE: Read instructions before completing this form.

PARAMETER	X	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	*****	*****		7.1	*****	*****	( 17)	0	1/2	Grab
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	INST MIN	*****	*****	MG/L			
PH	SAMPLE MEASUREMENT	*****	*****		6.2	*****	6.4	( 12)	0	1/2	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	6.0 MINIMUM	*****	7.0 MAXIMUM	SU			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	0.61	1.13	( 20)	*****	2.50	3.0	( 17)	0	1/2	Comp
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	31.3 30DA AVG	52.5 DAILY MX	LBS/DY	*****	30 30DA AVG	50 DAILY MX	MG/L			
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.04	0.10	( 20)	*****	0.16	0.34	( 17)	0	1/2	Comp
00610 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.09 30DA AVG	4.18 DAILY MX	LBS/DY	*****	2 30DA AVG	4 DAILY MX	MG/L			
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	3.25	3.54	( 17)	0	1/2	Comp
00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT 30DA AVG	REPORT DAILY MX	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.029	0.050	( 05)	*****	*****	*****	***	0	C/S	C/S
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	*****	*****	*****	****			CONTIN CONTIN
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	( 17)	0	1/2	Grab
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	0.017 30DA AVG	0.017 DAILY MX	MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER H.J. Schade 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		DATE		
			AREA CODE	NUMBER	YEAR	MO	DAY

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
**NAME:** KJC INSTITUTE FOR WOMEN  
**ADDRESS:** 670 LOUISVILLE/JEFF CD MSD  
 4522 ALCONGUIN PKWY  
 LOUISVILLE KY 40211-2497  
**FACILITY:** KJC INSTITUTE FOR WOMEN  
**LOCATION:** PEWEE VALLEY KY 40056  
**ATTN:** ALEX E NOVAK, OPER MGR

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

KY0039004  
 001 1  
**PERMIT NUMBER**      **DISCHARGE NUMBER**

MINOR  
 (SUBR LV)  
 F - FINAL  
 SANITARY WASTEWATER  
 EFFLUENT  
 \*\*\* NO DISCHARGE 1  \*\*\*

SHELD

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

FROM TO

NOTE: Read Instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	1.19	2.0		1/4	Grab
	PERMIT REQUIREMENT	*****	*****	****	*****	30DA GED	7 DA GED	100ML		WEEKLY
000, CARBONACEOUS 05 DAY, BOD	SAMPLE MEASUREMENT	0.49	0.75	(25)	*****	2.0	2.0		1/4	Comp
00052 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	10.4	20.9		*****	30DA AVG	DAILY MX	MG/L		WEEKLY
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 H. J. Schardew  
 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: 502 241 7093  
 DATE: 07 09 10  
 AREA CODE NUMBER YEAR MO DAY

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