

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

October 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 - September 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 September 2007.

Also note that MSD contract to operate the womens prision was not renewed. The new operators are Tetra Tech. The contact person for that company is Mary.Turner@Tetratech.com.

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 0907

**Enclosures** 

cc: C. Roth (DOW Louisville)

E. Brady

T. Singleton

P. Burgin

R. Shaw



PERMITTEE: NAME/ADDRESS (Include Facility Name/Location if Different) NAME! KUS INSTITUTE FOR WOMEN

ADDRESS C/O LOUISVILLE/JEFF CO MSD

4522 ALGONOUIN PAWY

ATTN: ALEX E MOVAK, OFFR MOR

LOUISVILLE FACILITY HURS INSTITUTE FOR WOMEN

LOCATION PRIMER VALLEY

EY 40056

KY 40211-2497

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR) 840037004 PERMIT NUMBER

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YEAR MO.

FROM

MONITORING PERIOD

TO

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DAY.

YEAR MO

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Form Approved.

OMB No. 2040-0004

SANITARY WASTEWATER

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NOTE: Read Instructions before completing this form.

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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 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 Signatur						EXECUTIVE	TELEPHONE  SO 241-9013  AREA NUMBER		60 %	ATE	

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) Form Approved. NAME FOR INSTITUTE FOR WOMEN DISCHARGE MONITORING REPORT (DMR) OMR No. 2040-0004 MINER ANNOESS C/O LOUISVILLE/JEFF CD MSD KY(N). FELLIM (BUBB 1V) 4522 ALOUNGUIN PAWY F - FINAL PERMIT NUMBER DISCHARGE NUMBER SHEEL A I CHITSUTLE KY 40211-2497 SANITARY WASTEWATER FACILITY NUC INSTITUTE FOR WOMEN MONITORING PERIOD FFFILENT LOCATION PEWER VALLEY YEAR MO. DAY YEAR MO KY 40056 DAY 444 | GOMANDEIT ON 444 FROM TO ATTN: ALEX E NOVAK, OPEN MGR NOTE: Read Instructions before completing this form. PARAMETER **QUANTITY OR LOADING** QUALITY OR CONCENTRATION FREQUENCY NO. SAMPLE ΕX AVERAGE TYPE MAXIMITAN UNITS ANALYSIS MINIMUM AVERAGE MAXIMUM UNITS COLIFORN, FECAL **建设设设设设** 医克雷克里奇 SAMPLE ride size ride side supersi 等医似种腺点( MEASUREMENT LO O. 74055 1 (1) 4.3 (srch 中 李 李 李 丁 珍 PERMIT # U U EFFLUENT GROSS VALUE REQUIREMENT 安全经验 30DA GED 7 DA GED 1.00ML 100, CAREGMACHULE 11 201 2 SAMPLE 0.64 PS DAY, BOK 1,25 2,50 <.0 MEASUREMENT 300BB 1 0 111 64 PERMIT W 12 " SFFLUENT GROSS VALUE REQUIREMENT BODA AVO DATLY MY LBS/DY 30DA AVO DAILY MX MCZ SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE **MEASUREMENT** PERMIT REQUIREMENT **IAME/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 designed TELEPHONE Exce Director DATE 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 HJ Schooling submitted is, to the best of my knowledge and belief, true, accurate, and complete. 241-9013 07 I am aware that there are significant penalties for submitting false information, SIGNATURE OF PRINCIPAL EXECUTIVE 10 13 **TYPED OR PRINTED** including the possibility of fine and imprisonment for knowing violations **QEFIOER OR AUTHORIZED AGENT** DMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) NUMBER YEAR MO DAY