



MSD

*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 prison 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



*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 MGR

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

KY0037004
 PERMIT NUMBER

001 I
 DISCHARGE NUMBER

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

SHELL

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

FROM

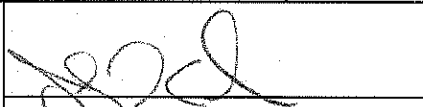
TO

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 (DD) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.1	*****	*****	(17)	0	1/2	Grab
	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L			
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.2	*****	6.5	(12)	0	1/2	Grab
	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	SU			
SOLIDS, TOTAL SUSPENDED 00500 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.85	1.30	(20)	*****	3.25	4.0	(17)	0	1/2	Comp
	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L			
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.03	0.05	(25)	*****	0.11	0.17	(17)	0	1/2	Comp
	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L			
PHOSPHORUS, TOTAL (AS P) 00660 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	4.50	4.80	(17)	0	1/2	Comp
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 00050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.032	0.043	(03)	*****	*****	*****	***	0	1/2	C/N
	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	****			
CHLORINE, TOTAL RESIDUAL 00060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	(17)	0	1/2	Grab
	PERMIT REQUIREMENT	*****	*****	****	*****	0.017	0.017	MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Exec Director
 H.J. Scharden
 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 information 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: 502 241-9013
 DATE: 07 10 22
 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 ALDOUNGUIN HWY
 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
 PERMIT NUMBER

001 1
 DISCHARGE NUMBER

MINOR
 (SUBR LV)
 F - FINAL
 SANITARY WASTEWATER
 EFFLUENT

Form Approved.
 OMB No. 2040-0004

SHELS

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

*** NO DISCHARGE 1 1 ***

NOTE: Read Instructions before completing this form.

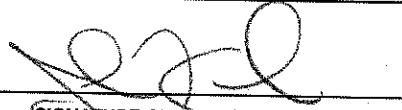
PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLIFORM, FECAL GENERAL		*****	*****		*****	1.0	1.0	(15)	0	1/2	Grb
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	200	400	/			
300, CARBONACEOUS 35 DAY, 200						30DA GED	7 DA GED	100ML			
30082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.64	1.25	(20)	*****	2.50	5.0	(17)	0	1/2	Exp
	PERMIT REQUIREMENT	10.4	20.7		*****	10	20				
		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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Exec Director
 HJ Schreiber

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TELEPHONE		DATE		
508	241-9013	07	10	23
AREA CODE	NUMBER	YEAR	MO	DAY

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