



MSD

*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: MSD Metro Operations
KJC Institute for Women WTP; KPDES No.: KY0039004
Discharge Monitoring Reports – February 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 February 2006.

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 0207

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 WJC INSTITUTE FOR WOMEN

ADDRESS C/O LOUISVILLE/DEPT CO MSD
4522 ALBOMQUIN PKWY

LOUISVILLE KY 40211-2477

FACILITY WJC INSTITUTE FOR WOMEN

LOCATION PENEE VALLEY KY 40056

ATTN: ALEX E NOVAK, OPER MGR

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

KY0039004
PERMIT NUMBER

001 I
DISCHARGE NUMBER

MINOR
(SUBR LV)
F - FINAL

SANITARY WASTEWATER
EFFLUENT

*** 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			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****		8.8	*****	*****	(17)	0	1/7	Grab
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE				****							
PH	SAMPLE MEASUREMENT	*****	*****		6.8	*****	7.3	(12)	0	1/7	Grab
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	SU		WEEKLY	GRAB
EFFLUENT GROSS VALUE				****							
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	2.34	4.20	(26)	*****	11.25	23.0	(17)	0	1/7	Grab
00530 1 0 0	PERMIT REQUIREMENT	31.3	62.6		*****	30	60	MG/L		WEEKLY	COMPOSITE
EFFLUENT GROSS VALUE		SODA AVG	DAILY MX	LBS/DY		SODA AVG	DAILY MX				
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.08	0.21	(26)	*****	0.31	0.4	(17)	0	1/7	Grab
00610 1 0 0	PERMIT REQUIREMENT	5.21	10.4		*****	5	10	MG/L		WEEKLY	COMPOSITE
EFFLUENT GROSS VALUE		SODA AVG	DAILY MX	LBS/DY		SODA AVG	DAILY MX				
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	0.02	0.05	(17)	0	1/7	Grab
00665 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L		WEEKLY	COMPOSITE
EFFLUENT GROSS VALUE				****		SODA AVG	DAILY MX				
FLOW, IN CONDUIT OF WTPU TREATMENT PLANT	SAMPLE MEASUREMENT	0.005	0.044	(03)	*****	*****	*****		0	6/2	6/2
00690 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		CONTINUOUS	IN
EFFLUENT GROSS VALUE		SODA AVG	INST MAX	MGD				****		UDVS	
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	(17)	0	1/7	Grab
00060 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	0.017	0.017	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE				****		SODA AVG	DAILY MX				
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 OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE	
TYPED OR PRINTED								AREA CODE	NUMBER	YEAR	MO
113. Schuler Jr						502		241.9673	07	03	20

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

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

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4812 ALCONQUIN PAVY
LOUISVILLE KY 40211-2477

FACILITY KJC INSTITUTE FOR WOMEN

LOCATION PENSE VALLEY KY 40056

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DISCHARGE MONITORING REPORT (DMR)

KY0039004	001 1
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	02	01		07	02	20

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	1	1	(13)	0	1/7	Grab
	PERMIT REQUIREMENT	*****	*****	***	*****	200	400	#/100ML		WEEKLY	GRAB
BOD, CARBONACEOUS 5 DAY, 20C	SAMPLE MEASUREMENT	0.98	1.50	(26)	*****	4.75	6.0	(17)	0	1/7	Comp
	PERMIT REQUIREMENT	10.4	20.7		*****	10	20			WEEKLY	COMPOS
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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HTJ. Schuler Jr Exec Director			508	241 9093	07	03	20
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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