



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 – March 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 March 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 0307

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)

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

MINOR
(SUBR LV)
F - FINAL

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 NIDVAK, OPER MGR

KY0039004
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	03	01		07	03	31

SANITARY WASTEWATER
EFFLUENT

*** NO DISCHARGE ***

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 (DO)	SAMPLE MEASUREMENT	*****	*****		9.6	*****	*****	(19)	0	1/7	Grab
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		WEEKLY	GRAB
PH	SAMPLE MEASUREMENT	*****	*****		7.4	*****	7.8	(12)	0	1/7	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	1.24	1.75	(26)	*****	5.75	7.0	(19)	0	1/7	Comp
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	31.3 30DA AVG	62.6 DAILY MX	LBS/DY	*****	30 30DA AVG	60 DAILY MX	MG/L		WEEKLY	SAMPLE
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.07	0.14	(26)	*****	0.31	0.56	(19)	0	1/7	Comp
00610 1 2 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	5.21 30DA AVG	10.4 DAILY MX	LBS/DY	*****	5 30DA AVG	10 DAILY MX	MG/L		WEEKLY	CUMPL
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	2.62	5.05	(19)	0	1/7	Comp
00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT 30DA AVG	REPORT DAILY MX	MG/L		WEEKLY	CUMPL
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.023	0.036	(03)	*****	*****	*****		0	1/7	1/7
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	*****	*****	*****	****		WEEKLY	CUMPL
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	(19)	0	1/7	Grab
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.017 30DA AVG	0.017 DAILY MX	MG/L		WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H.J. Schauder
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		
503 241-9093	07	04	19
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 CO MSD
4522 ALCONQUIN PKWY
LOUISVILLE KY 40211-2497
FACILITY KJC 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 1
DISCHARGE NUMBER

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

SHELL

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	03	01	07	03	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	UNITS			
COLIFORM, FECAL GENERAL		*****	*****		*****	5.98	320.0	(13)	0	1/7	Grab
74055 : 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	200	400	1/		NEARLY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C		0.66	1.0	(26)	*****	3.0	4.0	(19)	0	1/7	Long
80082 : 1 0 0 EFFLUENT GROSS VALUE		10.4	20.7		*****	10	20			NEARLY	LONG
		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

A.J. Schwaben
Exec Director

TYPED OR PRINTED

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