



**MSD**

*Louisville and Jefferson County Metropolitan Sewer District  
700 West Liberty Street  
Louisville Kentucky 40203-1911  
502-540-6000  
[www.msdlouky.org](http://www.msdlouky.org)*

March 20, 2007

Ms. Kathy Thurman  
Kentucky Division of Water  
14 Reilly Road  
Frankfort, Kentucky 40601

**Re: MSD Metro Operations  
Polo Fields WTP; KPDES No.: KY0093441  
Discharge Monitoring Reports – March 2007.**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Polo Fields WTP, KPDES No.: KY0093441 for the month of March 2007.

This facility was eliminated on Dec. 18, 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/ Polo Fields 0307

Enclosures

cc: M. Mudd (DOW Louisville)  
E. Brady  
T. Singleton  
P. Burgin  
R. Shaw



*Beneficial Use of Louisville's Biosolids  
[www.louisvillegreen.com](http://www.louisvillegreen.com)*

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

NAME POLO FIELDS SUBD STP MSD  
ADDRESS C/O LOUISVILLE/JEFF CO MSD  
4522 ALGONQUIN PKWY

LOUISVILLE KY 40211-2497

FACILITY POLO FIELDS SUBD STP MSD

LOCATION LOUISVILLE KY 40245

ATTN ALEX E NOVAK, OPER MGR

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

KY0093441

PERMIT NUMBER

001 1

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	*****	*****			*****	*****	( 19 )			
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		NEARLY GRAB	
EFFLUENT GROSS VALUE PH	SAMPLE MEASUREMENT	*****	*****			*****		( 12 )			
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	9.0	5U		NEARLY GRAB	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			( 26 )	*****			( 19 )			
SOLIDS, TOTAL SUSPENDED	PERMIT REQUIREMENT	30.3	60.6	LBS/DY	*****	30	60	MG/L		NEARLY COMPOS	
00530 1 0 0	SAMPLE MEASUREMENT			( 26 )	*****			( 19 )			
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L		NEARLY COMPOS	
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT			( 03 )	*****			*****			
00610 1 2 0	PERMIT REQUIREMENT	5.21	10.4	LBS/DY	*****	5	10	MG/L		NEARLY COMPOS	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			( 03 )	*****			*****			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	REPORT	REPORT	MOD	*****	*****	*****	****		CONTINUOUS	
50050 1 0 0	SAMPLE MEASUREMENT			( 13 )	*****			( 13 )			
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	INST MAX	MOD	*****	30DA GED	7 DA GED	100ML		NEARLY GRAB	
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	200	400	#/		NEARLY GRAB	
74055 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	30DA GED	7 DA GED	100ML		NEARLY GRAB	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			( 26 )	*****			( 19 )			
BOD, CARBONACEOUS 5 DAY, 20C	PERMIT REQUIREMENT	10.4	20.8	LBS/DY	*****	10	20	MG/L		NEARLY COMPOS	
80082 1 0 0	SAMPLE MEASUREMENT			( 26 )	*****			( 19 )			
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L		NEARLY COMPOS	

**NAME/TITLE PRINCIPAL EXECUTIVE OFFICER**

A.S. Schaefer

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**

*[Signature]*

**TELEPHONE**

502 241-3093

**DATE**

07 04 19

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