



MSD

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

February 23, 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 – January 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 December 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 0107

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)

NAME KJC INSTITUTE FOR WOMEN
ADDRESS C/O LOUISVILLE/JEFF CO MSD
4522 ALGONQUIN PAVY
LOUISVILLE KY 40211-2497
FACILITY KJC INSTITUTE FOR WOMEN
LOCATION PEWEE VALLEY KY 40056
ATTN: ALEX E NOVAK, OPER MGR

KY0039004
PERMIT NUMBER

001 1
DISCHARGE NUMBER

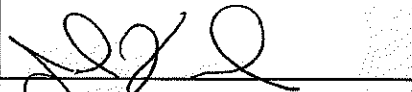
MINOR
(SUBR LV)
F - FINAL SHELE
SANITARY WASTEWATER
EFFLUENT
*** NO DISCHARGE [] ***
NOTE: Read instructions before completing this form.

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

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (OD)	*****	*****			9.0	*****	*****	(19)	0	1/7	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		WEEKLY	GRAB
PH	*****	*****			6.8	*****	7.0	(12)	0	1/7	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	9.0	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	*****	1.69	2.40	(26)	*****	9.75	12.00	(19)	0	1/7	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	31.3	32.6	LBS/DY	*****	30	60	MG/L		WEEKLY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	*****	0.06	0.07	(25)	*****	0.36	0.50	(19)	0	1/7	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	5.21	10.4	LBS/DY	*****	5	10	MG/L		WEEKLY	COMPOS
PHOSPHORUS, TOTAL (AS P)	*****	*****	*****		*****	0.47	0.60	(19)	0	1/7	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L		WEEKLY	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	*****	.020	.034	(03)	*****	*****	*****		0	C/N	C/N
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	****		CONTIN	CONTIN
CHLORINE, TOTAL RESIDUAL	*****	*****	*****		*****	<0.010	<0.010	(19)	0	1/7	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.019	0.019	MG/L		WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H.J. Schardein Jr.
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 503 540-6000
DATE 07 02 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)

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

MINOR
(SUBR LV)
F - FINAL

SHELD

NAME KJC INSTITUTE FOR WOMEN
ADDRESS 670 LOUISVILLE/JEFF CD MSD
1522 ALDINGQUIN PKWY

KY0039004
PERMIT NUMBER

001 1
DISCHARGE NUMBER

LOUISVILLE KY 40211-2497

FACILITY KJC INSTITUTE FOR WOMEN
LOCATION PEWEE VALLEY KY 40056

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

ATTN: ALEX E NOVAK, OPER MGR


SANITARY WASTEWATER
EFFLUENT

*** NO DISCHARGE 1/17/07 ***
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			
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	4.54	142	(13)	0	1/7	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	200	400	#/100ML		WEEKLY	GRAB
POD, CARBONACEOUS 5 DAY, 20C	SAMPLE MEASUREMENT	.85	2.00	(25)	*****	4.75	10.00	(19)	0	1/7	Comp.
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	10.4	20.0	30DA AVG DAILY MX LBS/DY	*****	10	20	30DA AVG DAILY MX MG/L		WEEKLY	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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