

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

December 19, 2007

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

Re:

MSD Metro Operations

Yorktown WTP; KPDES No.: KY0036323

Discharge Monitoring Reports -November 2007

E. Rossa Jr.

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Yorktown WTP, KPDES No.: KY0036323 for the month of November 2007. If you have any questions concerning the attached DMRs, please contact me at (502)239-7695.

Sincerely,

James E. Porter Jr.

Process Supervisor Central Region

JEP/Yorktown 1107

Enclosures

cc: M. Roth (DOW Louisville)

P. Burgin

E. Brady

T. Singleton

R. Shaw

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

Form Approved. OMB No. 2040-0004

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KV 40214

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

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LOUISVILLE

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FACILITY CONTRACT PROPERTY OF A VEHICLE OF THE CONTRACT OF THE

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

Form Approved. OMB No. 2040-0004

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KYOOG6323	
PERMIT NUMBER	

FROM

I am aware that there are significant penalties for submitting false information,

including the possibility of fine and imprisonment for knowing violations.

DISCHARGE NUMBER

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SAMITARY WASTEWATER

OFFICER OR AUTHORIZED AGENT

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MONITORING PERIOD YEAR DAY MO MO DAY YEAR

NOTE: Read Instructions before completing this form. OUNTED TO MAN STON FREQUENCY SAMPLE NO QUALITY OR CONCENTRATION QUANTITY OR LOADING TYPE PARAMETER EX **ANALYSIS** HNITS MAXIMIIM **AVERAGE** UNITS MINIMUM MAXIMUM **AVERAGE** 秘密物的哲学 4.4.格格格學 我上兴兴兴的 SAMPLE MEASUREMENT REMERAL aon 200 孤心 经 医 等級 把 投 館廳 PERMIT 7 DA GEG TOOM GODA GEG S. 45 80 43 REQUIREMENT FFLUENT CROSS VALUE 李安斯 化化 263 a Barrie devisar growth SAMPLE MEASUREMENT THE DAY . ECC 林林縣 林野縣 **混写. 心** PERMIT MOZL JODA AVG DAILY MX 超過差額的 SMILY MX BVA AVG REQUIREMENT EFFLUENT GROSS VALUE SAMPLE MEASUREMENT PERMIT REQUIREMENT **TELEPHONE** DATE I certify under penalty of law that this document and all attachments were NAME/TITLE PRINCIPAL EXECUTIVE OFFICER prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information HIJ, SCHOLDEIN 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. SIGNATURE OF PRINCIPAL EXECUTIVE

01835/0 This is a 4-part form.

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

TYPED OR PRINTED

PRUBCUTINA DIRAC