



**MSD**

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

April 25, 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 – March 2007**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Yorktown WTP, KPDES No.: KY0036323 for the month of March 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 0307

Enclosures

cc: M. Mudd (DOW Louisville)  
P. Burgin  
E. Brady  
T. Singleton  
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 YORKTOWN STP MSD  
ADDRESS 8405 CEDAR CREEK RD  
LOUISVILLE KY 40291

KY0006323  
PERMIT NUMBER

001 1  
DISCHARGE NUMBER

MINOR  
(SUBR LV)  
F - FINAL

JEFFE

FACILITY YORKTOWN STP MSD  
LOCATION LOUISVILLE KY 40214  
ATTN: DEBBIE NEWTON

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	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE		*****	*****		7.2	*****	*****	( 19)	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	***	INST MIN	*****	*****	MG/L			WEEKLY GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****		6.9	*****	7.3	( 12)	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	***	MINIMUM	*****	MAXIMUM	SU			WEEKLY GRAB
SOLIDS, TOTAL SUSPENDED 00500 1 0 0 EFFLUENT GROSS VALUE		8.04	9.88	( 25)	*****	5.50	8.00	( 19)	0	1/7	COMP
	PERMIT REQUIREMENT	37.5 30DA AVG	75.0 DAILY MX	LBS/DY	*****	30 30DA AVG	50 DAILY MX	MG/L			WEEKLY COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 2 0 EFFLUENT GROSS VALUE		3.14	10.95	( 25)	*****	1.65	5.54	( 19)	0	1/7	COMP
	PERMIT REQUIREMENT	12.5 30DA AVG	25.0 DAILY MX	LBS/DY	*****	10 30DA AVG	20 DAILY MX	MG/L			WEEKLY COMPOS
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	1.69	2.17	( 19)	0	1/7	COMP
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT 30DA AVG	REPORT DAILY MX	MG/L			WEEKLY COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE		0.201	0.359	( 03)	*****	*****	*****	***	0	1/7	C/N
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	*****	*****	*****	***			PUNT IN PUNT IN GUVS
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	<0.010	<0.010	( 19)	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	0.011 30DA AVG	0.019 DAILY MX	MG/L			WEEKLY GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
H. J. SCHWARTZ JR.  
SPE 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.

James E. Birt Jr.  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE  
502516000 7 4 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)  
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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	2.85	22.00	( 13)	0	1/2	GRAB
		PERMIT REQUIREMENT	*****	***	*****	200	400 #/			WEEKLY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 80062 1 0 0 EFFLUENT GROSS VALUE		6.77	11.86	( 16)	*****	4.00	6.00	( 19)	0	1/2	COMP
		PERMIT REQUIREMENT	12.5	25.0	*****	10	20			WEEKLY	COMPOS
			30DA AVG	DAILY PK		30DA AVG	DAILY PK	MG/L			
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									
		SAMPLE MEASUREMENT									
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H. J. SCHROBIN JR.  
DIRECTOR  
TYPED OR PRINTED

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*James E. Roberts Jr.*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
502-540-1000  
AREA CODE NUMBER  
DATE  
7 4 19  
YEAR MO DAY

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