



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
Yorktown WTP; KPDES No.: KY0036323
Discharge Monitoring Reports – February 2007**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Yorktown WTP, KPDES No.: KY0036323 for the month of February 2007. We exceeded both the 30 day average and daily maximum for CBOD loading on the 27th due to significant rainfall amounts in excess of 1.15 inches on the 25th and 26th combined. This rain event coupled with the late sampling date prevented a resampling date from being scheduled.

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 0207

Enclosures

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



*Beneficial Use of Louisville's Biosolids
www.louisvillegreen.com*



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March 20, 2007

Mr. Mike Mudd
Division of Water
Louisville Regional Offices
9116 Leesgate Rd.
Louisville, Ky. 40222-5084

**Re: MSD Metro Operations
Yorktown WTP; KPDES No.: KY0036323
Discharge Monitoring Reports – February 2007**

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Enclosures

cc: K. Thurman (KDOW)
P. Burgin
E. Brady
T. Singleton
R. Shaw



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

MINOR
(SUBR LV)
F - FINAL

JEFFE

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

NAME YORKTOWN STP MSD
ADDRESS 8405 CEDAR CREEK RD
LOUISVILLE KY 40291

KY0036323
PERMIT NUMBER

001 1
DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	02	01		07	02	28

SANITARY WASTEWATER
EFFLUENT

*** NO DISCHARGE 1 1 ***

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	*****	7.2	(12)	0	1/7	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	MINIMUM	*****	MAXIMUM	50		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED 00500 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	16.89	38.56	*****	(26)	0	1/7	COMP
PERMIT REQUIREMENT	*****	*****	*****	*****	30DA AVG	DAILY MX	30	50		WEEKLY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 2 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	1.60	5.72	*****	(19)	0	1/7	COMP
PERMIT REQUIREMENT	*****	*****	*****	*****	30DA AVG	DAILY MX	10	20		WEEKLY	COMPOS
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	(19)	0	1/7	COMP
PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT	30DA AVG	DAILY MX		WEEKLY	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 00050 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	0.202	0.540	*****	(03)	0	1/7	C/N
PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT	30DA AVG	INST MAX		CONTIN	CONTIN
CHLORINE, TOTAL RESIDUAL 00060 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	(19)	0	1/7	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	0.011	0.019	30DA AVG	DAILY MX		WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H. J. SCHROEDER JR.
BYOC, 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. BATES JR.
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE
702 540-6000 07 03 20
AREA CODE NUMBER YEAR MO DAY

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

NAME YORKTOWN STP MSD
ADDRESS 8405 CEDAR CREEK RD
LOUISVILLE KY 40291

KY0006323
PERMIT NUMBER

0011
DISCHARGE NUMBER

MINOR
(SUBR LV)
7 - FINAL

JEFFE

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	02	01		07	02	28

SANITARY WASTEWATER
EFFLUENT

*** NO DISCHARGE 1 ***

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			
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	1.00	1.00	(13)	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	200	400	#/		WEEKLY	GRAB
BOD, CARBONACEOUS 5 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	17.40	38.56	(26)	*****	*****	9.50	17.00	(19)	1	1/7	COMP
	PERMIT REQUIREMENT	12.5	25.0	***	*****	10	20			WEEKLY	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H.J. SCHROEDER JR
Exec. Director
TYPED OR PRINTED

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James E. Burt
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 502-576-6000
DATE 07 03 20
AREA CODE NUMBER YEAR MO DAY

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

EXCEEDED BOD DAILY MAY + 30 DAY AVERAGE (LOADING) ON 2/27/07 DUE TO RAIN EVENT 2/25/07. SEE ATTACHED LETTER