



MSD

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

May 23, 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 – April 2007**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Yorktown WTP, KPDES No.: KY0036323 for the month of April 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 0407

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)

NAME YORKTOWN SLP MED

ADDRESS 8405 CEDAR CREEK RD
LOUISVILLE KY 40291

FACILITY YORKTOWN SLP MED

LOCATION LOUISVILLE KY 40214

ATTN DEBBIE NEWTON

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

PERMIT NUMBER KY0036323

DISCHARGE NUMBER 001

MINOR
(SUBR LV)

F - FINAL

SANITARY WASTEWATER
EFFLUENT

*** NO DISCHARGE ***

JEFF

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY

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			
BAYERN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****		7.2	*****	*****	(17)	Ø	1/1	3400
00360 1 0 0	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L			
EFFLUENT GROSS VALUE		*****	*****	****		*****	*****	(12)	Ø	1/1	3400
00400 1 0 0	SAMPLE MEASUREMENT	*****	*****		6.9	*****	7.1	(12)	Ø	1/1	3400
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	SU			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	4.66	5.55	(25)	*****	3.50	5.00	(17)	Ø	1/1	COMB
00530 1 0 0	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L			
EFFLUENT GROSS VALUE		*****	*****	(25)	*****	*****	*****	(17)	Ø	1/1	COMB
AMMONIA, TOTAL (AS N)	SAMPLE MEASUREMENT	0.22	0.36	(25)	*****	0.17	0.28	(17)	Ø	1/1	COMB
00610 1 2 0	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L			
EFFLUENT GROSS VALUE		*****	*****	(25)	*****	*****	*****	(17)	Ø	1/1	COMB
AMMONIA, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	1.86	2.53	(17)	Ø	1/1	COMB
00605 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	30DA AVG	DAILY MX	MG/L			
EFFLUENT GROSS VALUE		*****	*****	****	*****	*****	*****	(17)	Ø	1/1	COMB
FLOW, IN CONDUIT, OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.209	0.483	(02)	*****	*****	*****	****	Ø	1/1	9/10
00050 1 0 0	PERMIT REQUIREMENT	30DA AVG	INST MAX	MGD	*****	*****	*****	****			
EFFLUENT GROSS VALUE		*****	*****	(02)	*****	*****	*****	(17)	Ø	1/1	COMB
RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	20.010	20.010	(17)	Ø	1/1	COMB
00060 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	30DA AVG	DAILY MX	MG/L			
EFFLUENT GROSS VALUE		*****	*****	****	*****	*****	*****	(17)	Ø	1/1	COMB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H.J. SHARPOIN JR
EXECUTIVE 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
James E. Port Jr.

TELEPHONE
502 340-6000
DATE
07 05 22

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

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

NAME YORKTOWN STP MSD

ADDRESS 6405 CEDAR CREEK RD
LOUISVILLE KY 40291

FACILITY YORKTOWN STP MSD

LOCATION LOUISVILLE KY 40214

ATTN: DEBBIE NEWTON

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

KY0036323
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO.	DAY	TO	YEAR	MO.	DAY
2022	05	01		2022	05	22

FROM

TO

MINOR

(EUBR LV)

F - FINAL

SANITARY WASTEWATER

EFFLUENT

*** NO DISCHARGE 1231 ***

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			
COLIFORM, FECAL GENERAL /4055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	3.66	15.00	(13)	Ø	Y1	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	300A GEO	7 DA GEO	100ML			
COD, CARBONACEOUS 5 DAY, 20C /0052 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	3.06	3.90	(25)	*****	2.25	3.00	(19)	Ø	Y1	COMP
	PERMIT REQUIREMENT	12.5	25.0	LB5/DY	*****	300A AVG	DAILY MX	MG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

H.J. SCHROEDER JR.
EXECUTIVE 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. Britz Jr.
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
502	540-6000	07	05	22
AREA CODE	NUMBER	YEAR	MO	DAY

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