



MSD

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

August 22, 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 –July 2007

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Yorktown WTP, KPDES No.: KY0036323 for the month of July 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 0707

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 STP MSD
ADDRESS 8405 CEDAR CREEK RD
LOUISVILLE KY 40291

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

| | |
|---------------|------------------|
| KY0036323 | 001 1 |
| PERMIT NUMBER | DISCHARGE NUMBER |

MINOR
(SUBR LV)
F - FINAL
SANITARY WASTEWATER
EFFLUENT

JEFFE

FACILITY YORKTOWN STP MSD

LOCATION LOUISVILLE KY 40214

ATTN: DEBBIE NEWTON

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 07 | 07 | 01 | | 07 | 07 | 01 |

FROM

TO

*** NO DISCHARGE () ***

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 | | | |
| OXYGEN, DISSOLVED (OD) | SAMPLE MEASUREMENT | ***** | ***** | | 7.1 | ***** | ***** | (17) | 0 | 1/1 | GADE |
| 00300 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | **** | INST MIN | ***** | ***** | MG/L | | | |
| EFFLUENT GROSS VALUE | | | | | | | | | | | |
| PH | SAMPLE MEASUREMENT | ***** | ***** | | 6.7 | ***** | 6.9 | (12) | 0 | 1/1 | GADE |
| 00400 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | **** | MINIMUM | ***** | MAXIMUM | SU | | | |
| EFFLUENT GROSS VALUE | | | | | | | | | | | |
| SOLIDS, TOTAL SUSPENDED | SAMPLE MEASUREMENT | 5.14 | 6.19 | (20) | ***** | 4.50 | 7.00 | (17) | 0 | 1/1 | CONK |
| 00530 1 0 0 | PERMIT REQUIREMENT | 30DA AVG | DAILY MX | LBS/DY | ***** | 30DA AVG | DAILY MX | MG/L | | | |
| EFFLUENT GROSS VALUE | | | | | | | | | | | |
| NITROGEN, AMMONIA TOTAL (AS N) | SAMPLE MEASUREMENT | 0.22 | 0.38 | (20) | ***** | 0.17 | 0.28 | (17) | 0 | 1/1 | CONK |
| 00610 1 1 0 | PERMIT REQUIREMENT | 30DA AVG | DAILY MX | LBS/DY | ***** | 30DA AVG | DAILY MX | MG/L | | | |
| EFFLUENT GROSS VALUE | | | | | | | | | | | |
| PHOSPHORUS, TOTAL (AS P) | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 2.78 | 3.21 | (17) | 0 | 1/1 | CONK |
| 00665 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 30DA AVG | DAILY MX | MG/L | | | |
| EFFLUENT GROSS VALUE | | | | | | | | | | | |
| FLOW IN CONDUIT OR THRU TREATMENT PLANT | SAMPLE MEASUREMENT | 0.163 | 0.234 | (03) | ***** | ***** | ***** | **** | 0 | 1/1 | C/W |
| 00050 1 0 0 | PERMIT REQUIREMENT | 30DA AVG | INST MAX | MGD | ***** | ***** | ***** | **** | | | |
| EFFLUENT GROSS VALUE | | | | | | | | | | | |
| CHLORINE, TOTAL RESIDUAL | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 40.010 | 40.010 | (17) | 0 | 1/1 | GADE |
| 00060 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 30DA AVG | DAILY MX | MG/L | | | |
| EFFLUENT GROSS VALUE | | | | | | | | | | | |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | 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. | | | | TELEPHONE | | DATE | | | |
| H.J. SCHROEDIN JR. EXECUTIVE DIRECTOR TYPED OR PRINTED | | | | | | 502.540-6000 | | 07 | 08 | 21 | |
| | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | | | AREA CODE | | NUMBER | | | |

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

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

NAME YORKTOWN STP MSD

ADDRESS 8405 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)

PERMIT NUMBER KY0036323

DISCHARGE NUMBER 001

MINOR

(SUBR LV)

F - FINAL

SANITARY WASTEWATER

EFFLUENT

*** NO DISCHARGE 1 ***

JEFF

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|------|----|-----|--|
| YEAR | MO | DAY | YEAR | MO | DAY | |
| | | | | | | |

FROM

TO

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|---|--------------------|---------------------|----------|--------|--------------------------|----------|----------|--------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| GENERAL 74025 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 5.07 | 44.00 | (12) | | 1/1 | SLURRY |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 30DA GED | 7 DA GED | 100ML | | | |
| COD, CARBONACEOUS 25 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | 2.87 | 5.88 | (25) | ***** | 2.50 | 5.00 | (17) | | 1/1 | COMB |
| | PERMIT REQUIREMENT | 30DA AVG | DAILY MX | LB/DY | ***** | 30DA AVG | DAILY MX | MG/L | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
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| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

H.E. SPARKS 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. Sparks Jr.

TELEPHONE

502 540-6000

AREA CODE

NUMBER

YEAR

MO

DAY

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