



MSD

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

September 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 –August 2007**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Yorktown WTP, KPDES No.: KY0036323 for the month of August 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 0807

Enclosures

cc: M. Roth (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 B405 CEDAR CREEK RD
LOUISVILLE

KY 40291

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

KY0036323
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MINOR
(SUBR LV)
F - FINAL

Form Approved.
OMB No. 2040-0004

JEFFE

FACILITY YORKTOWN STP MSD
LOCATION LOUISVILLE

KY 40214

MONITORING PERIOD								
YEAR		MO	DAY	TO	YEAR		MO	DAY
FROM	07	08	01		07	08	31	

SANITARY WASTEWATER
EFFLUENT

*** NO DISCHARGE 1 ***

NOTE: Read Instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****		7.1	*****	*****	(19)	0	1/7	GRAB
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	6	*****	*****	MG/L			WEEKLY GRAB
EFFLUENT GROSS VALUE				*****	INST MIN						
PH	SAMPLE MEASUREMENT	*****	*****		6.8	*****	7.1	(12)	0	1/7	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	9.0	SU			WEEKLY GRAB
EFFLUENT GROSS VALUE				*****	MINIMUM		MAXIMUM				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	5.16	7.76	(26)	*****	3.50	6.00	(19)	0	1/7	COMB
00530 1 0 0	PERMIT REQUIREMENT	37.5	75.0		*****	30	60	MG/L			WEEKLY COMPOS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX				
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.21	0.33	(26)	*****	0.14	0.22	(19)	0	1/7	COMB
00610 1 1 0	PERMIT REQUIREMENT	5.00	10.0		*****	4	8	MG/L			WEEKLY COMPOS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX				
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	2.71	3.10	(19)	0	1/7	COMB
00665 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT	MG/L			WEEKLY COMPOS
EFFLUENT GROSS VALUE				*****		30DA AVG	DAILY MX				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.176	0.255	(03)	*****	*****	*****		0	4/4	4/4
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	*****			CONTINCONTIN
EFFLUENT GROSS VALUE		30DA AVG	INST MAX	MGD							UOUS
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	LO.010	<0.010	(19)	0	1/7	GRAB
50060 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.011	0.019	MG/L			WEEKLY GRAB
EFFLUENT GROSS VALUE				*****		30DA AVG	DAILY MX				
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. SCHRAUDER JR. EXECUTIVE DIRECTOR TYPED OR PRINTED											
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE		NUMBER	

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FACILITY YORKTOWN STP MSD

LOCATION LOUISVILLE

KY 40214

FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	08	01		07	08	31

TO

ATTN: DEBBIE NEWTON

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	14.32	58	(13)		1/1	Grab
74055 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	200	400 #/			WEEKLY	GRAB
EFFLUENT GROSS VALUE				****		30DA GED	7 DA GED	100ML			
BOD, CARBONACEOUS 5 DAY, 20C	SAMPLE MEASUREMENT	11.74	22.88	(26)	*****	7.75	14.00	(19)		1/1	Comp
80082 1 0 0	PERMIT REQUIREMENT	12.5	25.0		*****	10	20			WEEKLY	COMPOS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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H. J. SCHROEDER JR EXECUTIVE DIRECTOR TYPED OR PRINTED		502.540.6000	07	09 25
		AREA CODE NUMBER	YEAR	MO DAY

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

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