



MSD

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

January 28, 2008

Charlie Roth, District Supervisor
Kentucky Division of Water
Louisville Regional Office
9116 Leesgate Road
Louisville, Kentucky 40222-5084

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

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Yorktown WTP, KPDES No.: KY0036323 for the month of December 2007. There were six violations for the month. Two were for exceeding TSS loading, one daily maximum loading ammonia, and three for BOD (daily maximum concentration, thirty day average loading, daily maximum loading). These were a direct result of receiving more than three inches of rain in a seven day period. 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 1207

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 WSD

ADDRESS 170 CEDAR CREEK STP

1405 CEDAR CREEK RD

LOUISVILLE

KY 40211

FACILITY YORKTOWN STP WSD

LOCATION LOUISVILLE

KY 40214

DENNIS THOMASSON

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

PERMIT NUMBER KY0034323

DISCHARGE NUMBER 001 1

MINOR

(SUBR LV)

F - FINAL

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			
DISSOLVED (DO)	SAMPLE MEASUREMENT	7.0			7.0			(19)	0	1/7	GOOD
EFFLUENT CROSS VALUE	PERMIT REQUIREMENT	INST MIN						MG/L		WEEKLY	GRAB
EFFLUENT CROSS VALUE	SAMPLE MEASUREMENT	6.7			6.7			(12)	0	1/7	GOOD
EFFLUENT CROSS VALUE	PERMIT REQUIREMENT	MINIMUM			6.0		9.0	MG/L		WEEKLY	GRAB
EFFLUENT CROSS VALUE	SAMPLE MEASUREMENT	49.99	140.45	(26)		16.50	40.00	(19)	2	1/7	COMB
EFFLUENT CROSS VALUE	PERMIT REQUIREMENT	37.5	75.0			30	60	MG/L		WEEKLY	COMB
EFFLUENT CROSS VALUE	SAMPLE MEASUREMENT	9.39	36.87	(26)		2.70	10.50	(19)	1	1/7	COMB
EFFLUENT CROSS VALUE	PERMIT REQUIREMENT	12.5	25.0			10	20	MG/L		WEEKLY	COMB
EFFLUENT CROSS VALUE	SAMPLE MEASUREMENT					1.69	2.46	(15)	0	1/7	COMB
EFFLUENT CROSS VALUE	PERMIT REQUIREMENT					REPORT	REPORT	MG/L		WEEKLY	COMB
EFFLUENT CROSS VALUE	SAMPLE MEASUREMENT	0.315	0.771	(03)					0	9/10	9/10
EFFLUENT CROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT							CONTINUOUS	CONTINUOUS
EFFLUENT CROSS VALUE	SAMPLE MEASUREMENT					<0.010	<0.010	(19)	0	1/7	GOOD
EFFLUENT CROSS VALUE	PERMIT REQUIREMENT					0.011	0.019	MG/L		WEEKLY	GRAB

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

500 540-6000

TELEPHONE

DATE

08 01 24

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

SBB ATTACHMENT (YES LOADING HHS DAILY MAX)

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

NAME
ADDRESS
C/O CEDAR CREEK STP
LOUISVILLE KY 40211

FACILITY

LOCATION
LOUISVILLE KY 40214

OWNERS

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

PERMIT NUMBER

DISCHARGE NUMBER

MINOR

(SUBR LV)

F - FINAL

SANITARY WASTEWATER
EFFLUENT

*** 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			
GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	4.09	20.00	(13)		1/7	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	200	400 #/			WEEKLY	GRAB
ED. CARBONACEOUS	SAMPLE MEASUREMENT	24.38	77.25	(25)	*****	7.75	22.00	(19)	3	1/7	COMP
5 DAY BOD	PERMIT REQUIREMENT	12.5	25.0		*****	10	20			WEEKLY	COMPOS
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LB/DY	30DA 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										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

H. J. SCHARDSIN 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

TELEPHONE

DATE

AREA CODE

NUMBER

YEAR

MO

DAY

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

338 ATTACHMENT (BOD CONCENTRATION, LOADING)