



MSD

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

February 26, 2008

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 –January 2008.**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Yorktown WTP, KPDES No.: KY0036323 for the month of January 2008.

If you have any questions concerning the attached DMRs, please contact me at (502)540-6031.

Sincerely,

Kevin D. Ries
Process Supervisor West Region

KDR/Yorktown 0108.doc

Enclosures

cc: P. Burgin
T. Singleton
R. Shaw



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



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February 26, 2008

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

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

NAME YORKTOWN STP MSD
ADDRESS C/O CEDAR CREEK STP
8405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY YORKTOWN STP MSD
LOCATION LOUISVILLE KY 40214
ATTN: DENNIS THOMASSON, SR METRO OPS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)KYO034323
PERMIT NUMBER001 1
DISCHARGE NUMBER

MINOR

(SUBR LV)

F - FINAL

JEFFE

SANITARY WASTEWATER
EFFLUENT

*** NO DISCHARGE 1 1 ***

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 (DO)	SAMPLE MEASUREMENT	*****	*****		7.0	*****	*****	(19)		01/07	GR
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	6	*****	*****	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE PH	SAMPLE MEASUREMENT	*****	*****		6.7	*****	6.8	(12)		01/07	GR
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	9.0	SU		WEEKLY	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	(26)	*****	3.0	4.0	(19)		01/07	CP
SOLIDS, TOTAL SUSPENDED	PERMIT REQUIREMENT	37.5	75.0	LBS/DY	*****	30	60	MG/L		WEEKLY	COMPOS
00500 1 0 0	SAMPLE MEASUREMENT	5.1	7.9		*****	2.5	4.4	(19)		01/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	10	20	MG/L		WEEKLY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	4.3	6.6	(26)	*****	1.7	2.0	(19)		01/07	CP
00610 1 2 0	PERMIT REQUIREMENT	12.5	25.0	LBS/DY	*****	REPORT	REPORT	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	*****		01/07	GR
PHOSPHORUS, TOTAL (AS P)	PERMIT REQUIREMENT	*****	*****	*****	*****	0.011	0.017	MG/L		WEEKLY	GRAB
00665 1 0 0	SAMPLE MEASUREMENT	0.261	0.730	(03)	*****	*****	*****	*****		CN	CN
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	*****		CONTIN	CONTIN
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	(19)		01/07	GR
50050 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		WEEKLY	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	*****		01/07	GR
CHLORINE, TOTAL RESIDUAL	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		WEEKLY	GRAB
50060 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****		01/07	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		WEEKLY	GRAB
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.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE	
H.J. Schardein Exec. Director						Kens D. Ras		502 540-6000		08 02 25	
TYPED OR PRINTED								AREA CODE NUMBER		YEAR MO DAY	

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

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

MINOR
(SUBR LV)
F - FINAL

JEFFE

SANITARY WASTEWATER
EFFLUENT

*** NO DISCHARGE ☐ ***

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LOUISVILLE KY 40211
FACILITY YORKTOWN STP MSD
LOCATION LOUISVILLE KY 40214
ATTN: DENNIS THOMASSON, SR METRO OPS


KY0034323
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
08	01	01		08	01	31

PARAMETER		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	SAMPLE MEASUREMENT	*****	*****		*****	1.3	3.0	(13)	0	01/07	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	#/ 30DA GEO 7 DA GEO 100ML		WEEKLY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	4.9	6.0	(26)	*****	3.0	4.0	(19)	0	01/07	CP
	PERMIT REQUIREMENT	12.5	25.0		*****	10	20	30DA AVG DAILY MX MG/L		WEEKLY	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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H.J. Schardein Exec. Director TYPED OR PRINTED			502.540-6000	08	02	25

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