



MSD

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

March 25, 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 –February 2008.**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Yorktown WTP, KPDES No.: KY0036323 for the month of February 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 0208.doc

Enclosures

cc: P. Burgin
T. Singleton
R. Shaw



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



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March 25, 2008

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

**Re: MSD Metro Operations
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
 NAME YORKTOWN STP MSD

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

Form Approved.
 OMB No. 2040-0004

ADDRESS C/O CEDAR CREEK STP
 8405 CEDAR CREEK RD
 LOUISVILLE KY 40211

PERMIT NUMBER KY0034333

DISCHARGE NUMBER 001 1

MINOR
 (SUBR LV)
 F - FINAL

JEFFE

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	02	01		08	02	27

SANITARY WASTEWATER
 EFFLUENT

*** NO DISCHARGE 1 [] ***

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DO)		*****	*****		7.1	*****	*****	(19)		01/07	GR
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	5 INST MIN	*****	*****	MG/L		WEEKLY	GRAB
PH		*****	*****		7.0	*****	7.3	(12)		01/07	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED			15.1	23.5	(26)	*****	5.8	9.0	(19)	01/07	CP
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	37.5 30DA AVG	75.0 DAILY MX	LBS/DY	*****	30 30DA AVG	60 DAILY MX	MG/L		WEEKLY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)			1.2	3.8	(26)	*****	0.44	1.3	(19)	01/07	CP
00610 1 2 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	12.5 30DA AVG	25.0 DAILY MX	LBS/DY	*****	10 30DA AVG	20 DAILY MX	MG/L		WEEKLY	COMPOS
PHOSPHORUS, TOTAL (AS P)			*****	*****		*****	0.55	0.71	(19)	01/07	CP
00565 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 30DA AVG	REPORT DAILY MX	MG/L		WEEKLY	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT			0.340	0.999	(03)	*****	*****	*****		01/07	CN CN
00050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	*****	*****	*****	*****		CONTIN	CONTIN
CHLORINE, TOTAL RESIDUAL			*****	*****		*****	<0.010	<0.010	(19)	01/07	GR
00060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	0.011 30DA AVG	0.017 DAILY MX	MG/L		WEEKLY	GRAB

NAME/TITLE H.J. Schardein Exec. 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 Keith D. Ross	TELEPHONE		DATE		
			502 AREA CODE	540-6000 NUMBER	08 YEAR	03 MO	25 DAY

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

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 NAME YORKTOWN STP MSD

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 8405 CEDAR CREEK RD
 LOUISVILLE

4Y0074323
 PERMIT NUMBER

001 1
 DISCHARGE NUMBER

MINOR
 (SUBR LV)
 F - FINAL

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FACILITY YORKTOWN STP MSD
 LOCATION LOUISVILLE KY 40214

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
05	02	01		08	02	27

SANITARY WASTEWATER
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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	3.0	14.0	(19)		01/07	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	#/		WEEKLY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE		10.1	13.1	(26)	*****	4.0	5.0	(19)		01/07	CP
	PERMIT REQUIREMENT	12.5	25.0		*****	10	20			WEEKLY	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 H.S. Schardein
 Exec. 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 H.S. Schardein
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 502-540-6000
 DATE 08 03 25
 AREA CODE NUMBER YEAR MO DAY

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