



MSD

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

April 21, 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 –March 2008.**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Yorktown WTP, KPDES No.: KY0036323 for the month of March 2008. Also attached is the discharge report, and bypass letter for Yorktown STP which occurred on April 4, 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 0308.doc



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



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Louisville Kentucky 40203-1911
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April 21, 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 –March 2008.**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Yorktown WTP, KPDES No.: KY0036323 for the month of March 2008. Also attached is the discharge report, and the bypass letter for Yorktown STP which occurred on April 4, 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 0308.doc

Enclosures

cc: T. Singleton
R. Shaw



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April 7, 2008

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

Re: Bypass Report for the Yorktown – KPDES Permit KY0036323

Dear Mr. Roth:

This plant experienced a bypass event starting at 9:00 AM on April 4, 2008 and stopping at 3:00 PM on April 4, 2008. This was reported through our electronic notification system at approximately 12:58 PM on April 4, 2008, referencing Work Order 765785 as a Rain Event Discharge. This letter serves as a written report of the bypass as required by 401 KAR 5:065.

An estimated amount of 18,000 gallons of partially treated wastewater overflowed from plant surge tank. This was a result of rain event on April 4, 2008 which caused the plant surge tank to overflow wastewater that had preliminary treatment. Cleanup activities for this bypass was spreading lime and posing temporary notification signs. MSD suspects that most of or the entire amount spilled reached Waters of the U.S.

Please advise if you have any questions concerning this information. You can contact me at my office (502) 540-6031 or cell phone (502) 396-7543.

Sincerely,

Kevin D. Ries
West Region Supervisor

cc: D. Guthrie R. Shaw/File B. Bingham Angela Akridge
D. Thomasson M. Jenkins D. Talley



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Report Date 04/07/2008 01:25 PM

Submitted By

Page 1

Work Order #	765785	Activity	DISREV	RAIN EVENT DISCHARGE	
Plant ID	MSD0271	Description	YORKTOWN		
Address	7418 YORKTOWN RD LOUISVILLE KY 40214-0000				
Qualifier	PC	POND/MILL CREEK AREA TEAM	District	WEST	MSD WEST OPERATIONS MAINT.TEAM
Area	13	NEIGHBORHOOD 13	Location	EM	EASEMENT IN OPEN AREA
Sub-area					
Map #	MAN18-H				
Complex	SPL	MSD0000	NO PLANT-GOES TO STREAM/RIVER		
Plant Type			Service Status	I	IN SERVICE
X Coord					
Y Coord					
Z Coord					
Area Size	0.00	Parcel		As Built	T208-1
Ownership	MSD	MSD OWNED AND OPERATED	Date Installed	04/30/1968	
Budget #					
Initiated By	00187	NOBLE	MARKS JR	Initiated Date	04/04/2008
Assigned To	33743	STEPHEN	PATTERSON	Service #	
Scheduled Due					
Authorization					
Budget #	7446112	SMALL TREATMENT PLANTS - OPS			
Crew					
Maint Type					
Priority					
Problem	BYPAS	BYPASS AT TREATMENT PLANT			
Project					
Source					
Out of Service	<input type="checkbox"/>				
Potential Service Request	<input type="checkbox"/>				

Work Order Comments
bypassing sewage at the surge tank

Spot Inspections			
Spot Insp	UM	Completed	Description
DISAMT	GAL	04/04/2008 13:44	DISCHARGE AMOUNT
	Value	18000	
	Insp Comments		
DISCAU		04/04/2008 13:44	CAUSE OF DISCHARGE
	Value	BYPASSING SEWAGE AT THE SURGE TANK	
	Insp Comments		
DISCLN		04/04/2008 15:00	CLEANUP ACTIVITY
	Value	NO CLEAN UP	
	Insp Comments		
DISCZ		04/04/2008 15:00	CONTROL ZONE SETUP
	Value	NO CONTROL ZONE NEEDED	
	Insp Comments		

Report Date 04/07/2008 01:25 PM

Submitted By

Page 2

Work Order # 765785 Activity DISREV RAIN EVENT DISCHARGE

Spot Inspections			
Spot Insp	UM	Completed	Description
DISIMP		04/04/2008 13:45	VISUAL IMPACT OBSERVATION
		Value	SEWAGE OBSERVED
		Insp Comments	
DISREP			REPAIR/REMEDIAL ACTION TAKEN
		Value	
		Insp Comments	

Completed Work Orders							
Work Order #	Activity	Description	Completed	Comp By	Condition	Result	Quantity
765785	DISREV	RAIN EVENT DISCHARGE	04/04/2008	33743		WUS	0.00

Outstanding Work Orders						
Work Order #	Activity	Description	Initiated Date	Initiated By	Scheduled	Due
There are no outstanding work orders						

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

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

MINOR
(SUBR LV)
F - FINAL

JEFFE

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

6Y0034323
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	03	01		08	03	31

SANITARY WASTEWATER
EFFLUENT

*** NO DISCHARGE I [] ***

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)	00300 1 0 0	*****	*****		7.1	*****	*****	(19)		01/07	GR
EFFLUENT GROSS VALUE	PH	*****	*****		7.1	*****	7.2	(12)		01/07	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	INST MIN	*****	*****	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	MG/L		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	00400 1 0 0	*****	*****	(26)	*****	6.3	9.0	(19)		01/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	30DA AVG	DAILY MX	MG/L			WEEKLY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	00530 1 0 0	*****	*****	(26)	*****	1.2	4.3	(19)		01/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	30DA AVG	DAILY MX	MG/L			WEEKLY	COMPOS
PHOSPHORUS, TOTAL (AS P)	00610 1 2 0	*****	*****	(19)	*****	0.33	0.39	(19)		01/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 30DA AVG	REPORT DAILY MX	MG/L		WEEKLY	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	00665 1 0 0	*****	*****	(03)	*****	*****	*****			CN	CN
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	*****	*****	*****	*****		CONTINUOUS	CONTINUOUS
CHLORINE, TOTAL RESIDUAL	50050 1 0 0	*****	*****	(19)	*****	<0.010	<0.010	(19)		01/07	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	0.011 30DA AVG	0.019 DAILY MX	MG/L		WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
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.

Kevin D. P...
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 502-540-6000
DATE 08 04 21
AREA CODE NUMBER YEAR MO DAY

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

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

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

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 THOMASSEN, SR METRO OPS

KY00024933
PERMIT NUMBER

001
DISCHARGE NUMBER

MINOR
(SUBR LV)
F - FINAL JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	03	01		08	03	31

SANITARY WASTEWATER
EFFLUENT
*** NO DISCHARGE 1 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			
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	6	24	(13)		01/07	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	200 30DA GED	400 #/ 7 DA GED	100NL		WEEKLY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	12.5	18.0	(26)	*****	4.0	6.0	(19)		01/07	CP
	PERMIT REQUIREMENT	12.5 30DA AVG	25.0 DAILY MX	LBS/DY	*****	10 30DA AVG	20 DAILY MX	MG/L		WEEKLY	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H.J. Scharlein
Exec. Director
TYPED OR PRINTED

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Ken D. [Signature]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 562 540-6000
DATE 08 04 21
AREA CODE NUMBER YEAR MO DAY

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