



MSD

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

May 27, 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 –April 2008.**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Yorktown WTP, KPDES No.: KY0036323 for the month of April 2008. Additionally, the discharge spreadsheet for the Yorktown WTP system is enclosed.
Also enclosed, is a copy of the bypass report for Yorktown WTP 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

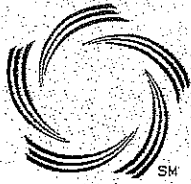
KDR/Yorktown 0408.doc

Enclosures

cc: P. Burgin
T. Singleton
R. Shaw
C. Roth



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



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Louisville and Jefferson County Metropolitan Sewer District
700 West Liberty Street
Louisville Kentucky 40203-1911
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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

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| | | | | | |
|---------------------------|--|------------------------------|-------------------------------|----------------------|--------------------------------|
| 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 | 1 | IN SERVICE |
| X Coord | | | | | |
| Y Coord | | | | | |
| Z Coord | | | | | |
| Area Size | 0.00 | | Parcel | | As Built |
| Ownership | MSD | MSD OWNED AND OPERATED | Date Installed | 04/30/1968 | T208-1 |
| 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

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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 | | | | | | |



MSD Louisville and Jefferson County
Metropolitan Sewer District

IMSAST0004

Discharge Report

Initiated Apr 01, 2008 12:00 AM thru Apr 30, 2008 11:59 PM

Report Selections: Excluding PPI, CSO, Result: WUS, Act Code: DISDW, DISREV

| KPDES # | Facility ID | Treatment Plant Name | Receiving Stream of Treatment Plant | Region |
|-----------|-------------|----------------------|-------------------------------------|--------|
| KY0036323 | MSD0271 | YORKTOWN | NORTHERN DITCH | WEST |

| Facility Type | Facility ID | Facility Address | If Pump Station, Name of Pump Station: | Receiving Stream | Discharge to |
|---------------------------|-------------|------------------|--|------------------|--------------|
| SPL Sewer Treatment Plant | MSD0271 | 7418 YORKTOWN RD | | NORTHERN DITCH | DITCH |

| <u>Activity Code / Description</u> | <u>WO #</u> | <u>Initiated</u> | <u>Initiated By</u> | <u>Assigned To</u> | <u>Disch Status</u> | <u>Event Date</u> | <u>Problem</u> | <u>Result</u> | <u>Completed</u> |
|------------------------------------|-------------|-------------------|---------------------|--------------------|---------------------|-------------------|------------------------------|-------------------------------------|-------------------|
| DISREV: RAIN EVENT DISCHARGE | 765785 | 04/04/08 09:00 AM | MARKS JR | PATTERSON | DOCUMENTED | 04/04/08 | BYPASS AT TREATMENT PLANT | DISCHARGE TO WATERS OF THE US | 04/04/08 03:00 PM |

Spot Inspections:

| | |
|-------------------|--|
| Discharge Amount: | 18,000 GAL |
| Cause: | BYPASSING SEWAGE AT THE SURGE TANK |
| Clean Up: | MSD CLEANED AND SANTIZED THE AREA |
| Control Zone: | NO CONTROL ZONE NEEDED |
| Impact: | SEWAGE OBSERVED ON GROUND |
| Repair: | THIS LOCATION WILL BE IN THE SANITARY SEWER DISCHARGE PLAN TO BE SUBMITTED BY 12/31/08 |

Notifications:

| | |
|-------------------|--|
| 04/04/08 12:58 PM | Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov |
|-------------------|--|

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)

KY0036323

PERMIT NUMBER

001 1

DISCHARGE NUMBER

MINOR

(SUBR LV)

F - FINAL

SANITARY WASTEWATER

EFFLUENT

*** NO DISCHARGE [] ***

NOTE: Read Instructions before completing this form.

JEFFE

| 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) | Ø | 01/07 | GR |
| 00300 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | ***** | 5 INST MIN | ***** | ***** | MG/L | | WEEKLY | GRAB |
| EFFLUENT GROSS VALUE | | | | | | | | | | | |
| PH | SAMPLE MEASUREMENT | ***** | ***** | | 6.8 | ***** | 7.2 | (12) | Ø | 01/07 | GR |
| 00400 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.0 MINIMUM | ***** | 9.0 MAXIMUM | SV | | WEEKLY | GRAB |
| EFFLUENT GROSS VALUE | | | | | | | | | | | |
| SOLIDS, TOTAL SUSPENDED | SAMPLE MEASUREMENT | 5 | 11 | (26) | ***** | 3 | 4 | (19) | Ø | 01/07 | CP |
| 00530 1 0 0 | PERMIT REQUIREMENT | 37.5 30DA AVG | 75.0 DAILY MX | LBS/DY | ***** | 30 30DA AVG | 60 DAILY MX | MG/L | | WEEKLY | COMPOS |
| EFFLUENT GROSS VALUE | | | | | | | | | | | |
| NITROGEN, AMMONIA TOTAL (AS N) | SAMPLE MEASUREMENT | 3 | 10 | (26) | ***** | 1 | 4 | (19) | Ø | 01/07 | CP |
| 00610 1 2 0 | PERMIT REQUIREMENT | 12.5 30DA AVG | 25.0 DAILY MX | LBS/DY | ***** | 10 30DA AVG | 20 DAILY MX | MG/L | | WEEKLY | COMPOS |
| EFFLUENT GROSS VALUE | | | | | | | | | | | |
| PHOSPHORUS, TOTAL (AS P) | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 0.19 | 0.40 | (19) | Ø | 01/07 | CP |
| 00665 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | REPORT 30DA AVG | REPORT DAILY MX | MG/L | | WEEKLY | COMPOS |
| EFFLUENT GROSS VALUE | | | | | | | | | | | |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT | SAMPLE MEASUREMENT | 0.323 | 1.392 | (03) | ***** | ***** | ***** | | Ø | CN | CN |
| 50050 1 0 0 | PERMIT REQUIREMENT | REPORT 30DA AVG | REPORT INST MAX | MGD | ***** | ***** | ***** | ***** | | CONTIN | CONTIN |
| EFFLUENT GROSS VALUE | | | | | | | | | | UOUS | |
| CHLORINE, TOTAL RESIDUAL | SAMPLE MEASUREMENT | ***** | ***** | | ***** | <0.010 | <0.010 | (19) | Ø | 01/07 | GR |
| 50060 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 0.011 30DA AVG | 0.019 DAILY MX | MG/L | | WEEKLY | GRAB |
| EFFLUENT GROSS VALUE | | | | | | | | | | | |
| 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. Schardein Exec. Director | | | | | | 502-540-6000 | | 08 05 23 | | | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | | | AREA CODE | | NUMBER | | | |
| | | KENT D. R... | | | | 502 | | 540-6000 | | | |
| COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) | | | | | | YEAR | | MO DAY | | | |
| | | | | | | 08 | | 05 23 | | | |

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)

KY00036323
 PERMIT NUMBER

001 1
 DISCHARGE NUMBER

MINOR
 (SUBR LV)
 F - FINAL

Form Approved.
 OMB No. 2040-0004

JEFFE

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 08 | 04 | 01 | | 08 | 04 | 30 |

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 | | | |
| COLIFORM, FECAL GENERAL | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 8 | 80 | (13) | | 01/07 | GR |
| 74055 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 200 | 400 | #/ 30DA GED | | WEEKLY | GRAB |
| EFFLUENT GROSS VALUE | | | | | | 30DA GED | 7 DA GED | 100ML | | | |
| BOD, CARBONACEOUS 05 DAY, 20C | SAMPLE MEASUREMENT | 7 | 11 | (26) | ***** | 4 | 4 | (17) | | 01/07 | CP |
| 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 | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 H.J. Scharlem
 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. Rios

TELEPHONE
 512 540-6000
 DATE
 08 05 23

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