



**MSD**

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

June 23, 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 –May 2008.**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Yorktown WTP, KPDES No.: KY0036323 for the month of May 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 May 3, 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 0508.doc

Enclosures

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



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

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

Form Approved.  
OMB No. 2040-0004

NAME YORKTOWN STP MSD  
ADDRESS C/O CEDAR CREEK STP  
6405 CEDAR CREEK RD  
LOUISVILLE KY 40211  
FACILITY YORKTOWN STP MSD  
LOCATION LOUISVILLE KY 40214  
ATTN: DENNIS THOMASSON, SR METRO OPS

KY0004323  
PERMIT NUMBER

0011  
DISCHARGE NUMBER

MINOR

(SUBR LV)

F - FINAL

JEFFE

SANITARY WASTEWATER  
EFFLUENT

\*\*\* NO DISCHARGE [ ] \*\*\*

NOTE: Read Instructions before completing this form.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	08	01		08	05	31

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)	0300 1 0 0	*****	*****		7.1	*****	*****	( 19)		1/07	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		WEEKLY	GRAB
OXYGEN, DISSOLVED (DO)	0400 1 0 0	*****	*****		6.8	*****	6.9	( 12)		1/07	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	BU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	0530 1 0 0	4.8	7.9	( 26)	*****	2.3	3.0	( 19)		1/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	37.5	75.0	LBS/DY	*****	30	60	MG/L		WEEKLY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	0610 1 1 0	1.6	3.0	( 26)	*****	0.8	2.0	( 19)		1/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	5.00	10.0	LBS/DY	*****	4	8	MG/L		WEEKLY	COMPOS
PHOSPHORUS, TOTAL (AS P)	0665 1 0 0	*****	*****		*****	0.10	0.17	( 19)		1/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L		WEEKLY	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	0050 1 0 0	0.260	0.633	( 08)	*****	*****	*****			CN	CN
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	****		CONTIN	CONTIN
CHLORINE, TOTAL RESIDUAL	0060 1 0 0	*****	*****		*****	20.010	20.010	( 19)		1/07	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.011	0.017	MG/L		WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
H.J. Schardain  
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  
Kerwin D. Rees

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
502	546-6600	07	16	23

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

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

KY0036320  
PERMIT NUMBER

001 1  
DISCHARGE NUMBER

MINOR (SUBR LV)  
F - FINAL  
SANITARY WASTEWATER EFFLUENT  
\*\*\* NO DISCHARGE [ ] \*\*\*

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
05	05	01		05	05	31

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	*****	*****		*****	3	46	( 13)		WEEKLY	CR
	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	100ML			
COD, CARBONACEOUS 15 DAY, 200 30082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	6.9	7.9	( 25)	*****	3.3	4.0	( 19)		WEEKLY	CP
	PERMIT REQUIREMENT	12.5	25.0	LBS/DY	*****	10	20	MG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER H.J. Scharslein 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 <i>Keenan D. Jones</i>	TELEPHONE		DATE		
			AREA CODE	NUMBER	YEAR	MO	DAY
			502	546-6400	07	16	23

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



**MSD**

Louisville and Jefferson County Metropolitan Sewer District  
700 West Liberty Street  
Louisville Kentucky 40203-1911  
502-540-6000  
[www.msdlouky.org](http://www.msdlouky.org)

May 8, 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 WTP – KPDES Permit KY0036323**

Dear Mr. Roth:

This plant experienced a bypass event starting at 10:30 AM on May 3, 2008 and stopping at 10:45 AM on May 3, 2008. This was reported through our electronic notification system at approximately 1:00 AM on May 9, 2008, referencing Work Order 777864 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 3563 gallons of Secondary biomass wastewater washed into the plant effluent. This was a result excessive precipitation event in the collection system area on May 2, 2008. This bypass did receive full chlorination and dechlorination treatment.

Please advise if you have any questions concerning this information. You can contact me at my office (502) 239-7695 or cell phone (502) 523-9957.

Sincerely,

Kevin D. Ries  
Process Supervisor

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



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[www.louisvillegreen.com](http://www.louisvillegreen.com)

Report Date 05/08/2008 02:02 PM

Submitted By

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Work Order #	777864	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
Area	13	NEIGHBORHOOD 13	Location	EM
Sub-area	MAN18-H			MSD WEST OPERATIONS MAINT.TEAM EASEMENT IN OPEN AREA
Map #				
Complex	SPL	MSD0000	NO PLANT-GOES TO STREAM/RIVER	
Plant Type			Service Status	1 IN SERVICE
X Coord			Parcel	As Built
Y Coord			Date Installed	04/30/1968 T208-1
Z Coord				
Area Size	0.00			
Ownership	MSD	MSD OWNED AND OPERATED	Budget #	
Initiated By	00187	NOBLE	MARKS JR	Initiated Date 05/02/2008
Assigned To	13983	ANDRE	AVERETTE	Service # Scheduled Due
Authorization				
Budget #	7446112		SMALL TREATMENT PLANTS - OPS	
Crew				
Maint Type				
Priority				
Problem	BYPAS		BYPASS AT TREATMENT PLANT	
Project				Out of Service <input type="checkbox"/>
Source				Potential Service Request <input type="checkbox"/>

Spot Inspections			
Spot Insp	UM	Completed	Description
DISAMT	GAL	05/02/2008 10:45	DISCHARGE AMOUNT
	Value		3563
	Insp Comments		
DISCAU		05/02/2008 10:45	CAUSE OF DISCHARGE
	Value		OPERATOR FOUND SOILDS GOING OUT PLANT EFFLUENT
	Insp Comments		
DISCLN		05/02/2008 10:45	CLEANUP ACTIVITY
	Value		PIPE DISCHARGE NO CLEANUP
	Insp Comments		
DISCZ		05/02/2008 10:45	CONTROL ZONE SETUP
	Value		NO CONTROL ZONE
	Insp Comments		
DISIMP		05/02/2008 10:45	VISUAL IMPACT OBSERVATION
	Value		SOILDS
	Insp Comments		

Report Date 05/08/2008 02:02 PM

Submitted By

Work Order # 777864 Activity DISREV RAIN EVENT DISCHARGE

Spot Inspection			
Spot Insp	UM	Completed	Description
DISREP		05/02/2008 10:45	REPAIR/REMEDIAL ACTION TAKEN
	Value	TURNED OFF PLANT AIREATION ON PLANT	
Map Comments			

Completed Work Orders							
Work Order #	Activity	Description	Completed	Comp By	Condition	Result	Quantity
777864	DISREV	RAIN EVENT DISCHARGE	05/02/2008	13083		WUS	0.00
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						



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

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

<b>Facility Type</b> SPL Sewer Treatment Plant	<b>Facility ID</b> MSD0271	<b>Facility Address</b> 7418 YORKTOWN RD	<b>If Pump Station, Name of Pump Station:</b>	<b>Receiving Stream</b> NORTHERN DITCH	<b>Discharge to</b> DITCH
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<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	777864	05/03/08 10:30 AM	MARKS JR	AVERETTE	DOCUMENTED	04/04/08	BYPASS AT TREATMENT PLANT	DISCHARGE TO WATERS OF THE US	05/03/08 10:45 AM

**Spot Inspections:**

Discharge Amount:	3,563 GAL
Cause:	LACK OF SYSTEM CAPACITY - HEAVY RAIN
Clean Up:	NONE POSSIBLE DUE TO MAGNITUDE OF STORM
Control Zone:	NO CONTROL ZONE
Impact:	OPERATOR FOUND SOLIDS GOING OUT PLANT EFFLUENT
Repair:	TURNED OFF PLANT AIREATION ON PLANT

**Notifications:**

05/08/08 10:49 AM	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
06/02/08 12:55 PM	NO ADDITIONAL PUBLIC NOTIFICATION