



MSD

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

July 24, 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 –June 2008.**

Dear Ms. Thurman:

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

There was two exceedences of ammonia nitrogen. One for maximum loading and one for maximum concentration. I believe the cause of the exceedences were due to a lack of oxygen in the plant secondary system. We maximized the oxygen feed and the lab results indicate that we are now in compliance.

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 0608.doc

Enclosures

cc: T. Singleton
R. Shaw
C. Roth



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

NAME YORKTOWN STP MSD
ADDRESS C/O CEDAR CREEK STP
8405 CEDAR CREEK RD

KY0036323
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MINOR
(SUBR LV)
F - FINAL

JEFFE

FACILITY LOCATION YORKTOWN STP MSD
LOUISVILLE KY 40211

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	06	01		08	06	30

SANITARY WASTEWATER
EFFLUENT

*** NO DISCHARGE [] ***

FACILITY LOCATION YORKTOWN STP MSD
LOUISVILLE KY 40214

ATTN: DENNIS THOMASSEN, SR METRO OPS

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)	0	01/07	GR
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	6	*****	*****	INST MIN		WEEKLY	GRAB
EFFLUENT GROSS VALUE PH		*****	*****		6.7	*****	6.8	(12)	0	01/07	GR
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	9.0	MINIMUM MAXIMUM		WEEKLY	GRAB
EFFLUENT GROSS VALUE								MG/L			
SOLIDS, TOTAL SUSPENDED		6.2	8.8	(26)	*****	4.0	6.0	(19)	0	01/07	CP
00530 1 0 0	PERMIT REQUIREMENT	37.5	75.0	LBS/DY	*****	30	60	30DA AVG DAILY MX		WEEKLY	COMPOS
EFFLUENT GROSS VALUE								MG/L			
NITROGEN, AMMONIA TOTAL (AS N)		3.5	19.0	(26)	*****	1.7	9.1	(19)	2	01/07	CP
00610 1 1 0	PERMIT REQUIREMENT	5.00	10.0	LBS/DY	*****	4	8	30DA AVG DAILY MX		WEEKLY	COMPOS
EFFLUENT GROSS VALUE								MG/L			
PHOSPHORUS, TOTAL (AS P)		*****	*****		*****	1.6	2.4	(19)	0	01/07	CP
00665 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT	30DA AVG DAILY MX		WEEKLY	COMPOS
EFFLUENT GROSS VALUE								MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.181	0.265	(03)	*****	*****	*****		0	CN	CN
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	*****		CONTIN	CONTIN
EFFLUENT GROSS VALUE								*****		UDUS	
CHLORINE, TOTAL RESIDUAL		*****	*****		*****	<0.010	<0.010	(19)	0	01/07	GR
50060 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.011	0.019	30DA AVG DAILY MX		WEEKLY	GRAB
EFFLUENT GROSS VALUE								MG/L			

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Kent D. Ras

TELEPHONE DATE
502 540-6000 08 07 23
AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Ammonia Nitrogen exceedences, see cover letter for explanation.

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)

PERMIT NUMBER KY0034522
 DISCHARGE NUMBER 001 1

MINOR (SUBR LV)
 F - FINAL
 SANITARY WASTEWATER EFFLUENT

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	06	01		08	06	30

*** NO DISCHARGE [] ***

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PARAMETER	X	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		*****	*****		*****	2	10	(13)		0%/07	GR
		*****	*****	****	*****	200	400 #/			WEEKLY	GRAB
				****		30DA GED	7 DA GED	100ML			
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE		5.1	8.3	(26)	*****	3	4	(19)		0%/07	CP
		12.5	25.0		*****	10	20			WEEKLY	COMPOS
		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			

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 Exec. Director
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Kent D. Ross
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 502 540-6000
 DATE 08 07 23
 AREA CODE NUMBER YEAR MO DAY

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