



MSD

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

August 26, 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 –July 2008.**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Yorktown WTP, KPDES No.: KY0036323 for the month of July 2008. Additionally, the discharge spreadsheet for the Yorktown WTP system is enclosed with this letter.

Also enclosed, is a copy of the bypass report for Yorktown WTP on July 8, 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 0708.doc

Enclosures

cc: T. Singleton
R. Shaw
C. Roth



*Beneficial Use of Louisville's Biosolids
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July 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 sometime prior to 8:00 AM on July 8, 2008. Upon finding the plant process upset, MSD staff found evidence of bio solids in the plant receiving stream. This was reported through our electronic notification system at approximately 3:42 PM on July 7, 2008, referencing Work Order 803647 as a Plant Bypass. This letter serves as a written report of the bypass as required by 401 KAR 5:065.

An estimated amount of 500 gallons of Secondary biomass wastewater washed into the plant effluent. This was a result of filamentous found in the plant secondary system and the bio solids inventory in the plant secondary system exceeded our normal operating parameters. This bypass did receive full chlorination and de-chlorination treatment.

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
Process Supervisor

cc: Sean Ireland, EPA R. Shaw/eB File
Gary Levy, KDEP Paula Purifoy, MSD



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

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

Facility Type SPL Sewer Treatment Plant	Facility ID MSD0271	Facility Address 7418 YORKTOWN RD	If Pump Station, Name of Pump Station:	Receiving Stream NORTHERN DITCH	Discharge to 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>
DISDW: DRY WEATHER DISCHARGE	803647	07/03/08 08:00 AM	SINGLETON	RIES	DOCUMENTED	04/04/08	BYPASS AT TREATMENT PLANT	DISCHARGE TO WATERS OF THE US	07/03/08 08:05 AM

Spot Inspections:

Discharge Amount:	10 GAL
Cause:	SOLIDS INVENTORY AT PLANT WAS TOO HIGH
Clean Up:	CONTRACTOR CLEANED & SANITIZED THE AREA
Control Zone:	TEMPORARY SIGNS WERE PLACED AROUND AFFECTED AREA
Impact:	SOLIDS & DISCOLORATION IN THE STREAM WAS OBSERVED
Repair:	HAD PLANT BIOSOLIDS HAULED THEN STARTED WASTING BIOSOLIDS.

Notifications:

07/03/08 08:00 AM	DISPUB	Temporary signs placed around affected area
07/07/08 03:40 PM	DISNOT	DISCHARGE NOTIFICATION FOR THIS WORK ORDER SENT MANUALLY ON JULY 7, 2008

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

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	07	01		08	07	31

SANITARY WASTEWATER
EFFLUENT

*** NO DISCHARGE [] ***

NOTE: Read Instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
OXYGEN, DISSOLVED (DO)		*****	*****		7.0	*****	*****	(19)	Ø	0/07	GR	
00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT				INST MIN			MG/L		WEEKLY	GRAB	
	PERMIT REQUIREMENT	*****	*****	*****								
PH		*****	*****		6.9	*****	7.1	(12)	Ø	0/07	GR	
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT				6.0	*****	7.0	EU		WEEKLY	GRAB	
	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM		MAXIMUM					
SOLIDS, TOTAL SUSPENDED		5.0	7.0	(26)	*****	4.0	5.0	(19)	Ø	0/07	CP	
00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT				*****	30	60	MG/L		WEEKLY	COMPOS	
	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY								
NITROGEN, AMMONIA TOTAL (AS N)		0.3	0.7	(26)	*****	0.2	0.6	(19)	Ø	0/07	CP	
00610 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT				*****	4	8	MG/L		WEEKLY	COMPOS	
	PERMIT REQUIREMENT	5.00	10.0	LBS/DY		30DA AVG	DAILY MX					
PHOSPHORUS, TOTAL (AS P)		*****	*****		*****	1.7	3.2	(19)	Ø	0/07	CP	
00665 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT				*****	REPORT	REPORT	MG/L		WEEKLY	COMPOS	
	PERMIT REQUIREMENT	*****	*****	*****		30DA AVG	DAILY MX					
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.170	0.231	(03)	*****	*****	*****		Ø	CN	CN	
00050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT				*****	*****	*****	MG/L		CONTINUOUS	CONTINUOUS	
	PERMIT REQUIREMENT	REPORT	REPORT	MGD								
CHLORINE, TOTAL RESIDUAL		*****	*****		*****	<0.010	<0.010	(19)	Ø	0/07	GR	
00060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT				*****	0.011	0.019	MG/L		WEEKLY	GRAB	
	PERMIT REQUIREMENT	*****	*****	*****		30DA AVG	DAILY MX					
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								502 540-540-6000		08 8 26		
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							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)

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)

KY0036329
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MINOR
(SUBR LV)
F - FINAL
SANITARY WASTEWATER
EFFLUENT

JEFFE

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
08	07	01	08	07	31

FROM

TO

*** 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		*****	*****		*****	7	25	(13)		0%07	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	200	400 #/			WEEKLY	CRAB
				****		30DA GED	7 DA GED	100ML			
BOD, CARBONACEOUS 5 DAY, 20C 30082 1 0 0 EFFLUENT GROSS VALUE		3.2	4.2	(26)	*****	2.5	3.0	(19)		0%07	CP
	PERMIT REQUIREMENT	12.5	25.0		*****	10	20			WEEKLY	CMFOS
		30DA AVG	DAILY MX	LB/DY		30DA AVG	DAILY MX	MG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H.S. Scharlein
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.

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

TELEPHONE: 502 540-6000
DATE: 08 8 26
AREA CODE: 502 NUMBER: 540-6000 YEAR: 08 MO: 8 DAY: 26

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