



MSD

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

October 25, 2008

Ms. Vickie L. Prather
Kentucky Division of Water
14 Reilly Road
Frankfort, Kentucky 40601

**Re: MSD Metro Operations
Yorktown WTP; KPDES No.: KY0036323
Discharge Monitoring Reports –September 2008.**

Dear Ms. Prather:

Attached is the Discharge Monitoring Reports (DMRs) for the Yorktown WTP, KPDES No.: KY0036323 for the month of September 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 0908.doc

Enclosures

cc: T. Singleton
R. Shaw
C. Roth



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

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

MINOR
(SUBR LV)
F - FINAL

JEFFE

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 THOMASSEN, SR METRO OPS

KY0036323
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	09	01		08	09	30

SANITARY WASTEWATER
EFFLUENT

*** NO DISCHARGE !!!

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)		*****	*****		7.0	*****	*****	(19)		01/07	GR
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		WEEKLY	GRAB
PH		*****	*****		6.8	*****	7.0	(12)		01/07	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	5U		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED		6.8	13.2	(26)	*****	6.0	11.0	(19)		01/07	CP
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	37.5 30DA AVG	75.0 DAILY MX	LBS/DY	*****	30 30DA AVG	60 DAILY MX	MG/L		WEEKLY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)		1.3	3.2	(26)	*****	1.1	2.7	(19)		01/07	CP
00610 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	5.00 30DA AVG	10.0 DAILY MX	LBS/DY	*****	4 30DA AVG	8 DAILY MX	MG/L		WEEKLY	COMPOS
PHOSPHORUS, TOTAL (AS P)		*****	*****		*****	2.6	3.0	(19)		01/07	CP
00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT 30DA AVG	REPORT DAILY MX	MG/L		WEEKLY	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.140	0.171	(03)	*****	*****	*****			CN	CN
00050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	*****	*****	*****	****		CONTIN	CONTIN
CHLORINE, TOTAL RESIDUAL		*****	*****		*****	20.010	20.010	(19)		01/07	GR
00060 1 0 0 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.

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

TELEPHONE DATE
562 540-6000 08 10 24
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)

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	3	4	(13)	Ø	%07	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	200	400 #/			WEEKLY	GRAB
						30DA GED	7 DA GED	100ML			
BOD, CARBONACEOUS 5 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	5.7	10.1	(26)	*****	5.3	10.0	(19)	Ø	%07	CP
	PERMIT REQUIREMENT	12.5	25.0		*****	10	20			WEEKLY	COMPOS
		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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Signature of H.J. Schardein
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 502-540-6000
 DATE: 08 10 24
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