



MSD

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

March 24, 2009

Ms. Carolena Bentley
Kentucky Division of Water
200 Fair Oaks Lane
Frankfort, Kentucky 40601

**Re: MSD Metro Operations
Yorktown WTP; KPDES No.: KY0036323
Discharge Monitoring Reports - February 2009.**

Dear Ms. Bentley:

Attached is the Discharge Monitoring Reports (DMRs) and the Monthly Operating Report (MOR) for the Yorktown WTP, KPDES No.: KY0036323 for the month of February 2009.

If you have any questions concerning the attached DMRs, please contact me at (502)540-6031.

Sincerely,

John Kessel
Process Supervisor West Region

JMK/Yorktown 0209

Enclosures

cc: T. Singleton
R. Shaw
C. Roth



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

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	02	01		07	02	28

MINOR

(SUBR LV)

F - FINAL

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			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****		7.1	*****	*****	(19)			
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6	*****	*****			WEEKLY	GRAB
EFFLUENT GROSS VALUE				****	INST MIN			MG/L			
PH	SAMPLE MEASUREMENT	*****	*****		7.0	*****	7.2	(12)			
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0			WEEKLY	GRAB
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM	BU			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	10.5 ✓	17.4 ✓	(26)	*****	5.0 ✓	10.0 ✓	(19)			
00530 1 0 0	PERMIT REQUIREMENT	37.5	75.0		*****	30	60			WEEKLY	COMPOS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	1.10	2.30	(26)	*****	0.50	0.80	(19)			
00610 1 2 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			
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	0.70 ✓	1.0 ✓	(19)			
00665 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT			WEEKLY	COMPOS
EFFLUENT GROSS VALUE				****		30DA AVG	DAILY MX	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.280 ✓	0.433 ✓	(03)	*****	*****	*****				
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		CONTIN	CONTIN
EFFLUENT GROSS VALUE		30DA AVG	INST MAX	MGD				****		UOUS	
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	(19)			
50060 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	0.011	0.019			WEEKLY	GRAB
EFFLUENT GROSS VALUE				****		30DA AVG	DAILY MX	MG/L			

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		
		AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED						

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

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*** NO DISCHARGE 1-1 ***

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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	*****	*****		*****	1.0 ✓	1.0 ✓	(13)			
74055 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	#/		WEEKLY	GRAB
EFFLUENT GROSS VALUE				****		30DA GEO	7 DA GEO	100ML			
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	8.20 ✓	10.5 ✓	(26)	*****	4.0 ✓	6.0 ✓	(19)			
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										

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TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO

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

Yorktown	Report for	Feb-09	Tot. Exc.=		0	Pounds		
Tot. Flow=	7.828	Concentrations						
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3
2/1/09	0.362							
2/2/09	0.377							
2/3/09	0.331	3	3	0.17	1	8.282	8.282	0.469
2/4/09	0.268							
2/5/09	0.238							
2/6/09	0.23							
2/7/09	0.258							
2/8/09	0.3							
2/9/09	0.25							
2/10/09	0.322	3	3	0.84	1	8.056	8.056	2.256
2/11/09	0.42							
2/12/09	0.349							
2/13/09	0.296							
2/14/09	0.276							
2/15/09	0.247							
2/16/09	0.218							
2/17/09	0.215							
2/18/09	0.246	4	3	0.84	1	8.207	6.155	1.723
2/19/09	0.228							
2/20/09	0.217							
2/21/09	0.23							
2/22/09	0.284							
2/23/09	0.229							
2/24/09	0.209	10	6	0.055	1	17.431	10.458	0.096
2/25/09	0.232							
2/26/09	0.199							
2/27/09	0.433							
2/28/09	0.364							
3/1/09								
3/2/09								
3/3/09								
Average	0.280	5.00	3.75	0.48	1.00	10.49	8.24	1.14
Maximum	0.433	10.00	6.00	0.84	1.00	17.43	10.46	2.26
Exceed.	28	0	0	0	0	0	0	0
Day Viol.								
Mo. Viol								
Minimum	0.199 MIN	MAX						

Tot. Phos.

0.15

0.57

0.88

1.01

0.65

1.01