



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)

July 22, 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 - June 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 June 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 0609

Enclosures

cc: T. Singleton  
R. Shaw  
C. Roth



*Beneficial Use of Louisville's Biosolids*  
[www.louisvillegreen.com](http://www.louisvillegreen.com)

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

NAME YORKTOWN STP NSD  
 ADDRESS C/O CEDAR CREEK STP  
 5405 CEDAR CREEK RD  
 LOUISVILLE KY 40211  
 FACILITY YORKTOWN STP NSD  
 LOCATION LOUISVILLE KY 40214  
 ATTN DENNIS THOMASSON, GR METRO OPS

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

PERMIT NUMBER KY0003328  
 DISCHARGE NUMBER 0011

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

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	05	03		07	05	03

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	1/3	GR
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	INST MIN	*****	*****	MG/L			
PH		*****	*****		6.9	*****	7.2		0	1/3	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	MINIMUM	*****	MAXIMUM	5U			
SOLIDS, TOTAL SUSPENDED		8.6	12.1	( 26 )		6	9		0	1/3	CP
00500 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
NITROGEN, AMMONIA TOTAL (AS N)		0.24	0.7	( 26 )		0.2	0.5		0	1/3	CP
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
PHOSPHORUS, TOTAL (AS P)						2.1	2.3		0	1/3	CP
00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT	REPORT	MG/L			
00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	30DA AVG	DAILY MX	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.219	0.435	( 50 )					0	EN	EN
00950 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD							
00950 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	INST MAX	MGD							
CHLORINE, TOTAL RESIDUAL		*****	*****			<0.010	<0.010		0	1/3	GR
00060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	0.011	0.012	MG/L			
00060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	30DA AVG	DAILY MX	MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Exec Dir  H. T. Schaefer, Jr.  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 	TELEPHONE	DATE		
			508 AREA CODE	540-611	09	07

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  
 8905 CEDAR CREEK RD  
 LOUISVILLE KY 40211  
 FACILITY YORKTOWN STP MSD  
 LOCATION LOUISVILLE KY 40214  
 ATTN DENNIS THOMASSEN, SR METRO OPS

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

PERMIT NUMBER KY0036329

DISCHARGE NUMBER 001

MINOR (SUBR LV)  
 F - FINAL

Form Approved  
 OMB No. 2040-0004

SANITARY WASTEWATER EFFLUENT

\*\*\* NO DISCHARGE 1/1/99 \*\*\*

NOTE: Read Instructions before completing this form.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
97	06	01		97	06	30

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		*****	*****		*****	1	1		0	1/7	GR
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	300	400	100ML		WEEKLY	STP
BOD, CARBONACEOUS 5 DAY, 20C		5.4	8.7	1.25	*****	4	5		0	1/7	EP
50082 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	300A AVG	DAILY MX	1.25	*****	300A AVG	DAILY MX	MG/L		WEEKLY	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Exec Dir  
 H.T. Schaefer Jr  
 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

TELEPHONE 502 540 6000  
 DATE 09 07 24  
 AREA CODE NUMBER YEAR MO DAY

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

Yorktown Tot. Flow= Date	Report for 6.573 Flow	TSS	Jun-09 Concentrations BOD	NH3	Tot. Exc.= Fecal	0 TSS	Pounds BOD	NH3	Tot. Phos.
6/1/09	0.167								
6/2/09	0.157	2	3	0.5	1	2.619	3.928	0.655	1.74
6/3/09	0.158								
6/4/09	0.175								
6/5/09	0.159								
6/6/09	0.159								
6/7/09	0.167								
6/8/09	0.162								
6/9/09	0.145	9	3	0.11	1	10.884	3.628	0.133	2.34
6/10/09	0.185								
6/11/09	0.311								
6/12/09	0.435								
6/13/09	0.243								
6/14/09	0.218								
6/15/09	0.196								
6/16/09	0.209	5	5	0.055	1	8.715	8.715	0.096	2.02
6/17/09	0.201								
6/18/09	0.292								
6/19/09	0.319								
6/20/09	0.234								
6/21/09	0.231								
6/22/09	0.256								
6/23/09	0.208	7	3	0.055	1	12.143	5.204	0.095	2.18
6/24/09	0.181								
6/25/09	0.164								
6/26/09	0.352								
6/27/09	0.291								
6/28/09	0.221								
6/29/09	0.197								
6/30/09	0.18								
7/1/09									
Average	0.219	5.75	3.50	0.18	1.00	8.59	5.37	0.24	2.07
Maximum	0.435	9.00	5.00	0.50	1.00	12.14	8.72	0.65	2.34
Exceed.	29	0	0	0	0	0	0	0	

YORKTOWN STP MS  
C/O ERIC G. BRADY  
4522 ALGONQUIN PK  
LOUISVILLE KY  
YORKTOWN STP MSI  
LOUISVILLE KY 402  
ATTN: H. J. SCHARDI

OXYGEN, DISSOLVE  
(DO)  
00300 1 0 0  
EFFLUENT GROSS V,  
pH

00400 1 0 0  
EFFLUENT GROSS V,  
SOLIDS, TOTAL  
SUSPENDED

00530 1 0 0  
EFFLUENT GROSS V  
NITROGEN, AMMONI,  
TOTAL (AS N)

00610 1 1 0  
EFFLUENT GROSS V  
FLOW, IN CONDUIT C  
THRU TREATMENT P

50050 1 0 0  
EFFLUENT GROSS V  
CHLORINE, TOTAL  
RESIDUAL

50060 1 0 0  
EFFLUENT GROSS V,  
COLIFORM, FECAL  
GENERAL

74055 1 0 0  
EFFLUENT GROSS V,  
BOD, CARBONACEOI