



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

March 26, 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 - April 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 April 2009.

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

Sincerely,

A handwritten signature in black ink, appearing to read "J. Kessel", is written over a light blue horizontal line.

John Kessel
Process Supervisor West Region

JMK/Yorktown 0409

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 VIOXTOWN STP MSD
ADDRESS 070 CEDAR CREEK STP
4408 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY VIOXTOWN STP MSD
LOCATION LOUISVILLE KY 40214
ATTN: DEANIS THOMASSON SR MEYRS OPS

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

PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	07	01		07	07	01

Form Approved.
OMB No. 2040-0004

MINOR
(SUBR LV)
F - FINAL
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			
DAZEN OXYGEN (DO)		*****	*****		8	*****	*****	(17)	0	01/07	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		WEEKLY	GRAB
PH		*****	*****		6.9	*****	7.1	(12)	0	01/07	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	*****	MG/L		WEEKLY	GRAB
SUSPENDED SOLIDS TOTAL		9.0	15.8	(25)	*****	5	8	(17)	0	01/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L		WEEKLY	COMPOS
NITROGEN AMMONIA TOTAL (AS N)		0.5	1.1	(25)	*****	0.3	0.7	(17)	0	01/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L		WEEKLY	COMPOS
PHOSPHORUS TOTAL (AS P)		*****	*****		*****	0.8	1.5	(17)	0	01/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L		WEEKLY	COMPOS
FLOW IN CONDUIT OR THRU TREATMENT PLANT		6269	0.559	(09)	*****	*****	*****	*****	0	02	02
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	*****		WEEKLY	COMPOS
CHLORINE TOTAL RESIDUAL		*****	*****		*****	<0.010	<0.010	(17)	0	01/07	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.011	0.017	MG/L		WEEKLY	GRAB
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			
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)						404-1000		09 05 06			

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

NAME YORKTOWN RTP MSD

ADDRESS C/O CEDAR CREEK STP
8908 CEDAR CREEK RD
LOUISVILLE KY 40211

FACILITY YORKTOWN RTP MSD

LOCATION LOUISVILLE KY 40214

ATTN: VIRNYS THOMASSEN SR METRO OPS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMIT NUMBER KY0006323

DISCHARGE NUMBER 0011

MINOR

(SUBS LV)

F - FINAL

SANITARY WASTEWATER

EFFLUENT

*** NO DISCHARGE 1-1-99 ***

JEFFE

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY

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			
COLIFORM, FECAL	SAMPLE MEASUREMENT	*****	*****		*****	1	1	(1 LB)	0	1/7	GR
GENERAL	PERMIT REQUIREMENT	*****	*****	***	*****	200	400	3/		WEEKLY	GRAB
EFFLUENT GROSS VALUE				****		30DA GED	7 DA GED	100ML			
300, CA/SO4/305	SAMPLE MEASUREMENT	5.6	5.9	(1 LB)	*****	3	3	(1 LB)	0	1/7	CP
05 DAY, 200	PERMIT REQUIREMENT	12.5	25.0		*****	10	20			WEEKLY	COMPOUND
RO/SD		30DA AVG	DAILY MX	LB/AY		30DA AVG	DAILY MX	MG/L			
EFFLUENT GROSS VALUE											
	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

Ever D.
H. J. 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

500 540 6000
AREA CODE NUMBER

DATE

09 05 26
YEAR MO DAY

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

Yorktown	Report for	Apr-09		Tot. Exc.=		0			
Tot. Flow=	8.07	Concentrations		Pounds					
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
4/1/09	0.202								
4/2/09	0.204	2	3	0.67	1	3.403	5.104	1.140	1.54
4/3/09	0.559								
4/4/09	0.326								
4/5/09	0.306								
4/6/09	0.353								
4/7/09	0.232								
4/8/09	0.253								
4/9/09	0.222	5	3	0.28	1	9.257	5.554	0.518	0.594
4/10/09	0.226								
4/11/09	0.283								
4/12/09	0.27								
4/13/09	0.248								
4/14/09	0.309								
4/15/09	0.248								
4/16/09	0.236	8	3	0.055	1	15.746	5.905	0.108	0.748
4/17/09	0.2								
4/18/09	0.172								
4/19/09	0.444								
4/20/09	0.506								
4/21/09	0.296								
4/22/09	0.263								
4/23/09	0.229	4	3	0.11	1	7.639	5.730	0.210	0.204
4/24/09	0.23								
4/25/09	0.223								
4/26/09	0.217								
4/27/09	0.192								
4/28/09	0.221								
4/29/09	0.201								
4/30/09	0.199								
5/1/09									
Average	0.269	4.75	3.00	0.28	1.00	9.01	5.57	0.49	0.77
Maximum	0.559	8.00	3.00	0.67	1.00	15.75	5.90	1.14	1.54