



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

September 21, 2009

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

Re: MSD Metro Operations
Yorktown WQTC; KPDES No.: KY0036323
Discharge Monitoring Reports - August 2009.

Dear Ms. Bentley:

Attached is the Discharge Monitoring Reports (DMRs) and the Monthly Operating Report (MOR) for the Yorktown WQTC, KPDES No.: KY0036323 for the month of August 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 "John Kessel", written in a cursive style.

John Kessel
Process Supervisor West Region

JMK/Yorktown 0809

Enclosures

cc: T. Singleton
R. Shaw
C. Roth



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

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

AME YORKTOWN WQTC MSD
DDRESS C/O CEDAR CREEK WQTC
15405 CEDAR CREEK RD

ACILITY YORKTOWN WQTC MSD
OCATION LOUISVILLE

KY 40211

KY 40214

ATTN: DENNIS THOMASSON, SR METRO OPS

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

KY0035322
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MINOR
(SUBR LV)
F - FINAL
SANITARY WASTEWATER
EFFLUENT

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	05	01		07	05	31

FROM

TO

*** 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)	SAMPLE MEASUREMENT	*****	*****		7	*****	*****	(19)	0	0/07	GR
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	5	*****	*****			WEEKLY	GR
EFFLUENT GROSS VALUE				****	INST MIN			MG/L			
PH	SAMPLE MEASUREMENT	*****	*****		6.7	*****	7.1	(12)	0	0/07	GR
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	7.0			WEEKLY	GR
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM	GU			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	8.8	16.2	(25)	*****	4	7	(19)	0	0/07	CP
00500 1 0 0	PERMIT REQUIREMENT	37.5	75.0		*****	30	50			WEEKLY	COMPLS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.20	0.4	(25)	*****	0.1	0.1	(19)	0	0/07	CP
00610 1 1 0	PERMIT REQUIREMENT	5.00	10.0		*****	4	5			WEEKLY	COMPLS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	1.2	2.2	(19)	0	0/07	CP
00665 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT			WEEKLY	COMPLS
EFFLUENT GROSS VALUE				****		30DA AVG	DAILY MX	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.225	0.494	(03)	*****	*****	*****		0	0/07	LN
00050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		CONJUNCTION IN	LN
EFFLUENT GROSS VALUE		30DA AVG	INST MAX	MGD				****		DUSE	
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	(19)	0	0/07	GR
00080 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	0.011	0.019			WEEKLY	GR
EFFLUENT GROSS VALUE				****		30DA AVG	DAILY MX	MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Exec Director
H. T. Schradin 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		
AREA CODE	NUMBER	YEAR	MO	DAY
502	546-1000	09	09	21

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

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 WQTC MSD
ADDRESS C/O CEDAR CREEK WQTC
8405 CEDAR CREEK RD
LOUISVILLE KY 40211

FACILITY YORKTOWN WQTC MSD

LOCATION LOUISVILLE KY 40214

ATTN: DENNIS THOMASSON, SR METRO OPS

KY0036323
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001 1
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FROM			TO		
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SANITARY WASTEWATER
EFFLUENT

*** NO DISCHARGE [] ***

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	1	1	(13)	0	0 1/2	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	#/100ML		WEEKLY	GRAB
BOD, CARBONACEOUS 5 DAY, 20C 90082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	6.8	11.7	(26)	*****	3	3	(19)	0	0 1/2	CP
	PERMIT REQUIREMENT	12.5	25.0		*****	10	20	MG/L		WEEKLY	CURFUS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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