



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

December 15, 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 - November 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 November 2009.

For the month of November there were no exceedances, bypasses or overflow reports for Yorktown WQTC.

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 "JK", is written over the word "Sincerely,".

John Kessel
Process Supervisor West Region

JMK/Yorktown 1109

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 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 THOMASSEN, SR METRO OPS

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

KY0036323 PERMIT NUMBER
 001 1 DISCHARGE NUMBER

MINOR (SUBR LV)
 F - FINAL
 SANITARY WASTEWATER EFFLUENT
 JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
09	11	01		09	11	30

*** 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	*****	*****	(19)			
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6	*****	*****			WEEKLY	GRAB
EFFLUENT GROSS VALUE				****	INST MIN			MG/L			
FH		*****	*****		7.1	*****	7.2	(12)			
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0			WEEKLY	GRAB
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM	SU			
SOLIDS, TOTAL SUSPENDED		8.6	14.2	(26)	*****	6	9	(19)			
00530 1 0 0	PERMIT REQUIREMENT	37.5	75.0		*****	30	30			WEEKLY	COMPOS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
NITROGEN, AMMONIA TOTAL (AS N)		0.6	1.3	(26)	*****	0.3	0.5	(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)		*****	*****		*****	1.5	2.2	(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		0.261	0.322	(03)	*****	*****	*****				
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		CONTIN	CONTIN
EFFLUENT GROSS VALUE		30DA AVG	INST MAX	MGD				****		UOUS	
CHLORINE, TOTAL RESIDUAL		*****	*****		*****	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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

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

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 THOMASSEN, SR METRO OPS

KY0036323
PERMIT NUMBER

0011
DISCHARGE NUMBER

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

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	11	01		07	11	30

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PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
CDLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	1	1	(13)			
	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	#/ 30DA GEO 7 DA GEO 100ML		WEEKLY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	4.8	7.3	(26)	*****	3	5	(19)			
	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										
	SAMPLE MEASUREMENT										
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