



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

October 11, 2010

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 - September 2010.**

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 September 2010.

There were no exceedances, overflow reports, or bypass reports for Yorktown treatment plant for the month of August.

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", written over a white background.

John Kessel  
Process Supervisor West Region

JMK/Yorktown 0910

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)

KY00036323  
PERMIT NUMBER

001 1  
DISCHARGE NUMBER

MINOR  
(SUBR LV)  
9 - FINAL

Form Approved.  
OMB No. 2040-0004

JEFF

SANITARY WASTEWATER  
EFFLUENT

\*\*\* NO DISCHARGE 1 1 \*\*\*

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)	00300 1 0 0	*****	*****		7	*****	*****	( 19 )	0	01/07	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	INST MIN	*****	*****	MG/L		WEEKLY	GRAB
PH	00900 1 0 0	*****	*****		6.9	*****	7.1	( 12 )	0	01/07	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	BU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	00500 1 0 0	*****	*****	( 26 )	*****	*****	*****	( 19 )	0	01/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	37.5	75.0	LBS/DY	*****	30DA AVG	DAILY MX	MG/L		WEEKLY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	00610 1 1 0	0.32	0.7	( 26 )	*****	0.3	0.6	( 19 )	0	01/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	5.00	10.0	LBS/DY	*****	30DA AVG	DAILY MX	MG/L		WEEKLY	COMPOS
PHOSPHORUS, TOTAL (AS P)	00665 1 0 0	*****	*****		*****	2.8	3.0	( 19 )	0	01/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT	MG/L		WEEKLY	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	00050 1 0 0	0.129	0.198	( 02 )	*****	*****	*****		0	02	02
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	*****		MONTHLY	COMPOS
CHLORINE, TOTAL RESIDUAL	00080 1 0 0	*****	*****		*****	<0.010	<0.010	( 19 )	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			
H.J. Schendler Jr						502 540-6666		10 10 11			
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE		NUMBER			

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

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)

KY00036323  
PERMIT NUMBER

001 1  
DISCHARGE NUMBER

MINOR  
(SUBR LV)

F - FINAL

SANITARY WASTEWATER  
EFFLUENT

\*\*\* NO DISCHARGE [ ] \*\*\*

Form Approved.  
OMB No. 2040-0004

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
10	07	01		10	07	01

FROM

TO

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 GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	5	11	(13)	0	01/07	GR
74085 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	200 30DA GED	400 #/ 7 DA GED	100ML		WEEKLY	GRAB
300, CARBONACEOUS 25 DAY, 20C	SAMPLE MEASUREMENT	4.2 4.8 JK	8.5	(20)	*****	5 JK	8	(19)	0	01/07	CP
30082 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	12.5 30DA AVG	25.0 DAILY MX	LBS/DY	*****	10 30DA AVG	20 DAILY MX	MG/L		WEEKLY	COMPL
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	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	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			
Exec Dir H.J. Schadt Jr TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR
		502	540-6000	10	10	11

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

Yorktown	Report for	Sep-10		Tot. Exc.=		0			
Tot. Flow=	3.861	Concentrations				Pounds			
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
9/1/10	0.134								
9/2/10	0.129	4	4	0.62	11.2	4.303	4.303	0.667	2.71
9/3/10	0.074								
9/4/10	0.13								
9/5/10	0.135								
9/6/10	0.198								
9/7/10	0.138								
9/8/10	0.134								
9/9/10	0.121	3	3	0.2	6	3.027	3.027	0.202	2.87
9/10/10	0.115								
9/11/10	0.135								
9/12/10	0.128								
9/13/10	0.124								
9/14/10	0.132								
9/15/10	0.131								
9/16/10	0.127	4	3	0.2	2	4.237	3.178	0.212	3
9/17/10	0.119								
9/18/10	0.135								
9/19/10	0.142								
9/20/10	0.12								
9/21/10	0.123								
9/22/10	0.125								
9/23/10	0.127	11	8	0.2	4	11.651	8.473	0.212	2.62
9/24/10	0.13								
9/25/10	0.133								
9/26/10	0.13								
9/27/10	0.125								
9/28/10	0.133								
9/29/10	0.119								
9/30/10	0.115								
Average	0.129	5.50	4.50	0.31	4.82	5.80	4.75	0.32	2.80
Maximum	0.198	11.00	8.00	0.62	11.20	11.65	8.47	0.67	3.00
Exceed.	1	0	0	0	0	0	0	0	