



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

September 22, 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 - August 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 August 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", is written over a horizontal dotted line.

John Kessel
Process Supervisor West Region

JMK/Yorktown 0810

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 THOMASSON, 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
 *** NO DISCHARGE 1 ***

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	10	06	01		10	06	01

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			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****		7	*****	*****	(17)	0	01/07	CR
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		WEEKLY GRAB	
PH	SAMPLE MEASUREMENT	*****	*****		6.9	*****	7.1	(12)	0	01/07	CR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	B.O MINIMUM	*****	Y.O MAXIMUM	GU		WEEKLY GRAB	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	3.8	4.7	(28)	*****	3	4	(17)	0	01/07	CP
00500 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	37.5 30DA AVG	75.0 DAILY MX	LBS/DY	*****	30 30DA AVG	60 DAILY MX	MG/L		WEEKLY COMPOS	
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.3	0.4	(28)	*****	0.2	0.3	(17)	0	01/07	CP
00610 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	5.00 30DA AVG	10.0 DAILY MX	LBS/DY	*****	4 30DA AVG	8 DAILY MX	MG/L		WEEKLY COMPOS	
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	2.1	2.5	(17)	0	01/07	CP
00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT 30DA AVG	REPORT DAILY MX	MG/L		WEEKLY COMPOS	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.168	0.298	(03)	*****	*****	*****		0	02	02
00050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MOD	*****	*****	*****	****		CONTINUOUS	
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	(17)	0	01/07	CR
00060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.011 30DA AVG	0.019 DAILY MX	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			
EXCEL DIR H.T. Schindler Jr TYPED OR PRINTED											
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE	NUMBER	YEAR	MO	DAY	
						608	540-6000	10	09	22	

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

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

NAME YORKTOWN WQTC MSD
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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001 I
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MINOR
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 F - FINAL
 SANITARY WASTEWATER
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 *** NO DISCHARGE 1 ***

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	99	00	00		99	00	00

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 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	13	45	(13)	0	6/07	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	7 DA GED		WEEKLY	GRND
SOD, CARBONACEOUS 35 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	5.0	5.7	(25)	*****	4	20	5	0	6/07	CP
	PERMIT REQUIREMENT	12.5	25.0		*****	10	20			WEEKLY	PURPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Exec Dir H.T. Schardel 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
			532 540-6600	10	09	22

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

Yorktown	Report for	Aug-10	Tot. Exc.= 0						
Tot. Flow=	5.202	Concentrations	Pounds						
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
8/1/10	0.296								
8/2/10	0.258								
8/3/10	0.182	3	3	0.28	7	4.554	4.554	0.425	1.68
8/4/10	0.161								
8/5/10	0.184								
8/6/10	0.158								
8/7/10	0.14								
8/8/10	0.152								
8/9/10	0.142								
8/10/10	0.137	2	5	0.11	19	2.285	5.713	0.126	2.47
8/11/10	0.157								
8/12/10	0.17								
8/13/10	0.143								
8/14/10	0.201								
8/15/10	0.298								
8/16/10	0.199								
8/17/10	0.154	3	4	0.22	45	3.853	5.137	0.283	1.79
8/18/10	0.141								
8/19/10	0.138								
8/20/10	0.132								
8/21/10	0.222								
8/22/10	0.178								
8/23/10	0.154								
8/24/10	0.14	4	4	0.22	4.6	4.670	4.670	0.257	2.41
8/25/10	0.143								
8/26/10	0.099								
8/27/10	0.165								
8/28/10	0.139								
8/29/10	0.127								
8/30/10	0.156								
8/31/10	0.136								
Average	0.168	3.00	4.00	0.21	12.88	3.84	5.02	0.27	2.09
Maximum	0.298	4.00	5.00	0.28	45.00	4.67	5.71	0.43	2.47
Exceed.	18	0	0	0	0	0	0	0	