



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

April 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 - March 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 March 2010.

For the month of March 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 "J. Kessel", is written over a horizontal line.

John Kessel
Process Supervisor West Region

JMK/Yorktown 0310

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 WWTG KSE
 ADDRESS C/O CEDAR CREEK WWTG
 1000 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY YORKTOWN WWTG KSE
 LOCATION LOUISVILLE KY 40214
 ATTN: DANNIS THOMASSEN, SR METRO DFO

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

Form Approved.
 OMB No. 2040-0004

KY0036323
 PERMIT NUMBER

001 1
 DISCHARGE NUMBER

MINOR
 (SUBR LV)
 F - FINAL

JEFFS

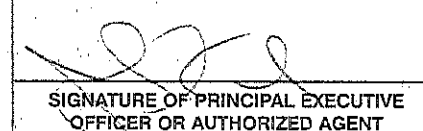
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
80	03	01	TO	80	03	01

SANITARY WASTEWATER
 EFFLUENT

*** NO DISCHARGE ***

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	*****	*****		8	*****	*****	19	0	1/3	GR
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE											
PH	SAMPLE MEASUREMENT	*****	*****		6.9	*****	7.1	12	0	1/3	GR
00410 1 0 0	PERMIT REQUIREMENT	*****	*****	****	5.0	*****	9.0	50		WEEKLY	GRAB
EFFLUENT GROSS VALUE					MINIMUM		MAXIMUM				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	7.5 7.4	12.8	(26)	*****	5	9	19	0	1/3	CP
00500 1 0 0	PERMIT REQUIREMENT	37.5	75.0	LBS/DY	*****	30	40	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX			30DA AVG	DAILY MX				
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.4	0.9	(26)	*****	0.2	0.5	19	0	1/3	CP
00610 1 2 0	PERMIT REQUIREMENT	12.5	25.0	LBS/DY	*****	10	20	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX			30DA AVG	DAILY MX				
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	1.4	1.8	19	0	1/3	CP
00660 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE				****		30DA AVG	DAILY MX				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.195	0.233	(03)	*****	*****	*****		0	EN	EN
00010 0 0 0	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****			CONTINUOUS	
EFFLUENT GROSS VALUE		30DA AVG	INST MAX								
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	0.010	0.010	19	0	1/3	GR
00060 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	0.011	0.019	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE				****		30DA AVG	DAILY MX				

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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE		
Exec Dir H T Schlemmer Jr TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO

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

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

NAME

ADDRESS

FACILITY

LOCATION

ATTN: DENNIS THOMASSEN, SR MTRNG DRS

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

PERMIT NUMBER

DISCHARGE NUMBER

MINOR

(SUBR LV)

F - FINAL

SANITARY WASTEWATER

EFFLUENT

*** NO DISCHARGE 1 ***

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	14	(13)	0	1/27	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	200	400	1/		WEEKLY	GRAB
BOB, CARBONACEOUS	SAMPLE MEASUREMENT	5.6	6.7	(26)	*****	4	4	(19)	0	1/27	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	12.5	25.0	30DA AVG DAILY MX LBS/DY	*****	10	20	30DA AVG DAILY MX MG/L		WEEKLY	COMPOS
	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

Erick Dir

H.T. Schandrew 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

[Signature]

TELEPHONE

502 546-6000

DATE

10 6 21

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

Yorktown	Report for	Mar-10	Tot. Exc.=		0				
Tot. Flow=	6.05	Concentrations				Pounds			
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
3/1/10	0.171								
3/2/10	0.17	9	3	0.34	3	12.760	4.253	0.482	1.24
3/3/10	0.211								
3/4/10	0.173								
3/5/10	0.185								
3/6/10	0.179								
3/7/10	0.214								
3/8/10	0.211								
3/9/10	0.173	4	4	0.056	3	5.771	5.771	0.081	1.7
3/10/10	0.199								
3/11/10	0.192								
3/12/10	0.162								
3/13/10	0.216								
3/14/10	0.198								
3/15/10	0.203								
3/16/10	0.201	3	4	0.11	14	5.029	6.705	0.184	1.79
3/17/10	0.204								
3/18/10	0.192								
3/19/10	0.177								
3/20/10	0.182								
3/21/10	0.193								
3/22/10	0.231								
3/23/10	0.233	3	3	0.45	7	5.830	5.830	0.874	0.936
3/24/10	0.195								
3/25/10	0.231								
3/26/10	0.199								
3/27/10	0.178								
3/28/10	0.19								
3/29/10	0.212								
3/30/10	0.197								
3/31/10	0.178								
Average	0.195	4.75	3.50	0.24	5.45	7.35	5.64	0.41	1.42
Maximum	0.233	9.00	4.00	0.45	14.00	12.76	6.71	0.87	1.79
Exceed.	31	0	0	0	0	0	0	0	