



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

March 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 - February 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 February 2010.

For the month of February 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 0210

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

ADDRESS C/O CEDAR CREEK WQIC

4435 CEDAR CREEK RD

LOUISVILLE

KY 40211

FACILITY ROTATON WQIC MSP

LOCATION LOUISVILLE

KY 40214

1000 CHARLES THOMAS BLVD. SR MILRO OPS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

KY00034323

PERMIT NUMBER

001 1

DISCHARGE NUMBER

MINOR

(SUBR LVI

F - FINAL

SANITARY WASTEWATER

EFFLUENT

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

JEFFERSON

Form Approved.  
OMB No. 2040-0004

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
10	02	01	10	02	25

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			
CANAL DISCHARGE (OD)	SAMPLE MEASUREMENT	*****	*****		8	*****	*****	(18)	0	1/5	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.8	*****	7.0	(12)	0	1/5	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	50		WEEKLY	GRAB
SUSPENDED SOLIDS	SAMPLE MEASUREMENT	10.4	19.7	(25)	*****	6	11	(19)	0	1/5	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	37.5	75.0	LBBS/DY	*****	30	50	MG/L		WEEKLY	COMPOS
TOTAL (AS P)	SAMPLE MEASUREMENT	0.6	1.0	(25)	*****	0.3	0.5	(19)	0	1/5	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	12.5	25.0	LBBS/DY	*****	10	20	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.3	0.7	(19)	0	1/5	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L		WEEKLY	COMPOS
THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.259	0.478	(35)	*****	*****	*****		0	EN	EN
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MG/L	*****	*****	*****	****		CONTINUOUS	UDUS
CHLORINE TOTAL	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	(19)	0	1/5	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			
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		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 C/O CEDAR CREEK WOTC

600 CEDAR CREEK RD

LOUISVILLE

FACILITY YORKTOWN WOTC

LOCATION LOUISVILLE

1101 DONNIS THOMASON, SR METRO DPS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

MINOR

(SUNR LV)

7 - FINAL

SANITARY WASTEWATER

EFFLUENT

\*\*\* 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			
GENERAL	PERMIT REQUIREMENT	*****	*****	*****	*****	4	20	(13)	0	1/07	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	200	400	#/		WEEKLY	GRAB
200 CARBONACEOUS	SAMPLE MEASUREMENT	5.4	8.5	(25)	*****	3	4	(19)	0	1/07	CP
OS DAY, 200	PERMIT REQUIREMENT	12.5	25.0	*****	*****	10	20	*****		WEEKLY	COMPOS
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	30DA AVG	30DA AVG	DAILY MX	NO/L			
	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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE			
<p>Eric Dir</p> <p>H J. Schuler Jr</p> <p>TYPED OR PRINTED</p>			AREA CODE	NUMBER	YEAR	MO	DAY
			502	546-6000	10	03	22

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

Yorktown	Report for	Feb-10	Tot. Exc.=		0	Pounds			
Tot. Flow=	7.247	Concentrations				BOD	NH3	Tot. Phos.	
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
2/1/10	0.239								
2/2/10	0.219								
2/3/10	0.215	11	3	0.34	1	19.724	5.379	0.610	0.682
2/4/10	0.228								
2/5/10	0.429								
2/6/10	0.478								
2/7/10	0.338								
2/8/10	0.286								
2/9/10	0.244	6	2	0.5	3	12.210	4.070	1.017	0.06
2/10/10	0.265								
2/11/10	0.23								
2/12/10	0.231								
2/13/10	0.284								
2/14/10	0.219								
2/15/10	0.217								
2/16/10	0.198								
2/17/10	0.206	2	2	0.11	20	3.436	3.436	0.189	0.221
2/18/10	0.242								
2/19/10	0.246								
2/20/10	0.243								
2/21/10	0.306								
2/22/10	0.303								
2/23/10	0.256	3	4	0.22	5	6.405	8.540	0.470	0.218
2/24/10	0.238								
2/25/10	0.253								
2/26/10	0.217								
2/27/10	0.201								
2/28/10	0.216								

Average	0.259	5.50	2.75	0.29	4.16	10.44	5.36	0.57	0.30
Maximum	0.478	11.00	4.00	0.50	20.00	19.72	8.54	1.02	0.68
Exceed.	28	0	0	0	0	0	0	0	