



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

June 6, 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 - May 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 May 2010.

Also attached is a wet weather Bypass report and overflow report for the month of May.

There were no exceedances for Yorktown treatment plant for the month of May.

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 light blue horizontal line.

John Kessel  
Process Supervisor West Region

JMK/Yorktown 0510

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  
\*\*\* NO DISCHARGE 1-1-1 \*\*\*  
NOTE: Read Instructions before completing this form.

JEFF

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	*****	*****	( 19 )	0	01/07	GR		
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	INST MIN	*****	*****	MG/L		WEEKLY	GRAB		
EFFLUENT GROSS VALUE													
PH	SAMPLE MEASUREMENT	*****	*****		7.0	*****	7.3	( 12 )	0	01/07	GR		
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	BU		WEEKLY	GRAB		
EFFLUENT GROSS VALUE													
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	19.5	52.3	( 26 )	*****	9	22	( 19 )	0	01/07	CP		
00500 1 0 0	PERMIT REQUIREMENT	37.5	75.0	*****	*****	30	50	MG/L		WEEKLY	CUMUL		
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX						
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.9	1.2	( 26 )	*****	0.5	0.6	( 19 )	0	01/07	CP		
00610 1 1 0	PERMIT REQUIREMENT	5.00	10.0	*****	*****	4	8	MG/L		WEEKLY	CUMUL		
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX						
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	1.1	1.4	( 19 )	0	01/07	CP		
00665 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT	MG/L		WEEKLY	CUMUL		
EFFLUENT GROSS VALUE						30DA AVG	DAILY MX						
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.268	0.676	( 03 )	*****	*****	*****		0	01/07	CP		
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT	*****	*****	*****	*****	*****		CONTINUOUS	IN		
EFFLUENT GROSS VALUE		30DA AVG	INST MAX	MGD						UDUS			
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	10.010	10.010	( 19 )	0	01/07	GR		
50060 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.				TELEPHONE		DATE					
Exec Dir H.S. Schandori, Jr						502 846-6000		10 16 06					
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE		NUMBER			YEAR	MO	DAY

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

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

KY00036323  
PERMIT NUMBER

001 1  
DISCHARGE NUMBER

MINOR  
(SUBR LV)  
F - FINAL  
SANITARY WASTEWATER  
EFFLUENT  
\*\*\* NO DISCHARGE 1 1 \*\*\*

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
10	05	01	10	05	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 74053 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	3	11	( 13 )	0	01/07	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	200 30 DA GED	400 7 DA GED	100ML		WEEKLY	GRAB
BOD, CARBONACEOUS 55 DAY, 30C 80082 1.0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	6.5	9.5	( 25 )	*****	3	4	( 19 )	0	01/07	CP
	PERMIT REQUIREMENT	12.5 30 DA AVG	25.0 DAILY MX	LBS/DY	*****	10 30 DA AVG	20 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  
Exec Dir  
H.J. 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  
502 540-6600  
AREA CODE NUMBER  
DATE  
10 06 06  
YEAR MO DAY

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

<b>Yorktown</b>	Report for	<b>May-10</b>		Tot. Exc.=		0			
Tot. Flow=	8.302	Concentrations		Pounds					
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
5/1/10	0.405								
5/2/10	0.676								
5/3/10	0.621								
5/4/10	0.348								
5/5/10	0.285	22	4	0.45	2	52.292	9.508	1.070	0.447
5/6/10	0.243								
5/7/10	0.247								
5/8/10	0.215								
5/9/10	0.243								
5/10/10	0.193	3	2	0.56	3	4.829	3.219	0.901	1.38
5/11/10	0.206								
5/12/10	0.225								
5/13/10	0.243								
5/14/10	0.213								
5/15/10	0.18								
5/16/10	0.27								
5/17/10	0.327	6	3.14	0.45	2	16.363	8.563	1.227	1.13
5/18/10	0.235								
5/19/10	0.223								
5/20/10	0.202								
5/21/10	0.176								
5/22/10	0.339								
5/23/10	0.264								
5/24/10	0.247								
5/25/10	0.181	3	3	0.34	11	4.529	4.529	0.513	1.42
5/26/10	0.199								
5/27/10	0.189								
5/28/10	0.274								
5/29/10	0.254								
5/30/10	0.191								
5/31/10	0.188								
Average	0.268	8.50	3.04	0.45	3.39	19.50	6.45	0.93	1.09
Maximum	0.676	22.00	4.00	0.56	11.00	52.29	9.51	1.23	1.42
Exceed.	31	0	0	0	0	0	0	0	



700 West Liberty Street  
Louisville Kentucky 40203-1911  
502-540-6000  
www.msdlouky.org

May 6, 2010

Mr. Charlie Roth, District Supervisor  
KY Division of Water  
Louisville Regional Office  
9116 Leesgate Road  
Louisville, KY 40222-5084

**Re: Bypass Report for the: Yorktown WQTC- KPDES Permit: KY0036323**

Dear Mr. Roth:

This plant experienced a bypass event and has been reported through our electronic notification system at approximately 01:00 AM on May 03, 2010, referencing Work Order 1062532 as a Wet Weather Discharge. This letter serves as a written report of the bypass as required by 401 KAR 5:065.

Provided below are the details of the hypass event:

- Description of the noncompliance and its cause: On May 2/3, 2010, due to increased flow caused by a storm event, the Yorktown treatment plant overflowed at the surge tank and areation basin. Which resulted in a wetweather discharge to waters of the US of aproximately 54,600 gallons of raw sewage and biosolids. Due to the flow meter being submerged we are unable to have an accurate flow rate through the plant. However the last effluent flow reading was 1.04 mgd. The design flow for this plant is 0.150 mgd and our 24hr recorded flow for May 3<sup>rd</sup> was 0.676 mgd.
- Period of noncompliance: Starting 03:45 PM on May 02, 2010 and stopping 05:40 AM on May 03, 2010.
- Steps taken or planned to reduce, eliminate and prevent recurrence: This bypass stopped when the water level in Pond Creek dropped and allowing our treatment plant to start flowing by gravity again.
- Additional comments: Also note that the aeration blowers were already shutoff to this plant due to high flow. The effluent that did exit the plant received chlorination and dechlorination treatment.

Please advise if you have any questions concerning this information. You can contact me on my office telephone at (502)-540-6031, my cell phone at (502)-648-5984 or via email at Kessel@msdlouky.org.

Sincerely,

J.Kessel  
Process Supervisor-Operations



Mr. Charlie Roth, District Supervisor  
KY Division of Water  
Page 2

cc: Gary Levy, KDEP  
Paula Purifoy, MSD  
eB File

Initiated May 01, 2010 12:00 AM thru May 31, 2010 11:59 PM

Report Selections: Excluding PPI, CSO, Result: WUS, Act Code: DISDW, DISREV, DISSUS

KPDES # KY0036323	Facility ID MSD0271	Water Quality Treatment Center YORKTOWN			Receiving Stream of Treatment Center NORTHERN DITCH			Region WEST			
Facility Type		Facility ID		Facility Address		If Pump Station, Name of Pump Station:		Receiving Stream		Discharge to	
SPL Sewer Treatment Plant		MSD0271		7418 YORKTOWN RD				NORTHERN DITCH		DITCH	
<u>Activity Code / Description</u>		<u>WO #</u>	<u>Initiated</u>	<u>Initiated By</u>	<u>Assigned To</u>	<u>Disch Status</u>	<u>Event Date</u>	<u>Problem</u>	<u>Result</u>	<u>Completed</u>	<u>Condition</u>
DISREV: RAIN EVENT DISCHARGE		1062532	05/02/10 03:45 PM	ELDER	HATHAWAY	DOCUMENTED	04/04/08	BYPASS AT WQTC	UNAUTHORIZED DISCHARGE - WATERS	05/03/10 05:40 AM	

**Spot Inspections:**

Discharge Amount:	54,600 GAL
Cause:	LACK OF CAPACITY DUE TO RAIN EVENT IN THE AREA
Clean Up:	MSD CLEANED & SANITIZED THE AREA
Control Zone:	TEMPORARY SIGNS POSTED
Impact:	PERSONAL HYGIENE PRODUCTS, SEWAGE, SOLIDS & DEBRIS WAS OBSERVED
Repair:	CREEK LEVEL DECREASED

**Notifications:**

05/02/10 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
05/02/10 03:45 PM	DISPUB	TEMPORARY SIGNS POSTED
05/02/10 01:00 PM	DISSNO	Supplemental Email notification of unauthorized discharge has been sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov