



Metropolitan Sewer District

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

August 25, 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 - July 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 July 2010.

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

If you have any questions concerning the attached DMRs, please contact me at (502)540-6031.

Sincerely,

John Kessel
Process Supervisor West Region

JMK/Yorktown 0710

Enclosures

cc: T. Singleton
R. Shaw
C. Roth



Beneficial Use of Louisville's Biosolids
www.louisvillegreen.com

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

MINOR
(SUBR LV)
F - FINAL
SANITARY WASTEWATER
EFFLUENT

JEFFE

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

NAME YORKTOWN WQTC MSD

ADDRESS C/O CEDAR CREEK WQTC

1405 CEDAR CREEK RD

LOUISVILLE

KY 40211

FACILITY YORKTOWN WQTC MSD

LOCATION LOUISVILLE

KY 40214

ATTN: DENNIS THOMASSEN SR METRO OPS

KY0036323
PERMIT NUMBER

001 1
DISCHARGE NUMBER

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 00 | 00 | 01 | | 00 | 00 | 00 |

FROM

TO

*** NO DISCHARGE 1 1 1990 ***

NOTE: Read Instructions before completing this form.

| PARAMETER | SAMPLE MEASUREMENT / PERMIT REQUIREMENT | 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 | ***** | ***** | (17) | 0 | 1/07 | GR |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | INST MIN | ***** | ***** | MG/L | | WEEKLY | GRAB |
| PH | 00400 1 0 0 | ***** | ***** | | 6.7 | ***** | 7.0 | (12) | 0 | 1/07 | GR |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | MINIMUM | ***** | MAXIMUM | 5U | | WEEKLY | GRAB |
| SOLIDS, TOTAL SUSPENDED | 00500 1 0 0 | 10.5 | 15.3 | (26) | ***** | 8 | 10 | (19) | 0 | 1/07 | CP |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | 37.5 | 75.0 | **** | ***** | 30DA AVG | DAILY MX | MG/L | | WEEKLY | COMPOS |
| NITROGEN, AMMONIA TOTAL (AS N) | 00610 1 1 0 | 0.5 | 0.7 | (26) | ***** | 0.4 | 0.6 | (17) | 0 | 1/07 | CP |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | 5.00 | 10.00 | **** | ***** | 30DA AVG | DAILY MX | MG/L | | WEEKLY | COMPOS |
| PHOSPHORUS, TOTAL (AS P) | 00665 1 0 0 | ***** | ***** | | ***** | 2.3 | 2.9 | (17) | 0 | 1/07 | CP |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 30DA AVG | DAILY MX | MG/L | | WEEKLY | COMPOS |
| FLOW IN CONDUIT OR THRU TREATMENT PLANT | 00050 1 0 0 | 0.104 | 0.304 | (03) | ***** | ***** | ***** | | 0 | LN | CN |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | REPORT | REPORT | **** | ***** | ***** | ***** | **** | | CONTINUOUS | FLOW |
| CHLORINE, TOTAL RESIDUAL | 00060 1 0 0 | ***** | ***** | | ***** | <0.010 | <0.010 | (17) | 0 | 1/07 | GR |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 30DA AVG | DAILY MX | MG/L | | WEEKLY | GRAB |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Exec Dir
H.T. Scherndorff 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
502 546-6666
DATE
10 08 04
AREA CODE NUMBER YEAR MO DAY

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

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

NAME YORKTOWN WGTG MSD
ADDRESS C/O CEDAR CREEK WGTG
18405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY YORKTOWN WGTG MSD
LOCATION LOUISVILLE KY 40214
ATTN: DENNIS THOMASSEN, SR METRO OPS

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

KY0085323
PERMIT NUMBER

001 1
DISCHARGE NUMBER

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

MONITORING PERIOD
FROM YEAR: MO: DAY: TO YEAR: MO: DAY:

NOTE: Read Instructions before completing this form.

| PARAMETER | SAMPLE MEASUREMENT / PERMIT REQUIREMENT | 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 | ***** | ***** | | ***** | 13 | 66 | (13) | 0 | 01/07 | GR |
| 74055 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 300A GED | 7 DA GED | 100ML | | WEEKLY | GR |
| BOD, CARBONACEOUS 5 DAY, 20C | SAMPLE MEASUREMENT | 8.0 | 16.4 | (25) | ***** | 6 | 13 | (17) | 0 | 01/07 | CP |
| 80082 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | 30DA AVG | DAILY MX | LBS/DY | ***** | 30DA AVG | DAILY MX | MG/L | | WEEKLY | JUNFUS |
| | 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: 502 546-6606
DATE: 10 08 24
AREA CODE NUMBER YEAR MO DAY

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

