



MSD

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

July 25, 2007

Mr. Mike Mudd
Division of Water
Louisville Regional Offices
9116 Leesgate Rd.
Louisville, Ky. 40222-5084

**Re: MSD Metro Operations
Yorktown WTP; KPDES No.: KY0036323
Discharge Monitoring Reports –June 2007**

Dear Mr. Mudd:

Attached is the Discharge Monitoring Reports (DMRs) for the Yorktown WTP, KPDES No.:
KY0036323 for the month of June 2007.
If you have any questions concerning the attached DMRs, please contact me at (502)239-7695.

Sincerely,

James E. Porter Jr.
Process Supervisor Central Region

JEP/Yorktown 0607

Enclosures

cc: K. Thurman (KDOW)
P. Burgin
E. Brady
T. Singleton
R. Shaw



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

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

NAME YORKTOWN STP MSD
ADDRESS 8405 CEDAR CREEK RD
LOUISVILLE KY 40291

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

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

KY0036323	0011
PERMIT NUMBER	DISCHARGE NUMBER

FACILITY YORKTOWN STP MSD
LOCATION LOUISVILLE KY 40214
ATTN: DEBBIE NEWTON

MONITORING PERIOD							
FROM	YEAR	MO.	DAY	TO	YEAR	MO.	DAY

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				
OXYGEN, DISSOLVED (DO)					7.2					1/7	GRAB	
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT				INST MIN			MG/L				
PH					7.0		7.2			1/7	GRAB	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT				MINIMUM		MAXIMUM	50				
SOLIDS, TOTAL SUSPENDED		2.51	3.98			3.25	7.00			1/7	COMP	
00500 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L				
NITROGEN, AMMONIA TOTAL (AS N)		3.28	10.50			2.44	7.50			1/7	COMP	
00510 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L				
PHOSPHORUS, TOTAL (AS P)						2.85	5.69			1/7	COMP	
00600 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT					30DA AVG	DAILY MX	MG/L				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.157	0.297							1/7	1/10	
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	INST MAX	MGD								
CHLORINE, TOTAL RESIDUAL						<0.010	<0.010			1/7	GRAB	
30060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT					30DA AVG	DAILY MX	MG/L				
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		
H. J. SCHROEDER EXECUTIVE DIRECTOR								502-510-6000		7	6	23
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							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 STP MSD
 ADDRESS 8405 CEDAR CREEK RD
 LOUISVILLE KY 40291

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

KY00036323
 PERMIT NUMBER

001 1
 DISCHARGE NUMBER

MINOR
 (SUBR LV)
 F - FINAL

Form Approved.
 OMB No. 2040-0004

JEFFE

FACILITY YORKTOWN STP MSD
 LOCATION LOUISVILLE KY 40214
 ATTN: DEBBIE NEWTON

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	03	01	07	03	01

FROM

TO

SANITARY WASTEWATER
 EFFLUENT

*** NO DISCHARGE [] ***

NOTE: Read Instructions before completing this form.

PARAMETER	X	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	*****	*****	*****	*****	1.50	5.00	(13)	0	Y7	JEFFE
	PERMIT REQUIREMENT	*****	*****	*****	*****	300A GSD	7 DA GSD	100ML			
BOD, CARBONACEOUS 5 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	2.12	4.67	(28)	*****	1.75	4.00	(17)	0	Y7	comk
	PERMIT REQUIREMENT	12.5	25.0		*****	10	20				
	PERMIT REQUIREMENT	300A AVG	DAILY MX	LBS/DY		300A AVG	DAILY MX	MG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 H. J. SCHROEDER, JR.
 EXECUTIVE DIRECTOR
 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.

Debra E. Port
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE	DATE
502 540-6000	7 3 23
AREA CODE NUMBER	YEAR MO DAY

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