



**MSD**

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

December 19, 2007

Ms. Kathy Thurman  
Kentucky Division of Water  
14 Reilly Road  
Frankfort, Kentucky 40601

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

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Yorktown WTP, KPDES No.: KY0036323 for the month of November 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 1107

Enclosures

cc: M. Roth (DOW Louisville)  
P. Burgin  
E. Brady  
T. Singleton  
R. Shaw



*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

\*\*\* NO DISCHARGE 1 [ ] \*\*\*

NOTE: Read instructions before completing this form.

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

NAME  
ADDRESS 70 CEDAR CREEK ST  
LOUISVILLE KY 40211  
FACILITY  
LOCATION LOUISVILLE KY 40214

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	11	01		07	11	30

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.0	*****	*****	( 19)	φ	1/7	GOOD
	PERMIT REQUIREMENT	*****	*****	*****	INST MIN	*****	*****	MG/L		WEEKLY	CRAS
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.7	*****	6.8	( 12)	φ	1/7	GOOD
	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	9.0	MINIMUM MAXIMUM		WEEKLY	CRAS
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	18.31	26.37	( 26)	*****	11.00	17.00	( 19)	φ	1/7	GOOD
	PERMIT REQUIREMENT	37.5	75.0	*****	*****	30	60	30DA AVG DAILY MX		WEEKLY	CRAS
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.20	0.64	( 26)	*****	0.15	0.22	( 19)	φ	1/7	GOOD
	PERMIT REQUIREMENT	12.5	25.0	*****	*****	10	20	30DA AVG DAILY MX		WEEKLY	CRAS
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	2.03	2.24	( 19)	φ	1/7	GOOD
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT	30DA AVG DAILY MX		WEEKLY	CRAS
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.177	0.343	( 03)	*****	*****	*****	*****	φ	9/10	9/10
	PERMIT REQUIREMENT	REPORT	REPORT	*****	*****	*****	*****	*****		CONTINUED IN	ADJUS
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	( 19)	φ	1/7	GOOD
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.011	0.012	30DA AVG DAILY MX		WEEKLY	CRAS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
H. J. SCHRABIN 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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
*James E. Poole Jr*

TELEPHONE DATE  
502 540-6000 07 12 19  
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)

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

MINOR  
(SUBR LV)  
F - FINAL

NAME  
ADDRESS C/O CEDAR CREEK STP  
1805 (EAST) DIXIE RD  
LOUISVILLE KY 40211

PERMIT NUMBER  
KY0036323

DISCHARGE NUMBER  
001

FACILITY  
LOCATION LOUISVILLE KY 40214

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	11	01		07	11	30

SANITARY WASTEWATER  
EFFLUENT

\*\*\* NO DISCHARGE 1 1 \*\*\*

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			
GENERAL EFFLUENT CROSS VALUE		*****	*****		*****	8.17	106.00	(13)		1/7	COND
PERMIT REQUIREMENT		*****	*****	****	*****	300	400	100ML		WEEKLY	COND
5-DAY BOD EFFLUENT CROSS VALUE		5.09	8.58	(25)	*****	2.75	5.00	(19)		1/7	COND
PERMIT REQUIREMENT		12.5	25.0	LB5/DY	*****	10	20	MG/L		WEEKLY	COND
PERMIT REQUIREMENT		300A AVG	DAILY MX			300A AVG	DAILY MX				
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
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PERMIT REQUIREMENT											

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
*Anna E. Porter*

TELEPHONE  
502-540-6000  
DATE  
07 12 19

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