



MSD

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

February 22, 2007

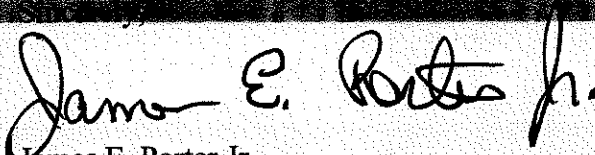
Ms. Kathy Thurman
Kentucky Division of Water
14 Reilly Road
Frankfort, Kentucky 40601

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

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Yorktown WTP, KPDES No.: KY0036323 for the month of January 2007.

If you have any questions concerning the attached DMRs, please contact me at (502)239-7695.



James E. Porter Jr.
Process Supervisor Central Region

EGB/Yorktown 1206

Enclosures

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



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www.louisvillegreen.com*

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

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

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

KY0036323
PERMIT NUMBER

0011
DISCHARGE NUMBER

MINOR (SUBR LV)
F - FINAL
SANITARY WASTEWATER EFFLUENT

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

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 07 | 01 | 01 | | 07 | 01 | 31 |

*** 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 | | | |
| OXYGEN, DISSOLVED (DD) 00300 1 0 0 EFFLUENT GROSS VALUE | | ***** | ***** | | 7.2 | ***** | ***** | (19) | 0 | 1/7 | GRAB |
| | PERMIT REQUIREMENT | ***** | ***** | *** | INST MIN | ***** | ***** | MG/L | | WEEKLY | GRAB |
| PH 00400 1 0 0 EFFLUENT GROSS VALUE | | ***** | ***** | | 6.7 | ***** | 7.1 | (12) | 0 | 4/7 | GRAB |
| | PERMIT REQUIREMENT | ***** | ***** | *** | MINIMUM | ***** | MAXIMUM | 5U | | WEEKLY | GRAB |
| SOLIDS, TOTAL SUSPENDED 00500 1 0 0 EFFLUENT GROSS VALUE | | 7.34 | 12.41 | (25) | ***** | 4.25 | 8.00 | (19) | 0 | 1/7 | COMP |
| | PERMIT REQUIREMENT | 37.5 | 75.0 | LBS/DY | ***** | 30 | 60 | MG/L | | WEEKLY | COMPLS |
| | | 30DA AVG | DAILY MX | | | 30DA AVG | DAILY MX | | | | |
| NITROGEN, AMMONIA TOTAL (AS N) 00610 1 2 0 EFFLUENT GROSS VALUE | | 0.14 | 0.27 | (25) | ***** | 0.08 | 0.17 | (19) | 0 | 1/7 | COMP |
| | PERMIT REQUIREMENT | 12.5 | 25.0 | LBS/DY | ***** | 10 | 20 | MG/L | | WEEKLY | COMPLS |
| | | 30DA AVG | DAILY MX | | | 30DA AVG | DAILY MX | | | | |
| PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE | | ***** | ***** | | ***** | 1.09 | 1.49 | (19) | 0 | 1/7 | COMP |
| | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | REPORT | REPORT | MG/L | | WEEKLY | COMPLS |
| | | ***** | ***** | *** | ***** | 30DA AVG | DAILY MX | | | | |
| FLOW IN CONDUIT OR THRU TREATMENT PLANT 00050 1 0 0 EFFLUENT GROSS VALUE | | .236 | .876 | (05) | ***** | ***** | ***** | ***** | 0 | 2/14 | C/N |
| | PERMIT REQUIREMENT | REPORT | REPORT | MGD | ***** | ***** | ***** | ***** | | MONTHLY | CONFIN |
| | | 30DA AVG | INST MAX | | | | | | | | CONFIN |
| CHLORINE, TOTAL RESIDUAL 00060 1 0 0 EFFLUENT GROSS VALUE | | ***** | ***** | | ***** | <0.010 | <0.010 | (19) | 0 | 1/7 | GRAB |
| | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | 0.011 | 0.017 | MG/L | | WEEKLY | GRAB |
| | | ***** | ***** | *** | ***** | 30DA AVG | DAILY MX | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H. J. SCHROEDER JR.
BY: SEC. ROUSELOR
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. Rouse Jr.

TELEPHONE 502-540-6000
DATE 7 2 16
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)

KY0036323 PERMIT NUMBER
 001 1 DISCHARGE NUMBER

MINOR (SUBR LV)
 F - FINAL
 SANITARY WASTEWATER EFFLUENT

Form Approved by EPA
 Form No. 2

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

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 07 | 01 | 01 | | 07 | 01 | 01 |

FROM TO *** NO DISCHARGE ***

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 | ***** | ***** | | ***** | 12.92 | 4310 | (13) | 0 | 1/7 | SP00 |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | 200 | 400 | */ | | WEEKLY | GRAB |
| 5 DAY, 20C | SAMPLE MEASUREMENT | 4.82 | 6.00 | (.26) | ***** | 2.75 | 4.00 | (14) | 0 | 1/7 | comb |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | 12.5 | 25.0 | | ***** | 10 | 20 | | | WEEKLY | COMB |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 H. J. [Signature]
 BY [Signature]
 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]
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 502 540-6000
 DATE 7 2 16
 AREA CODE NUMBER YEAR MO DAY

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