



MSD

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

December 22, 2008

Ms. Carolena Bentley
Kentucky Division of Water
200 Fair Oaks Lane
Frankfort, Kentucky 40601

**Re: MSD Metro Operations
Yorktown WTP; KPDES No.: KY0036323
Discharge Monitoring Reports –November 2008.**

Dear Ms. Bentley:

Attached is the Discharge Monitoring Reports (DMRs) and the Monthly Operating Report (MOR) for the Yorktown WTP, KPDES No.: KY0036323 for the month of November 2008.

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 1108.doc

Enclosures

cc: T. Singleton
R. Shaw
C. Roth



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

NAME YORKTOWN STP MSD
 ADDRESS C/O CEDAR CREEK STP
 8405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY YORKTOWN STP MSD
 LOCATION LOUISVILLE KY 40214
 ATTN: DENNIS THOMASSON, SR METRO OPS

KY0006328
 PERMIT NUMBER

001 1
 DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	11	01		06	11	30

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 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6	*****	*****	(19)	0	0/07	GR
	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L			WEEKLY GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.8	*****	7.0	(12)	0	0/07	GR
	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	7.0 MAXIMUM	SU			WEEKLY GRAB
SOLIDS, TOTAL SUSPENDED 00500 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	14.4	22.8	(26)	*****	11	18	(19)	0	0/07	CP
	PERMIT REQUIREMENT	37.5 30DA AVG	75.0 DAILY MX	LBS/DY	*****	30	60	MG/L			WEEKLY COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.54	1.1	(25)	*****	0.44	1	(19)	0	0/07	CP
	PERMIT REQUIREMENT	12.5 30DA AVG	25.0 DAILY MX	LBS/DY	*****	10	20	MG/L			WEEKLY COMPOS
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	1.7	2.1	(19)	0	0/07	CP
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT 30DA AVG	REPORT DAILY MX	MG/L			WEEKLY COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 00050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.163	0.217	(03)	*****	*****	*****		0	0/30	CN
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MOD	*****	*****	*****	****			CONTINUOUS
CHLORINE, TOTAL RESIDUAL 00060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	(19)	0	0/07	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	0.011 30DA AVG	0.019 DAILY MX	MG/L			WEEKLY GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Exec Dir
H.J. Schardin 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]
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE	DATE		
502 540 6000	08	12	12
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 C/O CEDAR CREEK STP
 6405 CEDAR CREEK RD
 LOUISVILLE KY 40211

FACILITY YORKTOWN STP MSD
 LOCATION LOUISVILLE KY 40214

ATTN: DENNIS THOMASSON, 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

Form Approved
 OMB No. 2040-0004

JEFF

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
00	11	01		00	11	30

*** 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			
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	1	1	(13)	0	01/07	GR
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	#/		WEEKLY	GRAB
300A GEO						300A GEO	7 DA GEO	100ML			
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	8.0	13.5	(26)	*****	6	9	(19)	0	01/07	CP
60082 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	12.5	25.0		*****	10	20			WEEKLY	COMPOS
		300A AVG	DAILY MX	LBS/DY		300A AVG	DAILY MX	MG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Exec Dir
 H.J. Schaefer Jr.
 TYPED OR PRINTED

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[Signature]
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 502 546 6600
 AREA CODE NUMBER
 DATE
 08 12 02
 YEAR MO DAY

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

Yorktown	Report for	Nov-08			Tot. Exc.=		0	
Tot. Flow=	4.89	Concentrations					Pounds	
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3
11/1/08	0.126							
11/2/08	0.121							
11/3/08	0.186							
11/4/08	0.17	6	3	0.62	1	8.507	4.253	0.879
11/5/08	0.158							
11/6/08	0.212							
11/7/08	0.128							
11/8/08	0.132							
11/9/08	0.149							
11/10/08	0.157							
11/11/08	0.131	18	9	1.01	1	19.666	9.833	1.103
11/12/08	0.147							
11/13/08	0.16							
11/14/08	0.165							
11/15/08	0.116							
11/16/08	0.19							
11/17/08	0.188							
11/18/08	0.202	4	8	0.055	1	6.739	13.477	0.093
11/19/08	0.147							
11/20/08	0.148							
11/21/08	0.152							
11/22/08	0.138							
11/23/08	0.159							
11/24/08	0.171	16	3	0.055	1	22.818	4.278	0.078
11/25/08	0.211							
11/26/08	0.194							
11/27/08	0.171							
11/28/08	0.171							
11/29/08	0.217							
11/30/08	0.173							
12/1/08								
Average	0.163	11.00	5.75	0.44	1.00	14.43	7.96	0.54
Maximum	0.217	18.00	9.00	1.01	1.00	22.82	13.48	1.10
Exceed.	19	0	0	0	0	0	0	0
Day Viol.								
Mo. Viol								
Minimum	0.116 MIN		MAX					
DO (min)								
pH								
TRC								

This plant has a summer ammonia limit of 4/8 mg/L and 5/10 pounds
This plant has a winter ammonia limit of 10/20 mg/L and 12.5/25 pounds
Winter limits are from November - April, Summer is from May - October