



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

October 21, 2009

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 - September 2009.**

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 September 2009.

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 0909

Enclosures

cc: T. Singleton
R. Shaw
C. Roth



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

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

KY00036323
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MINOR (SUBR LV)
F - FINAL JEFFI
SANITARY WASTEWATER EFFLUENT
*** NO DISCHARGE [] ***
NOTE: Read Instructions before completing this form.

MONITORING PERIOD							
YEAR	MO	DAY	TO	YEAR	MO	DAY	
09	09	01		09	09	30	

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	*****	*****	(19)			
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6	*****	*****	INST MIN		WEEKLY	GRAB
PH	*****	*****			6.9	*****	7.1	(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	9.0	MINIMUM MAXIMUM		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	*****	*****		(26)	*****	4	6	(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	37.5	75.0	LB5/DY	*****	30	60			WEEKLY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	*****	*****		(26)	*****	0.5	0.6	(19)			
00610 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	5.00	10.0	LB5/DY	*****	4	8			WEEKLY	COMPOS
PHOSPHORUS, TOTAL (AS P)	*****	*****			*****	1.3	2.0	(19)			
00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT			WEEKLY	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	*****	*****		(03)	*****	*****	*****				
00050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MOD	*****	*****	*****	*****		CONTIN	CONTIN
CHLORINE, TOTAL RESIDUAL	*****	*****			*****	<0.010	<0.010	(19)			
00060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	0.011	0.019			WEEKLY	GRAB

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		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO

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

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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	1	(13)			
	PERMIT REQUIREMENT	*****	*****	****	*****	200	400 #/			WEEKLY	GRAB
300, CARBONACEOUS 05 DAY, 200 30062 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	4	5.8	(26)	*****	3	3	(17)			
	PERMIT REQUIREMENT	12.5	25.0		*****	10	20			WEEKLY	COMPOS
		30DA AVG	DAILY MX	LB/DY		30DA AVG	DAILY MX	MG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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TYPED OR PRINTED

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TELEPHONE
DATE
AREA CODE NUMBER YEAR MO DAY

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

