



MSD

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

February 23, 2010

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 - January 2010.**

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 January 2010.

For the month of January there were no exceedances, bypass or overflow report for Yorktown WQTC.

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 0110

Enclosures

cc: T. Singleton
R. Shaw
C. Roth



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

NAME YORK TOWN WQTC #50
ADDRESS C/O CEDAR CREEK WQTC
4405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY YORKTOWN WQTC #50
LOCATION LOUISVILLE KY 40214
ATTN: DWANIS THOMASSON, SR METRO OPS

KY0006623
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
00	01	01	00	01	01

FROM

TO

MINOR
(SUBR LV)
FINAL
SANITARY WASTEWATER
EFFLUENT
*** 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			
PHOSPHORUS, DISSOLVED (DBP)	0.000	0.000	0.000	MG/L	7	0.000	0.000	MG/L	0	01/07	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.000	0.000	MG/L	INST MIN	0.000	0.000	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE	0.000	0.000	0.000	MG/L	0.9	0.000	7.1	MG/L	0	01/07	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.000	0.000	MG/L	0.0	0.000	9.0	MG/L		WEEKLY	GRAB
SUSPENDED SOLIDS, TOTAL	37.5	27.4	20	MG/L	0.0	0.0	29.1	MG/L	0	01/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	0.0	30	50	MG/L		WEEKLY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	0.4	0.9	20	MG/L	0.0	0.4	0.6	MG/L	0	01/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	0.0	10	20	MG/L		WEEKLY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	0.000	0.000	0.000	MG/L	0.0	0.000	1.6	MG/L	0	01/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.000	0.000	MG/L	0.000	REPORT	REPORT	MG/L		WEEKLY	COMPOS
FLOW IN CONDUIT OR THRU TREATMENT PLANT	0.238	0.304	0.00	MGD	0.000	0.000	0.000	MG/L	0	01/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	INST MAX	MGD	0.000	0.000	0.000	MG/L		CONTINGENT	STATUS
CHLORINE, TOTAL RESIDUAL	0.010	0.010	0.00	MG/L	0.010	0.010	0.010	MG/L	0	01/07	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.010	0.010	MG/L	0.010	0.010	0.010	MG/L		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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

AREA CODE

NUMBER

YEAR

MO

DAY

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

Reversed lbs and Concentrations

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

NAME: PORTTOWN WQTC MSO
 ADDRESS: C/O CEDAR CREEK WQTC
 6406 CEDAR CREEK RD
 LOUISVILLE KY 40211

FACILITY: PORTTOWN WQTC MSO
 LOCATION: LOUISVILLE KY 40214

ATTN: DENNIS THOMASSEN, SR METRO OPS

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

PERMIT NUMBER: KY000432E

DISCHARGE NUMBER: 001

MINOR (SUBR LV)
 5 - FINAL

Form Approved. OMB No. 2040-0004

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
10	01	01	TO	10	01	01

SANITARY WASTEWATER EFFLUENT

*** 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			
GENERAL EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	5	114	(13)	0	01/07	GR
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	3000	400	#1		WEEKLY	GRAB
50% CARBINATED 05 DAY, BOD	*****	*****	*****	*****	*****	3000	700	100ML			
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	10	20	MG/L	0	01/07	CP
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	3000	DAILY MX	MG/L		WEEKLY	COMPL
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Exec Dir
 H.J. Schaefer, 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 OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 502 340-6600
 DATE: 10 01 07

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 Reversed lbs and concentrations

