



Louisville and Jefferson County Metropolitan Sewer District  
700 West Liberty Street  
Louisville Kentucky 40203-1911  
502-540-6000  
[www.msdlouky.org](http://www.msdlouky.org)

May 24, 2010

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 - April 2010.

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 April 2010.

For the month of April there were two exceedences for BOD loading. Specifically, the monthly average was 18.4lbs, and 59.4lbs for the daily max. The facility met CBOD concentration permit limits; however the plant flow of the sample date was high due to recent storm flow. Also, please note that the effluent flow on the sample day was .356 mgd, which was over twice the designed flow of .150 mgd.

There were no bypasses or overflow reports for Yorktown WQTC for the month of April.

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 0410

Enclosures

cc: T. Singleton  
R. Shaw  
C. Roth



Beneficial Use of Louisville's Biosolids  
[www.louisvillegreen.com](http://www.louisvillegreen.com)

NAME YORKTOWN WGTC MSD  
ADDRESS C/D CEDAR CREEK WGTC  
8405 CEDAR CREEK RD  
LOUISVILLE KY 40211  
FACILITY YORKTOWN WGTC MSD  
LOCATION LOUISVILLE KY 40214  
ATTN: DENNIS THOMASSEN, SR METRO OPS

KY0036323  
PERMIT NUMBER

001 1  
DISCHARGE NUMBER

MINOR  
(SUBR LV)  
F - FINAL  
SANITARY WASTEWATER  
EFFLUENT

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
10	04	01	TO	10	04	30

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

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 (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	7	*****	*****	( 19)	0	0/07	GR
PH	PERMIT REQUIREMENT	*****	*****	*****	6	*****	*****	MG/L		WEEKLY	GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.7	*****	7.1	( 12)	0	0/07	GR
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	9.0	BU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	37.5	75.0	LBS/DY	*****	30	60	MG/L	0	0/07	CP
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 2 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L	0	0/07	CP
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 2 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	4.3	14.6	( LB)	*****	2	5	( 19)	0	0/07	CP
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	12.5	25.0	LBS/DY	*****	10	20	MG/L		WEEKLY	COMPOS
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	1.3	2.6	( 19)	0	0/07	CP
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT	MG/L		WEEKLY	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.217	0.449	( 03)	*****	*****	*****	*****	0	LN	LN
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	*****		CONTINUOUS	IN
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	INST MAX	MGD	*****	*****	*****	*****		UDUS	
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	<0.010	<0.010	( 17)	0	0/07	GR
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	0.011	0.019	MG/L		WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
Exec Dir  
HT 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  
DATE  
AREA CODE NUMBER YEAR MO DAY  
410-1010 10 05 27

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

NAME YORKTOWN WQTC MSD  
ADDRESS C/O CEDAR CREEK WQTC  
5405 CEDAR CREEK RD  
LOUISVILLE KY 40211  
FACILITY YORKTOWN WQTC MSD  
LOCATION LOUISVILLE KY 40214  
ATTN: DENNIS THOMASSON, SR METRO OPS

KY0036323  
PERMIT NUMBER

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F - FINAL  
SANITARY WASTEWATER  
EFFLUENT  
\*\*\* NO DISCHARGE 1 1 \*\*\*

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
10	04	01		10	04	30

FROM

TO

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			
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	23	74	( 13 )	0	01/07	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	#/		WEEKLY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 30082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	18.5	59.4	( 26 )	*****	7	20	( 19 )	2	01/07	CP
	PERMIT REQUIREMENT	12.5	25.0		*****	10	20			WEEKLY	COMPOS
	SAMPLE MEASUREMENT	30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
DATE  
502 546-6666 10 05 25  
AREA CODE NUMBER YEAR MO DAY

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

Yorktown Tot. Flow= Date	Report for 6.502 Flow	TSS	Apr-10 Concentrations BOD	NH3	Tot. Exc.= Fecal	TSS	1 Violation Pounds BOD	NH3	Tot. Phos.
4/1/10	0.178								
4/2/10	0.169								
4/3/10	0.143								
4/4/10	0.205								
4/5/10	0.198	4	4.8	0.34	60	6.605	7.926	0.561	2.59
4/6/10	0.173								
4/7/10	0.166								
4/8/10	0.335								
4/9/10	0.26								
4/10/10	0.231								
4/11/10	0.189								
4/12/10	0.183	6	2	0.9	6	9.157	3.052	1.374	0.931
4/13/10	0.211								
4/14/10	0.163								
4/15/10	0.181								
4/16/10	0.204								
4/17/10	0.217								
4/18/10	0.18								
4/19/10	0.163	7	2.59	0.56	11	9.516	3.521	0.761	1.45
4/20/10	0.152								
4/21/10	0.159								
4/22/10	0.161								
4/23/10	0.181								
4/24/10	0.284								
4/25/10	0.449								
4/26/10	0.356	7	20	4.93	74	20.78	59.381	14.637	0.278
4/27/10	0.297								
4/28/10	0.267								
4/29/10	0.25								
4/30/10	0.197								
Average	0.217	6.00	7.35	1.68	23.27	11.52	18.47	4.33	1.31
Maximum	0.449	7.00	20.00	4.93	74.00	20.78	59.38	14.64	2.59
Exceed.	29	0	0	0	0	0	1	0	