



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

July 27, 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 - June 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 June 2010.

There were no exceedances for Yorktown treatment plant for the month of June.

If you have any questions concerning the attached DMRs, please contact me at (502)540-6031.

Sincerely,

A handwritten signature in black ink, appearing to read "John Kessel", is written over a white background.

John Kessel
Process Supervisor West Region

JMK/Yorktown 0610

Enclosures

cc: T. Singleton
R. Shaw
C. Roth



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www.louisvillegreen.com*

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

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

NAME: WYOMISS...
ADDRESS: 670 CEDAR GREEN WAY...
LOUISVILLE KY 40211
FACILITY: WYOMISS...
LOCATION: LOUISVILLE KY 40214
ATTN: PHOENIX THERMASON BR METRO CPS

WYOMISS	0001
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
FROM	TO
YEAR MO DAY	YEAR MO DAY

KIND: (SUBS...)
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			
BOD5 (5 DAY)	PERMIT REQUIREMENT	300	300	LB/D	7				0	1/30	SR
BOD5 (5 DAY)	SAMPLE MEASUREMENT								0	1/30	SR
BOD5 (5 DAY)	PERMIT REQUIREMENT	300	300	LB/D	MINIMUM		MAXIMUM				
SUSPENDED SOLIDS	PERMIT REQUIREMENT	300	300	LB/D		30	30				
SUSPENDED SOLIDS	SAMPLE MEASUREMENT	9.4	13.6	LB/D		7	7		0	1/30	SR
SUSPENDED SOLIDS	PERMIT REQUIREMENT	300	300	LB/D		30	30				
NITROGEN TOTAL (AS N)	PERMIT REQUIREMENT	5.00	10.0	LB/D		4	5				
NITROGEN TOTAL (AS N)	SAMPLE MEASUREMENT	0.74 JK	0.7	LB/D		0.6 JK	0.7		0	1/30	CP
NITROGEN TOTAL (AS N)	PERMIT REQUIREMENT	5.00	10.0	LB/D		4	5				
PHOSPHORUS TOTAL (AS P)	PERMIT REQUIREMENT	5.00	10.0	LB/D		4	5				
PHOSPHORUS TOTAL (AS P)	SAMPLE MEASUREMENT					1.7	2.5		0	1/30	CP
PHOSPHORUS TOTAL (AS P)	PERMIT REQUIREMENT	5.00	10.0	LB/D		4	5				
THRU TREATMENT PLANT	PERMIT REQUIREMENT	300	300	LB/D		30	30				
THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.187	0.379	LB/D					0	1/30	SR
THRU TREATMENT PLANT	PERMIT REQUIREMENT	300	300	LB/D		30	30				
RESIDUAL	PERMIT REQUIREMENT	0.010	0.010	LB/D		0.010	0.010				
RESIDUAL	SAMPLE MEASUREMENT								0	1/30	SR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER 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

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

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: *WATERWORKS DISTRICT*
ADDRESS: *670 CEDAR CREEK WOOD*
6016 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY: *WATERWORKS DISTRICT (WSD)*
LOCATION: *LOUISVILLE KY 40214*
ATTN: DONNIE THOMPSON SR METRO DPE

PERMIT NUMBER: *WY0000000000*
DISCHARGE NUMBER: *001*

NUMBER: *(SUBP 114)*
F - FINAL
SANITARY WASTEWATER EFFLUENT
*** NO DISCHARGE ***

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY

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			
GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	9	75		0	2/27	SR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	300A GED	7 DA GED	100PL			
BOD ₅ CARBONACEOUS	SAMPLE MEASUREMENT	3.1	6.9	(100)	*****	4.5 JK	6 JK	(19)	6	2/27	OT
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	12.5	25.0		*****	300A AVG	DAILY MX	MG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Donnie Thompson Sr</i> <i>W. J. Schaefer Jr</i> 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 <i>[Signature]</i>	TELEPHONE	DATE			
			AREA CODE	NUMBER	YEAR	MO	DAY
			<i>502</i>	<i>452-1000</i>	<i>10</i>	<i>07</i>	<i>26</i>

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

