



MSD

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

May 23, 2007

Ms. Kathy Thurman
Kentucky Division of Water
14 Reilly Road
Frankfort, Kentucky 40601

**Re: MSD Metro Operations
Berrytown WTP; KPDES No.: KY0036501
Discharge Monitoring Reports – April 2007**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Berrytown WTP, KPDES No.: KY0036501 for the month of April 2007.

If you have any questions concerning the attached DMRs, please contact me at (502) 239-7695.

Sincerely,

James E. Porter Jr.
Process Supervisor Central Region

JEP/Berrytown 0407

Enclosures

cc: M. Mudd (DOW Louisville)
E. Brady
T. Singleton
P. Burgin
R. Shaw



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www.louisvillegreen.com

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

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

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

PERMIT NUMBER
DISCHARGE NUMBER
MONITORING PERIOD
FROM TO

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
EXCEEDANCE	SAMPLE MEASUREMENT	*****	*****		7.3	*****	*****	(1)	0	Y	GRAB
PERMIT REQUIREMENT	PERMIT REQUIREMENT	*****	*****	*****	INST MIN	*****	*****	MG/L			
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.8	*****	7.2	(1)	0	Y	GRAB
PERMIT REQUIREMENT	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	SU			
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.39	1.72	(1)	*****	1.75	2.00	(1)	0	Y	CONC
PERMIT REQUIREMENT	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L			
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.12	0.24	(1)	*****	0.15	0.28	(1)	0	Y	CONC
PERMIT REQUIREMENT	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L			
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.125	0.406	(1)	*****	*****	*****	*****	0	Y	CONC
PERMIT REQUIREMENT	PERMIT REQUIREMENT	30DA AVG	INST MAX	MGD	*****	*****	*****	*****			
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	(1)	0	Y	GRAB
PERMIT REQUIREMENT	PERMIT REQUIREMENT	*****	*****	*****	*****	MG AVG	DAILY MX	MG/L			
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	1.41	2.00	(1)	0	Y	GRAB
PERMIT REQUIREMENT	PERMIT REQUIREMENT	*****	*****	*****	*****	30DA GED	7 DA GED	100ML			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H. J. SCHROEDER JR
EXECUTIVE DIRECTOR
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
J. E. B. J.

TELEPHONE
525 540-6000

DATE
07 05 22

AREA CODE
525

NUMBER
540-6000

YEAR
07

MO
05

DAY
22

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

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

MINOR
(SUBR LV)
F - FINAL

SANITARY WASTEWATER
EFFLUENT

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

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

NAME DERRINGTON SIF MSD
ADDRESS 670 LOUISVILLE/JEFF CO MSD
4532 WOODBURN PHW
LOUISVILLE KY 40211-2497

FACILITY DERRINGTON SIF MSD

LOCATION LOUISVILLE KY 40222

ATTN: ALEX E. NOVAKS OPER MGR

KY0036501
PERMIT NUMBER

001 2
DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DETAILED ANALYSIS REQUIRED ON DAY, 200	SAMPLE MEASUREMENT	1.24	2.58	(25)		1.50	3.00		8	1/1	COMP
ACCORD TO CSD EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

A.E. SHARDESIN JR
EXECUTIVE DIRECTOR

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

502 540-6000

AREA CODE

NUMBER

DATE

07 05 22

YEAR MO DAY

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