



MSD

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

June 26, 2007, 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 – May 2007

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Berrytown WTP, KPDES No.: KY0036501 for the month of May 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 0507

Enclosures

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



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

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

JAME DEER TOWN STP MSD
ADDRESS C/O LOUISVILLE/JEFF CO MSD
4512 FALCONGLEN PKWY
LOUISVILLE KY 40211-2497

FACILITY DEER TOWN STP MSD

LOCATION LOUISVILLE KY 40222

ATTN: ALEX E NOVAK, OPER MGR

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

KT0030501
PERMIT NUMBER

001 2
DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY

MINOR

(50MR LV)

F - FINAL

SANITARY WASTEWATER

EFFLUENT

*** NO DISCHARGE ***

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			
500. CARBONATED CO2 35 DAY, 200 10000 C O EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.42	2.07	(1.20)		2.75	4.00	(1.17)	0	1/1	COMB
	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

H. J. SCHNEIDERMAN 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

DATE

502.540.6000

07 6 25

AREA
CODE

NUMBER

YEAR

MO

DAY

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