



MSD

*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)

January 24, 2008

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 – December 2007**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Berrytown WTP, KPDES No.: KY0036501 for the month of December 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 1207

Enclosures

cc: C. Roth (DOW Louisville)  
E. Brady  
T. Singleton  
P. Burgin  
R. Shaw



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

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

NAME KENTUCKY TOWN STP MSD

ADDRESS C/O LOUISVILLE/JEFF CO MSD

5501 ALBONQUIN HWY

LOUISVILLE

KY 40211-2497

FACILITY KENTUCKY TOWN STP MSD

LOCATION LOUISVILLE

KY 40222

MANAGER ALEX E MOSAK, OPER MGR

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

KY0036301  
PERMIT NUMBER

0012  
DISCHARGE NUMBER

MINOR

(SURE LV)

F - FINAL

SANITARY WASTEWATER  
EFFLUENT

\*\*\* NO DISCHARGE [ ] \*\*\*

JEFF

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
07	12	01		07	12	31

FROM

TO

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			
PHENOL DISSOLVED (DO)		*****	*****		7.6	*****	*****	( 19 )	Ø	1/7	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	INST MIN	*****	*****	MG/L			
PHENOL DISSOLVED (DO)		*****	*****		6.9	*****	7.2	( 12 )	Ø	1/7	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	SU			
PHENOL DISSOLVED (DO)		*****	*****	( 26 )	*****	5.50	6.00	( 19 )	Ø	1/7	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	30DA AVG	30	60	MG/L			
PHENOL DISSOLVED (DO)		*****	*****	( 26 )	*****	0.22	0.56	( 19 )	Ø	1/7	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	30DA AVG	10	20	MG/L			
PHENOL DISSOLVED (DO)		*****	*****	( 03 )	*****	*****	*****	( 19 )	Ø	1/7	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	30DA AVG	*****	*****	MG/L			
PHENOL DISSOLVED (DO)		*****	*****	( 19 )	*****	0.010	0.010	( 19 )	Ø	1/7	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	30DA AVG	0.011	0.019	MG/L			
PHENOL DISSOLVED (DO)		*****	*****	( 13 )	*****	2.59	5.00	( 13 )	Ø	1/7	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	30DA GEO	200	400	100ML			

**NAME/TITLE PRINCIPAL EXECUTIVE OFFICER**  
H. J. SENARUBIN 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**  
James E. Portz Jr.  
502-540-6000

**TELEPHONE**  
502-540-6000

**DATE**  
08 01 24

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

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

NAME HENRYTOWN STE MFG

ADDRESS C/O LOUISVILLE/JEFF CO MFG

PO BOX ALBANY/MT PLEASANT

LOUISVILLE

KY 40211-2477

FACILITY HENRYTOWN STE MFG

LOCATION LOUISVILLE

KY 40222

ATTN: ALFK E NOVAK, OPER MGR

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

KY0035501

PERMIT NUMBER

001 2

DISCHARGE NUMBER

MINOR

(SUBR LV)

F - FINAL

JEFF

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			
5 DAY, BOD	SAMPLE MEASUREMENT	5.39	7.31	(26)	*****	2.75	3.00	(19)	0	1/7	Comp
5 DAY, BOD	PERMIT REQUIREMENT	18.8	37.6		*****	30	50			WEEKLY	COMPOS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	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

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

TELEPHONE

DATE

502 540-6000

08 01 24

AREA CODE

NUMBER

YEAR

MO

DAY

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