



MSD

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

July 25, 2007

Mr. Mike Mudd
Kentucky Division of Water
9116 Leesgate Rd
Louisville, Ky 40222-5084

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

Dear Mr. Mudd:

Attached is the Discharge Monitoring Reports (DMRs) for the Berrytown WTP, KPDES No.: KY0036501 for the month of June 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 0607

Enclosures

cc: K. Thurman (KDOW)
E. Brady
T. Singleton
P. Burgin
R. Shaw



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

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

MINOR
(SUBR LV)
F - FINAL

JEFF E

SANITARY WASTEWATER
EFFLUENT

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

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

NAME BERRYTOWN STP MSD
ADDRESS C/O LOUISVILLE/JEFF CO MSD
4522 ALGONGUIN PKWY
LOUISVILLE KY 40211-2497
FACILITY BERRYTOWN STP MSD
LOCATION LOUISVILLE KY 40222
ATTN: ALEX E NOVAK OPER MGR

KY0038501
PERMIT NUMBER

001 E
DISCHARGE NUMBER

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY

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				
OXYGEN, DISSOLVED (DO)		*****	*****		7.2	*****	*****			1/7	GRAB	
00300 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	INST MIN	*****	*****					
PH		*****	*****		6.8	*****	6.9			1/7	GRAB	
00400 0 0 0 EFFLUENT GROSS VALUE		*****	*****	****	MINIMUM	*****	MAXIMUM					
SOLIDS, TOTAL SUSPENDED		1.80	4.47	(LB/DY)	3.25	8.00				1/7	GRAB	
00500 1 0 0 EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY	30DA AVG	DAILY MX	MG/L					
NITROGEN, AMMONIA TOTAL (AS N)		0.10	0.16	(LB/DY)	0.18	0.28				1/7	COMB	
00610 1 1 0 EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY	30DA AVG	DAILY MX	MG/L					
FLOW IN CONDUIT OR THRU TREATMENT PLANT		0.085	0.640	(CFS)						9/10	9/10	
00050 1 0 0 EFFLUENT GROSS VALUE		REPORT	REPORT	MGD						UBUS		
CHLORINE, TOTAL RESIDUAL					20.010	20.010				1/7	GRAB	
00060 1 0 1 EFFLUENT GROSS VALUE		*****	*****	****	MG AVG	DAILY MX	MG/L					
COLOR, PACHEL GENERAL					1.00	1.00				1/7	GRAB	
74055 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	30DA GED	7 DA GED	100ML					
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.							TELEPHONE		DATE		
A. J. SCHULZEM EXECUTIVE DIRECTOR	James E. Roberts SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							502 540 6000		7	7	28
TYPED OR PRINTED								AREA CODE	NUMBER	YEAR	MO	DAY

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

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

NAME BERRYTOWN STP MSD
 ADDRESS 670 LOUISVILLE/JEFF CO MSD
 4522 ALBONQUIN PKWY
 LOUISVILLE KY 40211-2497

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

KY0036501
 PERMIT NUMBER

0012
 DISCHARGE NUMBER

MINOR
 (SUBR LV)
 F - FINAL
 SANITARY WASTEWATER
 EFFLUENT

Form Approved.
 OMB No. 2040-0004

JEFF

FACILITY BERRYTOWN STP MSD

LOCATION LOUISVILLE KY 40222

ATTN ALEX E NOVAK, OPER MGR

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

FROM

TO

*** NO DISCHARGE [] ***

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			
300) CARBONATE 0.05 DAY, 200	SAMPLE MEASUREMENT	1.50	2.24	(20)		2.75	4.00		0	1/1	COMB
300000 1 0 0	PERMIT REQUIREMENT	3000A AVG	DAILY MX	LB5/DY		3000A AVG	DAILY MX	MG/L			
EFFLUENT GROSS VALUE	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. SCHUBERTIN 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.

Jana E. Portel
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 502-510-6000
 DATE 7 1 23
 AREA CODE NUMBER YEAR MO DAY

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