



**MSD**

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

February 22, 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 – January 2007**

Dear Ms. Thurman:

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

NAME BERRY TOWN STP MSD  
 ADDRESS C/O LOUISVILLE/JEFF CO MSD  
 4522 ALBONQUIN PKWY  
 LOUISVILLE KY 40211-2497

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

KY0036501  
 PERMIT NUMBER

001 2  
 DISCHARGE NUMBER

MINOR (SUBR LV)  
 F - FINAL  
 SANITARY WASTEWATER EFFLUENT

FACILITY BERRY TOWN STP MSD  
 LOCATION LOUISVILLE KY 40222  
 ATTN: ALEX E NOVAK, OPER MGR

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	01	01				

\*\*\* 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			
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	7.7	*****	*****	*****	7.7	*****	*****	( 17 )	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	INST MIN	*****	*****	MG/L			
PH 00400 1 0 0 EFFLUENT GROSS VALUE	7.2	*****	*****	*****	7.2	*****	7.3	( 12 )	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	SU			
SOLIDS, TOTAL SUSPENDED 00500 1 0 0 EFFLUENT GROSS VALUE	6.9	*****	17.85	( 26 )	*****	4	10	( 17 )	0	1/7	COMP
	PERMIT REQUIREMENT	*****	*****	*****	*****	30	50	MG/L			
		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX				
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 2 0 EFFLUENT GROSS VALUE	0.69	*****	2.50	( 26 )	*****	0.39	1.4	( 17 )	0	1/7	COMP
	PERMIT REQUIREMENT	*****	*****	*****	*****	10	20	MG/L			
		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	0.177	*****	0.435	( 03 )	*****	*****	*****	*****	0	1/7	C/N
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
		30DA AVG	INST MAX	MGD							
CHLORINE, TOTAL RESIDUAL 50060 1 0 1 EFFLUENT GROSS VALUE	20.010	*****	*****	*****	*****	20.010	20.010	( 17 )	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.011	0.017	MG/L			
		*****	*****	*****	*****	MD AVG	DAILY MX				
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	14.3	*****	*****	*****	*****	14.3	106	( 13 )	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	200	200	100ML			
		*****	*****	*****	*****	30DA GED	7 DA GED				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 H.J. SCARBON JR.  
 BY SC. DIR.  
 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. Butler Jr.

TELEPHONE 502-540-6000  
 DATE 07 02 15  
 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: BERRY TOWN STP MSD  
 ADDRESS: C/O LOUISVILLE/JEFF CO MSD  
 4522 ALDOUNVIN PKWY  
 LOUISVILLE KY 40211-2497

FACILITY: BERRY TOWN STP MSD  
 LOCATION: LOUISVILLE KY 40222

ATTN: ALEX E NOVAK, OPER MGR

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

KY0036501  
 PERMIT NUMBER

001 2  
 DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	01	01		07	01	31

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

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			
BOD, CARBONACEOUS 5 DAY, 20C	SAMPLE MEASUREMENT	4.97	10.7	(26)	*****	2.5	6.0	(19)	0	Yr	com
BOD, CARBONACEOUS 5 DAY, 20C EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	18.8	37.6		*****	3.0	6.0			WEEKLY	COMPLIS
	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. CHARVATIN JR.  
 BYEC, DIR.  
 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.

*James E. Port*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 502 570-6000  
 DATE: 07 09 15  
 AREA CODE: 502 NUMBER: 570-6000 YEAR: 07 MO: 09 DAY: 15

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