



MSD

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

September 25, 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 – August 2007**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Berrytown WTP, KPDES No.: KY0036501 for the month of August 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 0807

Enclosures

cc: C. Roth (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 BERRYTOWN STP MSD
ADDRESS C/O LOUISVILLE/JEFF CO MSD
4522 ALONGUIN PKWY
LOUISVILLE KY 40211-2497FACILITY BERRYTOWN STP MSD
LOCATION LOUISVILLE KY 40222

ATTN: ALEX E NOVAK, OPER MGR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)KY0036501
PERMIT NUMBER001 2
DISCHARGE NUMBER

MINOR

(SUBR LV)

F - FINAL

JEFFE

SANITARY WASTEWATER
EFFLUENT*** NO DISCHARGE 1 ☐ ***

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			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****		7.2	*****	*****	(19)	Ø	1/7	GRAB
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	7	*****	*****	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE				*****	INST MIN						
PH	SAMPLE MEASUREMENT	*****	*****		6.8	*****	6.9	(12)	Ø	1/7	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	9.0	SU		WEEKLY	GRAB
EFFLUENT GROSS VALUE				*****	MINIMUM		MAXIMUM				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	1.30	2.00	(26)	*****	2.75	4.00	(19)	Ø	1/7	COMB
00500 1 0 0	PERMIT REQUIREMENT	18.8	37.6		*****	30	60	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX				
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.08	0.15	(26)	*****	0.18	0.34	(19)	Ø	1/7	COMB
00610 1 1 0	PERMIT REQUIREMENT	2.50	5.00		*****	4	8	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.064	0.095	(03)	*****	*****	*****		Ø	1/7	1/7
00050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		CONTIN	CONTIN
EFFLUENT GROSS VALUE		30DA AVG	INST MAX	MGD				****		UOUS	
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	(19)	Ø	1/7	GRAB
00060 1 0 1	PERMIT REQUIREMENT	*****	*****	*****	*****	0.011	0.019	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE				*****		MO AVG	DAILY MX				
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	1.00	1.00	(13)	Ø	1/7	GRAB
74055 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	200	400 #/			WEEKLY	GRAB
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			
H. J. SCHARLEIN JR EXECUTIVE DIRECTOR						502 546-6000		07 09 25			
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				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 C/O LOUISVILLE/JEFF CO MSD
4522 ALBONQUIN PKWY
LOUISVILLE KY 40211-2497
FACILITY BERRYTOWN STP MSD
LOCATION LOUISVILLE KY 40222
ATTN: ALEX E NOVAK, OPER MGR

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

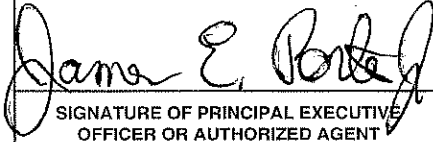
KY0036501			001 2			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	08	01		07	08	31

MINOR
(SUBR LV)
F - FINAL
SANITARY WASTEWATER
EFFLUENT
*** NO DISCHARGE 1 ***
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			
300, CARBONACEOUS 5 DAY, 230 30082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.06	1.35	(26)	*****	2.25	3.00	(19)		1/2	Comb
	PERMIT REQUIREMENT	18.8	37.6		*****	30	60			WEEKLY	COMPOS
		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
	SAMPLE MEASUREMENT										
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	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
502 540-6000

DATE
07 09 25

AREA CODE
502

NUMBER
540-6000

YEAR
07

MO
09

DAY
25

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