

MSD

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

December 19, 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 – November 2007

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Berrytown WTP, KPDES No.: KY0036501 for the month of November 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 1107

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 NEW-100N STP MSD

ADDRESS C/O LOUISVILLE/JEFF CO MSD

1500 ALBANY RD KY 40222

LOUISVILLE KY 40211-2497

FACILITY NEW-100N STP MSD

LOCATION LOUISVILLE KY 40222

OWNER JEFF CO OPER MGR

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

PERMIT NUMBER KY0036501

DISCHARGE NUMBER 001 2

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			
DISSOLVED SOLIDS (DO)	SAMPLE MEASUREMENT	*****	*****		7.4	*****	*****	(19)	0	1/7	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	INST MIN	*****	*****	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.8	*****	6.8	(12)	0	1/7	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	BU		WEEKLY	GRAB
SUSPENDED SOLIDS	SAMPLE MEASUREMENT	3.24	5.37	(26)	*****	5.75	7.00	(19)	0	1/7	COMB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	18.5	37.5	LBS/DY	*****	30	60	MG/L		WEEKLY	COMB
AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.29	0.81	(26)	*****	0.45	1.06	(19)	0	1/7	COMB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	8.25	12.5	LBS/DY	*****	10	20	MG/L		WEEKLY	COMB
THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.075	0.202	(03)	*****	*****	*****		0	9/11	9/11
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	*****		CONTINUOUS	CONTINUOUS
RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	(19)	0	1/7	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	0.011	0.017	MG/L		WEEKLY	GRAB
GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	1.50	5.00	(13)	0	1/7	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	200	400	#/		WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H. J. SCHLOSIN 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. Port

TELEPHONE
502 540-6000
DATE
07 12 18

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

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

NAME DEARBORN STP MSD
ADDRESS 670 LOUISVILLE/JEFF CO MSD
4001 CLOUGHMAN PKWY
LOUISVILLE KY 40211-2477
FACILITY DEARBORN STP MSD
LOCATION LOUISVILLE KY 40212
ATTN: ALEX E. NUJAN, OPER MGR

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

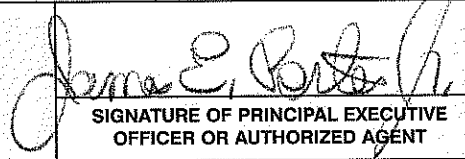
XY0036501	001 2
PERMIT NUMBER	DISCHARGE NUMBER

MINOR
(SUBR LV)
F - FINAL
SANITARY WASTEWATER
EFFLUENT
*** NO DISCHARGE ***

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	11	01		07	11	30

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			
COD, CARBONAL EQUV 5 DAY, 20C EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.75	3.07	(26)	*****	3.00	4.00	(19)	0	1/7	COMB
	PERMIT REQUIREMENT	18.8	37.6		*****	30	50				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LB5/DY		30DA AVG	DAILY MX	MG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER H. J. SCHROEDIN 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		
			AREA CODE	NUMBER	YEAR	MO	DAY
			525	5600	07	12	18

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