



MSD

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

November 26, 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 – October 2007**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Berrytown WTP, KPDES No.: KY0036501 for the month of October 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 1007

Enclosures

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



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www.louisvillegreen.com*

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME HERRINGTON STP MSD
ADDRESS C/O LOUISVILLE/JEFF CO MSD
4502 ALCONQUIN PARK
LOUISVILLE KY 40211-2497
FACILITY HERRINGTON STP MSD
LOCATION LOUISVILLE KY 40222
CITY ALEX E. NIVAN, OPER MGR

00036501
PERMIT NUMBER

0012
DISCHARGE NUMBER

MINOR
(SUBR LV)
F - FINAL
SANITARY WASTEWATER
EFFLUENT
JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	10	01		07	10	31

*** NO DISCHARGE 1 ***

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)	*****	*****			7.3	*****	*****	(19)	0	1/7	COND
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	INST MIN	*****	*****	MG/L		WEEKLY	COND
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	*****	MG/L		WEEKLY	COND
TOTAL SUSPENDED SOLIDS	*****	*****			6.3	*****	6.5	(12)	0	1/7	COND
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	*****	MG/L		WEEKLY	COND
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	*****	MG/L		WEEKLY	COND
TOTAL AMMONIA NITROGEN	*****	*****			4.00	*****	5.00	(19)	0	1/7	COND
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	30DA AVG	*****	*****	MG/L		WEEKLY	COND
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	30DA AVG	*****	*****	MG/L		WEEKLY	COND
FLOW IN CONDUIT OR THRU TREATMENT PLANT	*****	*****			0.085	*****	0.339	(03)	0	9/11	C/N
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	REPORT	*****	*****	MGD		QUARTLY	C/N
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	30DA AVG	*****	*****	MGD		QUARTLY	C/N
CHLORINE, TOTAL RESIDUAL	*****	*****			<0.010	*****	<0.010	(19)	0	1/7	COND
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	0.011	*****	0.017	MG/L		WEEKLY	COND
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	NO AVG	*****	*****	MG/L		WEEKLY	COND
GENERAL	*****	*****			1.00	*****	1.00	(13)	0	1/7	COND
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	200	*****	400	100ML		WEEKLY	COND
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	30DA GED	*****	7 DA GED	100ML		WEEKLY	COND

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H. J. SCHARDSIN 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.

James E. Bert Jr.
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
502 374-0000
DATE
07 11 21

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

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: RORYTOWN STP MSD
ADDRESS: C/O LOUISVILLE/JEFF CO MSD
4532 ALGONQUIN PARK
LOUISVILLE KY 40211-2477
FACILITY: RORYTOWN STP MSD
LOCATION: LOUISVILLE KY 40222
ATTN: ALEX E NOVAK, OPER MGR

PERMIT NUMBER: KY0036501

DISCHARGE NUMBER: 001 2

MINOR (SUBR LV)
F - FINAL

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	10	01		07	10	31

SANITARY WASTEWATER EFFLUENT

*** 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			
5-DAY CARBON DIOXIDE (5 DAY) DOC		1.29	2.25	(26)	*****	2.75	5.00	(17)		17	comf
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LB/DY	*****	30DA AVG	DAILY MX	MG/L		WEEKLY	COMF

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H.J. SCHEIDT JR.
EXECUTIVE DIRECTOR
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Alex E. Novak

TELEPHONE: 502 544-6000
DATE: 11 21
AREA CODE: 502 NUMBER: 544-6000 YEAR: 07 MO: 11 DAY: 21

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