



MSD

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

May 21, 2008

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 – April 2008**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Berrytown WTP, KPDES No.: KY0036501 for the month of April 2008.

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 0408

Enclosures

cc: C. Roth (DOW Louisville)
T. Singleton
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 CEDAR CREEK STP
 8405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY BERRYTOWN STP MSD
 LOCATION LOUISVILLE KY 40222
 ATTN: DENNIS THOMASSON, SR METRO OPS

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

MINOR
 (SUBR LV)
 F - FINAL

Form Approved.
 OMB No. 2040-0004

KY0036501
 PERMIT NUMBER

001 2
 DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
05	04	01		05	04	30

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					
OXYGEN, DISSOLVED (DD) 00300 1 0 0 EFFLUENT GROSS VALUE		*****	*****		7.1	*****	*****	(19)		1/7	GRAB		
PH		*****	*****		6.6	*****	*****	(12)		1/7	GRAB		
EFFLUENT GROSS VALUE		*****	*****		5.0	*****	9.0			WEEKLY GRAB			
SOLIDS, TOTAL SUSPENDED		6.19	14.31	(26)	*****	4.25	6.00	(19)		1/7	COMB		
EFFLUENT GROSS VALUE		18.8	37.6		*****	30	60			WEEKLY COMPOS			
		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L					
NITROGEN, AMMONIA TOTAL (AS N)		0.14	0.22	(26)	*****	0.14	0.34	(19)		1/7	COMB		
EFFLUENT GROSS VALUE		6.26	12.5		*****	10	20			WEEKLY COMPOS			
		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L					
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.171	0.405	(03)	*****	*****	*****			1/4	1/4		
EFFLUENT GROSS VALUE		REPORT	REPORT		*****	*****	*****	****		CONTINUOUS			
		30DA AVG	INST MAX	MGD		*****	*****	****		UDUS			
CHLORINE, TOTAL RESIDUAL		*****	*****		*****	<0.010	<0.010	(19)		1/7	GRAB		
EFFLUENT GROSS VALUE		*****	*****		*****	0.011	0.019			WEEKLY GRAB			
		*****	*****		*****	MD AVG	DAILY MX	MG/L					
COLIFORM, FECAL GENERAL		*****	*****		*****	1.32	3.00	(15)		1/7	GRAB		
EFFLUENT GROSS VALUE		*****	*****		*****	200	400 #/			WEEKLY GRAB			
		*****	*****		*****	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. SCHROEDER JR. EXECUTIVE DIRECTOR TYPED OR PRINTED						525-540-6000			08 05 20				
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			AREA CODE NUMBER			YEAR MO DAY		

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

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

Form Approved.
OMB No. 2040-0004

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MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	04	01		08	04	30

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PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BOD, CARBONACEOUS 05 DAY, 20C SC082 1 0 0 EFFLUENT GROSS VALUE		7.73	15.53	(26, LBS/DY	***** 30	6.00	14.00	(19) 30 DAILY MX MG/L	8	1/7	COMB WEEKLY COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H. E. SCHROEDER JR.
EXECUTIVE DIRECTOR
TYPED OR PRINTED

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JAMES E. BOYD JR.
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
502 540-6000
DATE
08 05 20
AREA CODE NUMBER YEAR MO DAY

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