



MSD

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

April 22, 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 – March 2008

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) and the Discharge Report for the Berrytown WTP, KPDES No.: KY0036501 for the month of March 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 0308

Enclosures

cc: C. Roth (DOW Louisville)
T. Singleton
R. Shaw



Beneficial Use of Louisville's Biosolids
www.louisvillegreen.com



Report Selections: Excluding PPI, CSO, Result: WUS, Act Code: DISDW, DISREV

KPDES # KY0036501	Facility ID MSD0209	Treatment Plant Name BERRYTOWN WTP		Receiving Stream of Treatment Plant FLOYDS FORK	Region EAST				
Facility Type SLS Sewer Lift Station	Facility ID MSD0209A-PS	Facility Address 1203 HEAFER RD	If Pump Station, Name of Pump Station: BERRYTOWN WTP PS	Receiving Stream FLOYDS FORK	Discharge to GROUND				
<u>Activity Code / Description</u> DISREV: RAIN EVENT DISCHARGE	<u>WO #</u> 750891	<u>Initiated</u> 03/04/08 06:00 AM	<u>Initiated By</u> SINGLETON	<u>Assigned To</u> PORTER JR	<u>Disch Stat</u> D	<u>Event Date</u> 12/17/01	<u>Problem</u> BYPASS AT TREATMENT PLANT	<u>Resolution</u> DISCHARGE TO WATERS OF THE US	<u>Completed</u> 03/04/08 09:30 AM

Spot Inspections:

Discharge Amount: 500 GAL
Cause: TREATMENT PLANT OVERFLOWED DUE TO STORM FLOW.
Clean Up: DEBRIS WAS RAKED, BAGGED AND HAULED OFF.
Control Zone: TEMPORARY SIGNS WERE PLACED AROUND THE AFFECTED AREA.
Impact: SOLIDS FOUND ON THE GROUND.
Repair: THIS SITE WAS FOUND DURING RAIN EVENT RECON. IT WILL BE MONITORED AND EVALUATED FOR REPAIR.

Notifications:

03/04/08 10:24 AM Temporary signs were placed around the affected area.
03/04/08 12:58 AM Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov

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

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

MINOR
(SUBR LV)
F - FINAL

JEFF E

NAME BERRYTOWN STP MSD
ADDRESS C/O CEDAR CREEK STP
840S CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY BERRYTOWN STP MSD
LOCATION LOUISVILLE KY 40222
ATTN: DENNIS THOMASSON, SR METRO OPS

KY0035501
PERMIT NUMBER

001 2
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	03	01		06	03	31

SANITARY WASTEWATER
EFFLUENT

*** 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)		*****	*****		7.0	*****	*****	(19)		1/7	GRAB
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	INST MIN	*****	*****	MG/L		WEEKLY	GRAB
PH		*****	*****		6.7	*****	6.9	(12)		1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	BU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED		12.25	30.90	(26)	*****	6.25	13.00	(19)		1/7	COMPL
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30	30	MG/L		WEEKLY	COMPL
NITROGEN, AMMONIA TOTAL (AS N)		0.23	0.53	(26)	*****	0.12	0.22	(19)		1/7	COMPL
00610 1 2 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	10	20	MG/L		WEEKLY	COMPL
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.274	0.454	(03)	*****	*****	*****	*****		9/10	9/10
00050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	*****		CONTIN	CONTIN
CHLORINE, TOTAL RESIDUAL		*****	*****		*****	<0.010	<0.010	(19)		1/7	GRAB
00060 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	0.011	0.017	MG/L		WEEKLY	GRAB
COLIFORM, FECAL GENERAL		*****	*****		*****	5.27	35.00	(13)		1/7	GRAB
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	200	400 #/	100ML		WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H. J. SHARDESIN SR
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]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
503 547-6000
DATE
08 04 21

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 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)

KY0036501 PERMIT NUMBER
 001 2 DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	03	01		08	03	31

*** NO DISCHARGE [] ***

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PARAMETER	SAMPLE MEASUREMENT	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	4.59	7.13	(26)	*****	2.75	3.00	(19)		1/1	COMB	
BOD5Z 1 0 0	PERMIT REQUIREMENT	18.8	37.6	*****	30	60			WEEKLY	COMPOS	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LB5/DY	30DA AVG	DAILY MX	MG/L				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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 H. J. SCHAROSIN JR
 EXECUTIVE DIRECTOR
 TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 502-445-6000
 DATE 08 04 21
 AREA CODE NUMBER YEAR MO DAY

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