



MSD

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

June 25, 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 – May 2008**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Berrytown WTP, KPDES No.: KY0036501 for the month of May 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 0508

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 MSE
 ADDRESS C/O CEDAR CREEK STP
 8405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY BERRYTOWN STP MED
 LOCATION LOUISVILLE KY 40222
 ATTN: DENNIS THOMASSEN, SR METRO OPS

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

KY0006501
 PERMIT NUMBER

001 2
 DISCHARGE NUMBER

MINOR
 (SUBR LV)
 F - FINAL

Form Approved.
 OMB No. 2040-0004

JEFF

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
08	05	01	TO	08	05	31

FROM

TO

SANITARY WASTEWATER
 EFFLUENT

*** NO DISCHARGE ***

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	*****	*****		7.0	*****	*****	(19)	0	1/7	3448					
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	7	*****	*****	MG/L		WEEKLY	GRAB					
EFFLUENT GROSS VALUE					INST MIN											
PH	SAMPLE MEASUREMENT	*****	*****		6.6	*****	6.9	(12)	0	1/7	3448					
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	7.0	SV		WEEKLY	GRAB					
EFFLUENT GROSS VALUE					MINIMUM		MAXIMUM									
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	4.89	9.17	(22)	*****	4.25	8.00	(19)	0	1/7	COMB					
00530 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	0.36	0.51	(26)	*****	0.32	0.50	(19)	0	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	0.144	0.338	(03)	*****	*****	*****		0	9/10	9/10					
00050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	*****		CONTIN	CONTIN					
EFFLUENT GROSS VALUE		30DA AVG	INST MAX	MGD						UCUS						
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	(19)	0	1/7	3448					
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	*****	*****		*****	1.50	5.00	(13)	0	1/7	3448					
74055 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	200	400	100ML		WEEKLY	GRAB					
EFFLUENT GROSS VALUE						30DA GEO	7 DA GEO									
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.S. SCHROEDIN JR. EXECUTIVE DIRECTOR TYPED OR PRINTED							502 310-6000		01/02/08							
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							AREA CODE	NUMBER	YEAR	MO	DAY					

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

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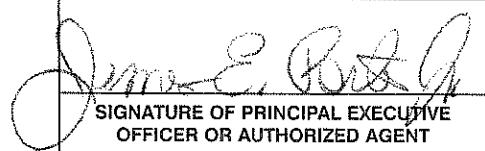
*** NO DISCHARGE ***

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			
BOD, CARBONACEOUS 05 DAY, 20C 00082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	4.78	9.17	(26)	*****	4.00	5.00	(19)	0	1/7	COMPL
	PERMIT REQUIREMENT	18.8 30DA AVG	37.6 DAILY MX	LBS/DY	*****	30 30DA AVG	60 DAILY MX	MG/L		WEEKLY	COMPL
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 H.J. SCHALDSCHIN 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
 502/510-6000

DATE
 09 06 24

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