



MSD

*Louisville and Jefferson County Metropolitan Sewer District  
700 West Liberty Street  
Louisville Kentucky 40203-1911  
502-540-6000  
[www.msdlouky.org](http://www.msdlouky.org)*

July 24, 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 – June 2008**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Berrytown WTP, KPDES No.: KY0036501 for the month of June 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 0608

Enclosures

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



*Beneficial Use of Louisville's Biosolids  
[www.louisvillegreen.com](http://www.louisvillegreen.com)*

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

ADDRESS C/O CEDAR CREEK STP  
B405 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)

KY00036501

PERMIT NUMBER

001 2

DISCHARGE NUMBER

MINOR (SUBR LV)  
T - FINAL  
SANITARY WASTEWATER EFFLUENT  
\*\*\* NO DISCHARGE \*\*\*  
JEFFERSON

Form Approved.  
OMB No. 2040-0004

MONITORING PERIOD

FROM

YEAR

MO

DAY

05

05

01

TO

YEAR

MO

DAY

05

06

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			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****		7.4	*****	*****	( 19 )		1/7	GRAB
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE				****							
PH	SAMPLE MEASUREMENT	*****	*****		6.8	*****	7.2	( 12 )		1/7	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	7.0	SV		WEEKLY	GRAB
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT			( 26 )	*****			( 19 )		1/7	GRAB
00530 1 0 0	PERMIT REQUIREMENT	1.89	3.38		*****	3.25	5.00			WEEKLY	COMPOS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.17	0.27	( 26 )	*****	0.22	0.50	( 19 )		1/7	COMPOS
00610 1 1 0	PERMIT REQUIREMENT	2.50	5.00		*****	30DA AVG	DAILY MX	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.068	0.092	( 02 )	*****	*****	*****			1/7	GRAB
00050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		CONT INCONT IN	
EFFLUENT GROSS VALUE		30DA AVG	INST MAX	MGD				****		UDUS	
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	( 19 )		1/7	GRAB
00060 1 0 1	PERMIT REQUIREMENT	*****	*****	****	*****	0.011	0.019			WEEKLY	GRAB
EFFLUENT GROSS VALUE				****		MG AVG	DAILY MX	MG/L			
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	1.00	1.00	( 13 )		1/7	GRAB
74055 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	200	400			WEEKLY	GRAB
EFFLUENT GROSS VALUE				****		30DA GED	7 DA GED	100ML			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

H. J. SCHARCWIN 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

502 542 6000

DATE

08 07 22

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

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

KY00036501  
PERMIT NUMBER

001 2  
DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	06	01		02	06	30

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BOD, CARBONACEOUS 5 DAY, 20C ROOGE 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.68	2.03	( 26 )	*****	3.00	4.00	( 19 )	0	1/1	WEEKLY COMPOS
	PERMIT REQUIREMENT	18.8	37.6		*****	30	60				
		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
Dennis E. Thomasson Jr.

TELEPHONE  
502 541 6000

DATE  
08 07 22

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