



MSD

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

August 27, 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 – July 2008**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Berrytown WTP, KPDES No.: KY0036501 for the month of July 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 0708

Enclosures

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



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

ERMITTEE 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
SANITARY WASTEWATER
EFFLUENT

JEFF

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 08 | 07 | 01 | | 08 | 07 | 31 |

*** 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 |
| 10300 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | ***** | 7 | ***** | ***** | | | WEEKLY | GRAB |
| PH | | ***** | ***** | | 6.9 | ***** | 7.3 | (12) | | 1/7 | GRAB |
| 10400 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.0 | ***** | 7.0 | | | WEEKLY | GRAB |
| SOLIDS, TOTAL SUSPENDED | | 2.05 | 2.79 | (26) | ***** | 4.00 | 6.00 | (19) | | 1/7 | CONR |
| 10530 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | 18.8 | 37.5 | ***** | ***** | 30 | 60 | | | WEEKLY | COMPOS |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | 30DA AVG | DAILY MX | LBS/DY | | 30DA AVG | DAILY MX | MG/L | | | |
| NITROGEN, AMMONIA TOTAL (AS N) | | 0.51 | 1.10 | (26) | ***** | 0.88 | 1.80 | (19) | | 1/7 | CONR |
| 10610 1 1 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | 2.50 | 5.00 | ***** | ***** | 4 | 8 | | | WEEKLY | COMPOS |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | 30DA AVG | DAILY MX | LBS/DY | | 30DA AVG | DAILY MX | MG/L | | | |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT | | 0.074 | 0.104 | (03) | ***** | ***** | ***** | | | 1/4 | 1/10 |
| 10050 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | REPORT | REPORT | ***** | ***** | ***** | ***** | ***** | | CONTINUOUS | CONTINUOUS |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | 30DA AVG | INST MAX | MGD | | | | | | | |
| CHLORINE, TOTAL RESIDUAL | | ***** | ***** | | ***** | <0.010 | <0.010 | (19) | | 1/7 | GRAB |
| 10060 1 0 1 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 0.011 | 0.019 | | | WEEKLY | GRAB |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | MD AVG | DAILY MX | MG/L | | | |
| COLIFORM, FECAL GENERAL | | ***** | ***** | | ***** | 1.63 | 7.00 | (13) | | 1/7 | GRAB |
| 14055 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 200 | 400 #/ | | | WEEKLY | GRAB |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 30DA GEO | 7 DA GEO | 100ML | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H. J. SCHWABE IN 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.

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

TELEPHONE
DATE
AREA CODE NUMBER YEAR MO DAY
502 540-6000 08 08 25

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

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

NAME HERRYTOWN STP MSD
 ADDRESS C/O CEDAR CREEK STP
 8409 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY HERRYTOWN STP MSD
 LOCATION LOUISVILLE KY 40222
 ATTENTION: DENNIS THOMASSON, SR METRO OPS

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

KY0036501
 PERMIT NUMBER

001 2
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MINOR
 (SUBR LV)
 F - FINAL

JEFF

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
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SANITARY WASTEWATER
 EFFLUENT

*** NO DISCHARGE 1 1 ***

NOTE: Read Instructions before completing this form.

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|--|---|---------------------|----------|----------------|--------------------------|----------|----------|--------------|--------|-----------------------|----------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| 5 DAY, 20C BOD5 EFFLUENT GROSS VALUE | | 1.58 | 2.07 | (26) LB5/DY | ***** | 3.00 | 4.00 | (19) MG/L | | 1/7 | COMP WEEKLY |
| | | 18.8 | 37.6 | | ***** | 30 | 60 | | | | |
| | | 30DA AVG | DAILY MX | | | 30DA AVG | DAILY MX | | | | |
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James E. Porter
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 502 570-6000
 DATE 08 08 25
 AREA CODE NUMBER YEAR MO DAY

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