



**MSD**

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

October 23, 2008

Ms. Vickie L. Prather  
Kentucky Division of Water  
14 Reilly Road  
Frankfort, Kentucky 40601

**Re: MSD Metro Operations  
Berrytown WTP; KPDES No.: KY0036501  
Discharge Monitoring Reports – September 2008**

Dear Ms. Prather:

Attached is the Discharge Monitoring Reports (DMRs) for the Berrytown WTP, KPDES No.: KY0036501 for the month of September 2008. Also enclosed is the discharge report for Berrytown WTP.

If you have any questions concerning the attached DMRs, please contact me at (502) 239-7695.

Sincerely,

Kevin D. Ries  
Process Supervisor Central Region

JEP/Berrytown 0908

Enclosures

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



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



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*Louisville and Jefferson County Metropolitan Sewer District  
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September 25, 2008

Mr. Charlie Roth, District Supervisor  
KY Division of Water  
Louisville Regional Office  
9116 Leesgate Road  
Louisville, KY 40222-5084

**Re: Bypass Report for the Berrytown TP – KPDES Permit KY0036501**

Dear Mr. Roth:

This plant experienced a bypass event and has been reported through our electronic notification system at approximately 01:00 AM on September 24, 2008, referencing Work Order #825902 as a Bypass. This letter serves as a written report of the bypass as required by 401 KAR 5:065.

Provided below are the details of the bypass event:

- Description of the noncompliance and its cause: Power outage caused by transformer failure owned by LG&E. This caused 2375 gallons of sewage from the influent wet well to reach Water of the US.
- Period of noncompliance: Starting 08:30 PM on September 23, 2008 and stopping 10:15 PM on September 23, 2008.
- Steps taken or planned to reduce, eliminate and prevent recurrence: Investigate feasibility of placement of permanent/portable generators on site.

Please advise if you have any questions concerning this information. You can contact me on my office telephone at (502)-239-2695, my cell phone at (502)-523-9957 or via email at [jporter@msdlouky.org](mailto:jporter@msdlouky.org).

Sincerely,

James E. Porter Jr.  
Process Supervisor-Operations

cc:	Gary Levy, KDEP	eB File
	Sean Ireland, EPA	Paula Purifoy, MSD





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

<b>KPDES #</b> KY0036501	<b>Facility ID</b> MSD0209	<b>Treatment Plant Name</b> BERRYTOWN WTP	<b>Receiving Stream of Treatment Plant</b> FLOYDS FORK	<b>Region</b> EAST						
<b>Facility Type</b> SPL Sewer Treatment Plant	<b>Facility ID</b> MSD0209	<b>Facility Address</b> 1203 HEAFER RD	<b>If Pump Station, Name of Pump Station:</b>	<b>Receiving Stream</b> FLOYDS FORK	<b>Discharge to</b> STREAM					
<u>Activity Code / Description</u> DISDW: DRY WEATHER DISCHARGE	<u>WO #</u> 825902	<u>Initiated</u> 09/23/08 08:35 PM	<u>Initiated By</u> MARKS JR	<u>Assigned To</u> OTTO	<u>Disch Status</u> REPAIRED - ISSUE RESOLVED	<u>Event Date</u> 09/23/08	<u>Problem</u> BYPASS AT TREATMENT PLANT	<u>Result</u> DISCHARGE TO WATERS OF THE US	<u>Completed</u> 09/23/08 10:10 PM	<u>Condition</u>

**Spot Inspections:**

Discharge Amount: 2,375 GAL  
 Cause: LG&E CUT POWER TO REPAIR STORM DAMAGED UTILITY POLES  
 Clean Up: MSD PERSONNEL CLEANED AND SANITIZED THE AREA  
 Control Zone: TEMP SIGNS POSTED  
 Impact: SEWAGE OBSERVED DISCHARGING  
 Repair: GENERATOR PLACED TO PUT WWTP PLANT BACK IN SERVICE WO# 825901 SAP WO# 5196202

**Notifications:**

09/23/08 12:57 PM DISSNO Supplemental Email notification of unauthorized discharge has been sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov  
 09/23/08 09:49 PM DISPUB temp signs posted to warn public  
 09/23/08 12:57 PM DISNOT Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov

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

MINOR  
(SUBR LV)  
F - FINAL

JEFPE

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

KY0036501  
PERMIT NUMBER

001 2  
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	07	01		08	09	30

SANITARY WASTEWATER  
EFFLUENT

\*\*\* NO DISCHARGE 1 1 \*\*\*

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	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	%	GR
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MS/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.7	*****	7.0	( 12)	0	%	GR
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	7.0	MINIMUM MAXIMUM		WEEKLY	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	( 26)	*****	6	8	( 19)	0	%	CP
SOLIDS, TOTAL SUSPENDED	PERMIT REQUIREMENT	18.8	37.6	LBS/DY	*****	30	60	MS/L		WEEKLY	COMPOS
00530 1 0 0	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MS/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.2	0.3	( 26)	*****	0.4	0.7	( 19)	0	%	CP
NITROGEN, AMMONIA TOTAL (AS N)	PERMIT REQUIREMENT	2.50	8.00	LBS/DY	*****	4	8	MS/L		WEEKLY	COMPOS
00610 1 1 0	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MS/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.064	0.088	( 03)	*****	*****	*****		0	CN	CN
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	****		CONTINUOUS	IN
00050 1 0 0	PERMIT REQUIREMENT	30DA AVG	INST MAX	MGD	*****	*****	*****	****		CONTINUOUS	IN
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	( 19)	0	%	GR
CHLORINE, TOTAL RESIDUAL	PERMIT REQUIREMENT	*****	*****	****	*****	0.011	0.019	MG/L		WEEKLY	GRAB
00060 1 0 1	PERMIT REQUIREMENT	*****	*****	****	*****	MD AVG	DAILY MX	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	1	2	( 13)	0	%	GR
COLIFORM, FECAL GENERAL	PERMIT REQUIREMENT	*****	*****	****	*****	<0.010 MDR	<0.010 MDR			WEEKLY	GRAB
074055 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	200	400 #/	100ML		WEEKLY	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30DA GED	7 DA GED	100ML		WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER H.J. Schardein Exec. 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 Kent D. Rus	TELEPHONE	DATE		
			502 540-6000 AREA CODE NUMBER	08	10	24 YEAR MO DAY

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

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

MINOR  
(SUBR LV)  
F - FINAL

JEFFE

SANITARY WASTEWATER  
EFFLUENT

\*\*\* NO DISCHARGE 1 [ ] \*\*\*

NOTE: Read Instructions before completing this form.

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 DPS

KY0036501  
PERMIT NUMBER

001 2  
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	07	01		08	09	30

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 5 DAY, 20C 00082 1 0 0 EFFLUENT GROSS VALUE		2	2	( 26 )	*****	3	5	( 19 )		1/07	CP
	PERMIT REQUIREMENT	18.8 30DA AVG	37.6 DAILY MAX	LBS/DY	*****	30 30DA AVG	60 DAILY MAX	MG/L		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.J. Schardein  
Exec. 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  
Kend D. Ries

TELEPHONE: 502 540-6000  
DATE: 08 10 24  
AREA CODE NUMBER YEAR MO DAY

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