



**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)*

November 25, 2008

Ms. Carolena Bentley  
Kentucky Division of Water  
200 Fair Oaks Lane  
Frankfort, Kentucky 40601

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

Dear Ms. Bentley:

Attached is the Discharge Monitoring Reports (DMRs) for the Berrytown WTP, KPDES No.: KY0036501 for the month of October 2008. There are no discharge reports for Berrytown WTP as there were no discharges for the month.

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 1008

Enclosures

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



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

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

NAME DERRY TOWN STP MSD

ADDRESS C/O CEDAR CREEK STP

8405 CEDAR CREEK RD

LOUISVILLE

KY 40211

FACILITY DERRY TOWN 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

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

NOTE: Read Instructions before completing this form.

Form Approved  
OMB No. 2040-0004

JEFF

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	*****	*****	( 17 )	0	1/7	GRAB
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE											
PH	SAMPLE MEASUREMENT	*****	*****		6.8	*****	7.4	( 12 )	0	1/7	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	5.0	*****	7.0	SV		WEEKLY	GRAB
EFFLUENT GROSS VALUE					MINIMUM		MAXIMUM				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	3	6	( 26 )	*****	6	11	( 17 )	0	1/7	COND
00530 1 0 0	PERMIT REQUIREMENT	18.8	37.8		*****	30	50	MG/L		WEEKLY	COND
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX				
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.12	0.24	( 26 )	*****	0.24	0.5	( 17 )	0	1/7	COND
00610 1 0 0	PERMIT REQUIREMENT	2.50	5.00		*****	0	5	MG/L		WEEKLY	COND
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.069	0.082	( 03 )	*****	*****	*****		0	C/M	C/M
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		CONTINUOUS	
EFFLUENT GROSS VALUE		30DA AVG	INST MAX	MGD							
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	( 17 )	0	1/7	GRAB
50060 1 0 1	PERMIT REQUIREMENT	*****	*****	****	*****	0.011	0.017	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE						MD AVG	DAILY MX				
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	1	1	( 13 )	0	1/7	GRAB
74055 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	#/100ML		WEEKLY	GRAB
EFFLUENT GROSS VALUE						30DA GED	7 DA GED				
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.J. SCHROEDER JR. EXECUTIVE DIRECTOR						502-541-4600		08 11 25			
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE		NUMBER		YEAR MO DAY	
						502		541-4600		08 11 25	

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  
 2405 CEDAR CREEK RD  
 LOUISVILLE KY 40211  
 FACILITY BERRYTOWN STP MSD  
 LOCATION LOUISVILLE KY 40222  
 ATTN: DENNIS THOMASSEN, 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

Form Approved  
 OMB No. 2040-0004

JEFFRE

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			
BOD, CARBONACEOUS 5 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	2	2	( 26 )	*****	3	3	( 19 )	0	1/1	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										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

H. J. SHERIDAN 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

DATE

502.540-6000 08 11 25  
 AREA CODE NUMBER YEAR MO DAY

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

<b>Berrytown</b>	Report for	<b>Oct-08</b>	Tot. Exc.=		0			
Tot. Flow=	2.151	Concentrations				Pounds		
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3
10/1/08	0.058	2	3	0.5	1	0.967	1.451	0.242
10/2/08	0.058							
10/3/08	0.058							
10/4/08	0.064							
10/5/08	0.067							
10/6/08	0.065							
10/7/08	0.064							
10/8/08	0.068	3	3	0.22	1	1.701	1.701	0.125
10/9/08	0.068							
10/10/08	0.072							
10/11/08	0.072							
10/12/08	0.07							
10/13/08	0.069							
10/14/08	0.065							
10/15/08	0.069	11	3	0.17	1	6.330	1.726	0.098
10/16/08	0.069							
10/17/08	0.07							
10/18/08	0.071							
10/19/08	0.073							
10/20/08	0.068							
10/21/08	0.069							
10/22/08	0.07	7	3	0.055	1	4.087	1.751	0.032
10/23/08	0.071							
10/24/08	0.078							
10/25/08	0.082							
10/26/08	0.076							
10/27/08	0.071							
10/28/08	0.074							
10/29/08	0.075							
10/30/08	0.075							
10/31/08	0.072							
Average	0.069	5.75	3.00	0.24	1.00	3.27	1.66	0.12
Maximum	0.082	11.00	3.00	0.50	1.00	6.33	1.75	0.24
Exceed.	3	0	0	0	0	0	0	0