



**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)

December 18, 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 – November 2008**

Dear Ms. Bentley:

Attached is the Discharge Monitoring Reports (DMRs) and the Monthly Operating Report (MOR) for the Berrytown WTP, KPDES No.: KY0036501 for the month of November 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,

Kevin D. Ries  
Process Supervisor Central Region

KDR/Berrytown 1108

Enclosures

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



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

NAME BERRYTOWN STP MSD  
 ADDRESS C/O CEDAR CREEK STP  
 8408 CEDAR CREEK RD  
 LOUISVILLE KY 40211

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

XY0036501  
 PERMIT NUMBER  
 001 2  
 DISCHARGE NUMBER

MINOR  
 (SUBR LV)  
 F - FINAL

JEPFE

FACILITY BERRYTOWN STP MSD  
 LOCATION LOUISVILLE KY 40222  
 ATTN DENNIS THOMASSON, SR METRO OPS

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
00	11	01		00	11	01

SANITARY WASTEWATER  
 EFFLUENT

\*\*\* 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	*****	*****	( 17 )		% 7	GR
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		WEEKLY	GRAB
PH		*****	*****		6.8	*****	6.9	( 12 )		% 7	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	7.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED		2.3	4.3	( 25 )	*****	4	7	( 19 )		% 7	CP
00500 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	18.5 30DA AVG	37.5 DAILY MX	LBS/DY	*****	30 30DA AVG	50 DAILY MX	MG/L		WEEKLY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)		0.1	0.2	( 26 )	*****	0.2	0.3	( 17 )		% 7	CP
00610 1 2 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	6.25 30DA AVG	12.5 DAILY MX	LBS/DY	*****	10 30DA AVG	20 DAILY MX	MG/L		WEEKLY	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.067	0.083	( 08 )	*****	*****	*****	*****		CN	CN
90050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	*****	*****	*****	****		CONTINUOUS	IN
CHLORINE, TOTAL RESIDUAL		*****	*****		*****	40.010	40.010	( 19 )		01/07	GR
90060 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.011 MD AVG	0.017 DAILY MX	MG/L		WEEKLY	GRAB
COLIFORM, FECAL GENERAL		*****	*****		*****	1	1	( 13 )		% 7	GR
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	200 30DA GED	400 #/ 7 DA GED	100ML		WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 H.S. Schaefer  
 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  
 Ken - D. R. S.

TELEPHONE  
 512 540-6010  
 DATE  
 08 12 22  
 AREA CODE NUMBER YEAR MO DAY

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

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

NAME HENRYTOWN STP MSD  
 ADDRESS C/O CEDAR CREEK STP  
 8405 CEDAR CREEK RD  
 LOUISVILLE KY 40211  
 FACILITY HENRYTOWN STP MSD  
 LOCATION LOUISVILLE KY 40222  
 ATTN: DENNIS THOMASSON, SR METRO OPS

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

KY0086501  
 PERMIT NUMBER

001 2  
 DISCHARGE NUMBER

MINOR  
 (SUBR LV)  
 P - FINAL

Form Approved  
 OMB No. 2040-0004

JEFF

MONITORING PERIOD					
YEAR	MO.	DAY	YEAR	MO.	DAY
00	11	01	00	11	00

FROM

TO

SANITARY WASTEWATER  
 EFFLUENT

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

NOTE: Read instructions before completing this form.

PARAMETER	X	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	1.7	1.9	( 26 )	*****	3	3	( 19 )	0	0/07	CP
	PERMIT REQUIREMENT	18.8 30DA AVG	37.5 DAILY MX	LBS/DY	*****	30 30DA AVG	30 DAILY MX	MG/L		WEEKLY	COMPLI
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 H.J. Schardin  
 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: H.J. Schardin  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 502 540-6000  
 DATE: 08 12 22  
 AREA CODE: 502 NUMBER: 540-6000 YEAR: 08 MO: 12 DAY: 22

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

<b>Berrytown</b>	Report for	<b>Nov-08</b>		Tot. Exc.=		0		
Tot. Flow= Date	Flow	TSS	BOD	NH3	Fecal	TSS	Pounds BOD	NH3
11/1/08	0.071							
11/2/08	0.07							
11/3/08	0.069	3	3	0.28	1	1.726	1.726	0.161
11/4/08	0.064							
11/5/08	0.066							
11/6/08	0.061							
11/7/08	0.066							
11/8/08	0.068							
11/9/08	0.066							
11/10/08	0.063	3	3	0.28	1	1.576	1.576	0.147
11/11/08	0.068							
11/12/08	0.063							
11/13/08	0.067							
11/14/08	0.066							
11/15/08	0.083							
11/16/08	0.08							
11/17/08	0.066	3	3	0.055	1	1.651	1.651	0.030
11/18/08	0.059							
11/19/08	0.065							
11/20/08	0.063							
11/21/08	0.066							
11/22/08	0.067							
11/23/08	0.066							
11/24/08	0.074	7	3	0.17	1	4.320	1.851	0.105
11/25/08	0.07							
11/26/08	0.069							
11/27/08	0.072							
11/28/08	0.065							
11/29/08	0.065							
11/30/08	0.066							
12/1/08								
Average	0.067	4.00	3.00	0.20	1.00	2.32	1.70	0.11
Maximum	0.083	7.00	3.00	0.28	1.00	4.32	1.85	0.16
Exceed.	2	0	0	0	0	0	0	0