



MSD

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

February 25, 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 – January 2008**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Berrytown WTP, KPDES No.: KY0036501 for the month of January 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 0108

Enclosures

cc: C. Roth (DOW Louisville)
E. Brady
T. Singleton
P. Burgin
R. Shaw



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

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

NAME BERRYTOWN STP MSD
ADDRESS C/O CEDAR CREEK STP
6405 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

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

FROM

TO

MINOR
(SUBR LV)
F - FINAL
SANITARY WASTEWATER
EFFLUENT

JEFF

*** 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			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****		7.4	*****	*****	(19)	0	1/7	GOOD
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	INST MIN	*****	*****	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE											
PH	SAMPLE MEASUREMENT	*****	*****		6.7	*****	7.1	(12)	0	1/7	GOOD
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	SU		WEEKLY	GRAB
EFFLUENT GROSS VALUE											
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	4.42	6.00	(26)	*****	5.25	7.00	(19)	0	1/7	GOOD
00500 1 0 0	PERMIT REQUIREMENT	18.8	37.5	LBS/DY	*****	30DA AVG	DAILY MX	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX								
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.10	0.12	(26)	*****	0.13	0.17	(19)	0	1/7	GOOD
00510 1 2 0	PERMIT REQUIREMENT	6.26	12.5	LBS/DY	*****	30DA AVG	DAILY MX	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX								
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.124	0.367	(03)	*****	*****	*****	*****	0	9/11	CONTIN
00050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	*****		CONTIN	IN
EFFLUENT GROSS VALUE		30DA AVG	INST MAX								
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	(19)	0	1/7	GOOD
00060 1 0 1	PERMIT REQUIREMENT	*****	*****	*****	*****	0.011	0.019	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE						MD AVG	DAILY MX				
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	2.54	11.00	(13)	0	1/7	GOOD
74055 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	200	400 #/	100ML		WEEKLY	GRAB
EFFLUENT GROSS VALUE						30DA GEO	7 DA GEO				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H. J. SCHAROBIN 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
Dennis E. Thomasson, Sr.

TELEPHONE
502-540-6000
DATE
08 02 25
AREA CODE NUMBER YEAR MO DAY

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

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KY0036501
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SANITARY WASTEWATER
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*** NO DISCHARGE () ***

JEFF

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
05	01	01		05	01	31

FROM

TO

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	2.58	3.60	(26.1	*****	3.00	3.00	(19)	0	1/7	COMP
	PERMIT REQUIREMENT	18.8	37.6		*****	30	60			WEEKLY	COMPOS
		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
	SAMPLE MEASUREMENT										
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H. J. SCHROEDER JR. EXECUTIVE DIRECTOR TYPED OR PRINTED			502.540-6000		08 02 25	
			AREA CODE	NUMBER	YEAR	MO DAY

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