



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

May 22, 2009.

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 – April 2009

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 April 2009.

If you have any questions concerning the attached DMRs, please contact me at (502) 239-7574.

Sincerely,

A handwritten signature in black ink, appearing to read "Duane V. Wright".

Duane V. Wright
Process Supervisor Central Region

DVW/Berrytown 0409

Enclosures

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



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

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

NAME BERRYTOWN STP NBD
ADDRESS C/O CEDAR CREEK STP
1400 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY BERRYTOWN STP NBD
LOCATION LOUISVILLE KY 40222
ATTN: DENNIS THOMASSEN, SR METRO OPS

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

NY0033507

001 2

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
00	00	01		00	00	00

FROM

TO

Form Approved.
OMB No. 2040-0004

MINOR
(SUBP LV)
F - FINAL
SANITARY WASTE WAFER
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				
HYDROGEN SULFIDE (H ₂ S)	SAMPLE MEASUREMENT	*****	*****		8	*****	*****	17	0	1/7	CR	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	INST MIN	*****	*****	MG/L				
PH	SAMPLE MEASUREMENT	*****	*****		6.7	*****	6.8	12	0	1/7	CR	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	MINIMUM	*****	MAXIMUM	DU				
SOLIDS TOTAL SUSPENDED	SAMPLE MEASUREMENT	5.5	8.7	(25)	*****	5	7	(19)	0	1/7	CR	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L				
NITROGEN AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.16	0.3	(25)	*****	0.2	0.3	(19)	0	1/7	CR	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L				
FLOW IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.156	0.334	(00)	*****	*****	*****		0	CR	CR	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	INST MAX	MGD	*****	*****	*****	***				
CHLORINE TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	(17)	0	1/7	CR	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	0.011	0.017	MG/L				
COLIFORM BICAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	1	1	(12)	0	1/7	CR	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	300	400	100ML				
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. SHARDEIN, JR. EXECUTIVE DIRECTOR						513 541-1111		00 05 21				
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				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 HARRINGTON STP WSD

ADDRESS 670 CEDAR CREEK STP

MADE YADAM CREEK RD

LOUISVILLE

KY 40211

FACILITY HARRINGTON STP WSD

LOCATION LOUISVILLE

KY 40222

W. D. DUNN THOMASSON SR METRO OPS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved.

OMB No. 2040-0004

WY0003501
PERMIT NUMBER

0012
DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
07 07 01 TO 07 04 05

MINOR

(SODP LVI)

F - FINAL

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 05 DAY, 20C	SAMPLE MEASUREMENT	2.9	4.3	(25)	*****	3	3	(17)		0/07	CP
WQ052 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	18.8 30DA AVG	37.6 DAILY MX	LBS/DY	*****	30 30DA AVG	50 DAILY MX	MG/L		WEEKLY	COMPL
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	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. SHARDEIN, 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 07 05 07
AREA CODE NUMBER YEAR MO DAY

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

Berrytown	Report for	Apr-09	Tot. Exc.=		0				
Tot. Flow=	4.5	Concentrations				Pounds			
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
4/1/09	0.078								
4/2/09	0.068	2	3	0.055	1	1.134	1.701	0.031	
4/3/09	0.297								
4/4/09	0.193								
4/5/09	0.15								
4/6/09	0.125								
4/7/09	0.122								
4/8/09	0.107								
4/9/09	0.094	7	3	0.17	1	5.488	2.352	0.133	
4/10/09	0.108								
4/11/09	0.176								
4/12/09	0.139								
4/13/09	0.14								
4/14/09	0.315								
4/15/09	0.244								
4/16/09	0.173	6	3	0.11	1	8.657	4.328	0.159	
4/17/09	0.134								
4/18/09	0.118								
4/19/09	0.207								
4/20/09	0.334								
4/21/09	0.227								
4/22/09	0.171								
4/23/09	0.134	6	3	0.28	1	6.705	3.353	0.313	
4/24/09	0.11								
4/25/09	0.101								
4/26/09	0.112								
4/27/09	0.081								
4/28/09	0.081								
4/29/09	0.083								
4/30/09	0.078								
5/1/09									
Average	0.150	5.25	3.00	0.15	1.00	5.50	2.93	0.16	0.00
Maximum	0.334	7.00	3.00	0.28	1.00	8.66	4.33	0.31	0.00