



MSD

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

April 16, 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 – March 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 March 2009.

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 0309

Enclosures

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



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

NAME BERRYTOWN STP MSD
 ADDRESS C/O CEDAR CREEK STP
 8408 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY BERRYTOWN STP MSD
 LOCATION LOUISVILLE KY 40222
 ATTN: DENNIS THOMASSEN, SR METRO OPS

KY0036501
 PERMIT NUMBER

001 2
 DISCHARGE NUMBER

MINOR (SUBR LV)
 F - FINAL
 SANITARY WASTEWATER EFFLUENT
 *** NO DISCHARGE [] ***
 NOTE: Read Instructions before completing this form.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	06	01		07	06	31

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DB) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		8	*****	*****	(19)	0	1/07	GR
	PERMIT REQUIREMENT	*****	*****	***	7	*****	*****			WEEKLY	GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.2	*****	6.9	(12)	0	1/07	GR
	PERMIT REQUIREMENT	*****	*****	***	6.0	*****	7.0			WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	5.1	5.7	(25)	*****	8	10	(19)	0	1/07	CP
	PERMIT REQUIREMENT	18.8 30DA AVG	37.6 DAILY MX	LBS/DY	*****	30 30DA AVG	60 DAILY MX			WEEKLY	COMPO
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.1	0.3	(25)	*****	0.2	0.3	(19)	0	1/07	CP
	PERMIT REQUIREMENT	6.25 30DA AVG	12.5 DAILY MX	LBS/DY	*****	10 30DA AVG	20 DAILY MX			WEEKLY	COMPO
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 80050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.080	0.147	(03)	*****	*****	*****		0	CN	CN
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	*****	*****	*****	****		CONTINUOUS	
CHLORINE, TOTAL RESIDUAL 80060 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	20.010	20.010	(19)	0	1/07	GR
	PERMIT REQUIREMENT	*****	*****	***	*****	0.011 MD AVG	0.019 DAILY MX			WEEKLY	GRAB
COLIFORM, FECAL GENERAL 74052 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	1	1	(13)	0	1/07	GR
	PERMIT REQUIREMENT	*****	*****	***	*****	200 30DA GED	400 7 DA GED	100ML		WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER H. J. Schardain, Jr. 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 <i>Ken D. [Signature]</i>	TELEPHONE		DATE		
			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 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

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

Form Approved.
 OMB No. 2040-0004

KY0008501
 PERMIT NUMBER

001 2
 DISCHARGE NUMBER

MINOR
 (SUBR LV)

F - FINAL

JEFF

SANITARY WASTEWATER
 EFFLUENT

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	07	03	01		07	03	31

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ROD, CARBONACEOUS 05 DAY, 20C SC08Z 1 0 0 EFFLUENT GROSS VALUE		3.4	4.7	(26)	*****	5	7	(19)		0/07	CP
		PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30	50			WEEKLY COMPOS
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									
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		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 H.S. Schardon, Jr.
 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
 [Signature]

TELEPHONE
 502 546-6000
 DATE
 9 4 16

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

