MSD
Metropolitan Sewer District

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

June 23, 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 – May 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 May 2009.

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

Sincerely,

Duane V. Wright
Process Supervisor Central Region

DVW/Berrytown 0509

Enclosures

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

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME SHEPHERDSVILLE STP MSD
ADDRESS C/O CEDAR CREEK STP
4475 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY SHEPHERDSVILLE STP MSD
LOCATION LOUISVILLE KY 40222
ATTN: DENNIS HUMASSON SR METRO OPS

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

KY0023501	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR 03 MO 05 DAY 01 TO YEAR 03 MO 05 DAY 31

MINOR
(OTHER LV)
F -- FINAL
SANITARY WASTEWATER
EFFLUENT
*** NO DISCHARGE [ ] ***

Form Approved.
OMB No. 2040-0004

JEFF S

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		7	******	******	[19]	0	5/17	GR
	PERMIT REQUIREMENT	******	******	****	7 INST MIN	******	******	MG/L		WEEKLY	GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.7	******	6.9	[12]	0	5/17	GR
	PERMIT REQUIREMENT	******	******	****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	3.8	7.4	[26]	******	3	5	[19]	0	5/17	CP
	PERMIT REQUIREMENT	18.8 30DA AVG	37.6 DAILY MX	LBS/DY	******	30 30DA AVG	60 DAILY MX	MG/L		WEEKLY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.22	0.39	[26]	******	0.4	1	[19]	0	5/17	CP
	PERMIT REQUIREMENT	2.50 30DA AVG	5.00 DAILY MX	LBS/DY	******	4 30DA AVG	8 DAILY MX	MG/L		WEEKLY	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.123	0.347	[03]	******	******	******		0	CN	CN
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	******	******	******	****		CONTINUOUS	CONTIN
CHLORINE, TOTAL RESIDUAL 50060 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	<0.011	<0.019	[19]	0	5/17	GR
	PERMIT REQUIREMENT	******	****** ****	****	******	0.011 MO AVG	0.019 DAILY MX	MG/L		WEEKLY	GRAB
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	1	1	[13]	0	5/17	GR
	PERMIT REQUIREMENT	******	****** ****	****	******	200 30DA GEO	400 7 DA GEO	#/100ML		WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
H. J. SCHNORR, JR.	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	AREA CODE 502	NUMBER 540-6000	YEAR 04	MO 06	DAY 22
EXECUTIVE DIRECTOR							
TYPED OR PRINTED							

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

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

NAME PERRYTOWN STP MSD

ADDRESS C/O CEDAR CREEK STP
[illegible] TEDAY 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

KY0025[illegible]	001 2
PERMIT NUMBER	DISCHARGE NUMBER

MINOR
(SUBR LV)
F - FINAL JEFFE
SANITARY WASTEWATER
EFFLUENT
*** NO DISCHARGE [ ] ***

	MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	05	01	TO	07	05	31

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	3.1	4.4	(26)	******	3	3	(19)	0	01/07	CP
80082 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	18.8 30DA AVG	37.6 DAILY MX	LBS/DY	******	30 30DA AVG	60 DAILY MX	MG/L		WEEKLY	COMPOS
	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			TELEPHONE		DATE		
H. J. SCHARDEIN, JR EXECUTIVE DIRECTOR	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]	502	540-6000	09	06	26
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)*

Berrytown Report for **May-09** Tot. Exc.= 0

Tot. Flow= 3.818

Date	Flow	Concentrations TSS	BOD	NH3	Fecal	Pounds TSS	BOD	NH3	Tot. Phos.
5/1/09	0.12								
5/2/09	0.17								
5/3/09	0.164								
5/4/09	0.156	3	3	0.11	1	3.903	3.903	0.143	
5/5/09	0.141								
5/6/09	0.153								
5/7/09	0.2								
5/8/09	0.251								
5/9/09	0.347								
5/10/09	0.241								
5/11/09	0.177	5	3	0.055	1	7.381	4.429	0.081	
5/12/09	0.136								
5/13/09	0.114								
5/14/09	0.115								
5/15/09	0.109								
5/16/09	0.117								
5/17/09	0.112								
5/18/09	0.11	3	3	0.055	1	2.752	2.752	0.050	
5/19/09	0.077								
5/20/09	0.073								
5/21/09	0.067								
5/22/09	0.069								
5/23/09	0.066								
5/24/09	0.063								
5/25/09	0.07								
5/26/09	0.074								
5/27/09	0.059	2	3	1.2	1	0.984	1.476	0.590	
5/28/09	0.066								
5/29/09	0.07								
5/30/09	0.065								
5/31/09	0.066								
Average	0.123	3.25	3.00	0.36	1.00	3.76	3.14	0.22	0.00
Maximum	0.347	5.00	3.00	1.20	1.00	7.38	4.43	0.59	0.00