



*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)*

August 24, 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 – July 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 July 2009.

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

Sincerely,

A handwritten signature in cursive script that reads "Duane V. Wright".

Duane V. Wright  
Process Supervisor Central Region

DVW/Berrytown 0709

Enclosures

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



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

NAME DEFTOWN WGTG INC  
ADDRESS 670 CEDAR CREEK STP  
640 CEDAR CREEK RD  
LOUISVILLE KY 40212  
FACILITY DEFTOWN WGTG INC  
LOCATION LOUISVILLE KY 40222  
ATTN: DANNIE THOMASON, SR METRO OPS

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

RY0004501	001 2
PERMIT NUMBER	DISCHARGE NUMBER

MINOR  
15000 LBS  
F - FINAL  
SANITARY WASTE WATER  
EFFLUENT  
\*\*\* NO DISCHARGE \*\*\*

## MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	07	07	01		07	07	01

**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			
TOXICITY DISINFECTED (DB)	SAMPLE MEASUREMENT	*****	*****		7	*****	*****	(17)	0	0/07	GR
TOXICITY DISINFECTED (DB)	PERMIT REQUIREMENT	*****	*****	*****	INST MIN	*****	*****	MG/L			
EFFLUENT GROSS VALUE											
TOXICITY DISINFECTED (DB)	SAMPLE MEASUREMENT	*****	*****		6.8	*****	7.0	(12)	0	0/07	GR
TOXICITY DISINFECTED (DB)	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	7.0	MG/L			
EFFLUENT GROSS VALUE					MINIMUM		MAXIMUM	MG/L			
TOXICITY DISINFECTED (DB)	SAMPLE MEASUREMENT	1.40VW 2.5	1.60VW 2.9	(24)	*****	3	3	(17)	0	0/17	CD
TOXICITY DISINFECTED (DB)	PERMIT REQUIREMENT	18.8 30 DA AVG	37.6 DAILY MX	LB/DY	*****	30	30	MG/L			
EFFLUENT GROSS VALUE						30 DA AVG	DAILY MX	MG/L			
TOXICITY DISINFECTED (DB)	SAMPLE MEASUREMENT	0.030VW 0.07	0.060VW 0.12	(24)	*****	0.1	0.1	(17)	0	0/07	CD
TOXICITY DISINFECTED (DB)	PERMIT REQUIREMENT	2.50 30 DA AVG	5.00 DAILY MX	LB/DY	*****	4	8	MG/L			
EFFLUENT GROSS VALUE						30 DA AVG	DAILY MX	MG/L			
TOXICITY DISINFECTED (DB)	SAMPLE MEASUREMENT	0.0740VW 0.098	0.261	(03)	*****	*****	*****	(17)	0	CN	CN
TOXICITY DISINFECTED (DB)	PERMIT REQUIREMENT	REPORT	REPORT	MG/D	*****	*****	*****	*****			
EFFLUENT GROSS VALUE											
TOXICITY DISINFECTED (DB)	SAMPLE MEASUREMENT	*****	*****		*****	0.010	0.010	(17)	0	0/07	GR
TOXICITY DISINFECTED (DB)	PERMIT REQUIREMENT	*****	*****	*****	*****	0.011	0.011	MG/L			
EFFLUENT GROSS VALUE						MO AVG	DAILY MX	MG/L			
TOXICITY DISINFECTED (DB)	SAMPLE MEASUREMENT	*****	*****		*****	1	1	(17)	0	0/07	GR
TOXICITY DISINFECTED (DB)	PERMIT REQUIREMENT	*****	*****	*****	*****	200	400	MG/L			
EFFLUENT GROSS VALUE						30 DA GED	7 DA GED	MG/L			
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.			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE		
H. J. SHARDEW, JR.							502-540-6000		09 08 25		
EXECUTIVE DIRECTOR							AREA CODE		NUMBER		
TYPED OR PRINTED											
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference to "Reference" is not required)											

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

NAME  
 ADDRESS  
 FACILITY  
 LOCATION

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

Form Approved.  
 OMB No. 2040-0004

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	07	11	07	07	31

FROM TO

MINOR  
 (SUBR L...)  
 F - FINAL  
 SANITARY WASTE/WATER  
 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			
05 DAY, 200 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	2.61,9	2.71,9	(26)	*****	3	3	(26)	0	0/07	CP
	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										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

H.J. SCHIARDEN, 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		
AREA CODE	NUMBER	YEAR	MO	DAY
502	5406000	09	08	25

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

Berrytown	Report for	Jul-09		Tot. Exc.=		0			
Tot. Flow=	2.303	Concentrations				Pounds			
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
7/1/09	0.058								
7/2/09	0.062	3	3	0.11	1	1.551	1.551	0.057	
7/3/09	0.06								
7/4/09	0.06								
7/5/09	0.064								
7/6/09	0.06								
7/7/09	0.062								
7/8/09	0.057								
7/9/09	0.059	3	3	0.056	1	1.476	1.476	0.028	
7/10/09	0.06								
7/11/09	0.048								
7/12/09	0.047								
7/13/09	0.042								
7/14/09	0.042								
7/15/09	0.046								
7/16/09	0.046	3	3	0.11	1	1.151	1.151	0.042	
7/17/09	0.045								
7/18/09	0.046								
7/19/09	0.045								
7/20/09	0.059								
7/21/09	0.042								
7/22/09	0.072								
7/23/09	0.059	3	3	0.11	1	1.476	1.476	0.054	
7/24/09	0.05								
7/25/09	0.066								
7/26/09	0.126								
7/27/09	0.074								
7/28/09	0.066								
7/29/09	0.242								
7/30/09	0.177								
7/31/09	0.261								
Average	0.074	3.00	3.00	0.10	1.00	1.41	1.41	0.05	0.00
Maximum	0.261	3.00	3.00	0.11	1.00	1.55	1.55	0.06	0.00
Exceed.	4	0	0	0	0	0	0	0	