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

October 21, 2009

Ms. Carolena Bentley
Kentucky Division of Water
200 Fair Oaks Lane
Frankfort, Kentucky 40601

Re: MSD Metro Operations
Berrytown WQTC; KPDES No.: KY0036501
Discharge Monitoring Reports – September 2009

Dear Ms. Bentley:

Attached is the Discharge Monitoring Reports (DMRs) and the Monthly Operating Report (MOR) for the Berrytown WQTC, KPDES No.: KY0036501 for the month of September 2009.

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

Sincerely,

Duane V. Wright

Duane V. Wright
Process Supervisor Central Region

DVW/Berrytown 0909

Enclosures

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

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME BERRYTOWN WSTC MSD
ADDRESS C/O CEDAR CREEK STP
1405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY BERRYTOWN WSTC 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

KY0036501 — PERMIT NUMBER
001 2 — DISCHARGE NUMBER

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

JEFF2

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	07	01	TO	07	09	30

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)	SAMPLE MEASUREMENT	*******	*******		7	*******	*******	(19)	0	01/07	GR
00300 1 0 0	PERMIT REQUIREMENT	*******	*******	****	7 INST MIN	*******	*******	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE											
PH	SAMPLE MEASUREMENT	*******	*******		6.3	*******	7.0	(12)	0	01/07	GR
00400 1 0 0	PERMIT REQUIREMENT	*******	*******	****	6.0 MINIMUM	*******	9.0 MAXIMUM	SU		WEEKLY	GRAB
EFFLUENT GROSS VALUE											
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	1.7	2.7	(26)	*******	4	7	(19)	0	01/07	CP
00530 1 0 0	PERMIT REQUIREMENT	18.8 30DA AVG	37.6 DAILY MX	LBS/DY	*******	30 30DA AVG	60 DAILY MX	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE											
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.10	0.11	(26)	*******	0.2	0.3	(19)	0	01/07	CP
00610 1 0 0	PERMIT REQUIREMENT	2.50 30DA AVG	5.00 DAILY MX	LBS/DY	*******	2 30DA AVG	3 DAILY MX	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE											
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.058	0.128	(03)	*******	*******	*******		0	CN	CN
50050 1 0 0	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	*******	*******	*******	****		CONTINUOUS	CONTIN UOUS
EFFLUENT GROSS VALUE								****			
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	<0.010	<0.010	(19)	0	01/07	GR
50060 1 0 1	PERMIT REQUIREMENT	*******	*******	****	*******	0.011 MO AVG	0.019 DAILY MX	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE											
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*******	*******		*******	1	1	(13)	0	01/07	GR
74055 1 0 0	PERMIT REQUIREMENT	*******	*******	****	*******	200 30DA GEO	400 7 DA GEO	#/ 100ML		WEEKLY	GRAB
EFFLUENT GROSS VALUE											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE		
H.J. SCHARDIN, 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.	H. J. Schardin	502 540 6000	09	10	21
EXECUTIVE DIRECTOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	YEAR	MO	DAY
TYPED OR PRINTED						

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

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

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

Form Approved.
OMB No. 2040-0004

NAME BEARYTOWN WQTC MSD
ADDRESS C/O CEDAR CREEK STP
3435 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY BEARYTOWN WQTC MSD
LOCATION LOUISVILLE KY 40222
ATTN DENNIS THOMASSON, SR METRO OPS

PERMIT NUMBER	DISCHARGE NUMBER
KY0036501	001 2

	MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	[illegible]	[illegible]	[illegible]	TO	[illegible]	[illegible]	[illegible]

MINOR
(SUBR LV)
F - FINAL DEFF
SANITARY WASTEWATER
EFFLUENT
*** NO DISCHARGE |__| ***

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
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	1.2	1.6	(26)	******	3	4	(19)	0	01/07	CD
80082 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	[illegible]
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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.	Duane V. Knight	502	540 6000	09	10	21
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

Berrytown		Report for	**Sep-09**		Tot. Exc.=	0			
Tot. Flow=	1.753		Concentrations				Pounds		
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
9/1/09	0.046								
9/2/09	0.048								
9/3/09	0.047	2	3	0.28	1	0.784	1.176	0.110	
9/4/09	0.045								
9/5/09	0.045								
9/6/09	0.044								
9/7/09	0.054								
9/8/09	0.049								
9/9/09	0.05								
9/10/09	0.047	7	4	0.22	1	2.744	1.568	0.086	
9/11/09	0.046								
9/12/09	0.048								
9/13/09	0.048								
9/14/09	0.044								
9/15/09	0.045								
9/16/09	0.043								
9/17/09	0.045	4	2	0.28	1	1.501	0.751	0.105	
9/18/09	0.049								
9/19/09	0.05								
9/20/09	0.073								
9/21/09	0.128								
9/22/09	0.077								
9/23/09	0.107								
9/24/09	0.068	3	2	0.17	1	1.701	1.134	0.096	
9/25/09	0.086								
9/26/09	0.07								
9/27/09	0.082								
9/28/09	0.063								
9/29/09	0.053								
9/30/09	0.053								
10/1/09									
Average	0.058	4.00	2.75	0.24	1.00	1.68	1.16	0.10	0.00
Maximum	0.128	7.00	4.00	0.28	1.00	2.74	1.57	0.11	0.00
Exceed.	5	0	0	0	0	0	0	0	