MSD

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

February 25, 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 – January 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 January 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 0109

Enclosures

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

Form Approved.
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME BEARGTOWN STP MSD
ADDRESS C/O CEDAR CREEK STP
6415 CEDAR CREEK RD
LOUISVILLE KY 40214
FACILITY BEARGTOWN STP MSD
LOCATION LOUISVILLE KY 40223
ATTN DENNIS THOMASSON, SR METRO OPS

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

KY0036501 — PERMIT NUMBER
001 2 — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	01	01	TO	07	01	31

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

JEFFE

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	******	******		8	******	******	(19)	0	01/07	GR
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	7 INST MIN	******	******	MG/L		WEEKLY	GRAB
PH	SAMPLE MEASUREMENT	******	******		6.6	******	8.0	(12)	0	01/07	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	2.6	3.3	(26)	******	4	4	(19)	0	01/07	CP
00530 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
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.1	0.1	(26)	******	0.1	0.1	(19)	0	01/07	CP
00610 1 2 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	6.26 30DA AVG	12.5 DAILY MX	LBS/DY	******	10 30DA AVG	20 DAILY MX	MG/L		WEEKLY	COMPOS
FLOW IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.084	0.206	(03)	******	******	******		0	CN	CN
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	******	******	******	**** ****		CONTINUOUS	CONTIN
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******	<0.010	<0.010	(19)	0	01/07	GR
50060 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	0.011 MO AVG	0.019 DAILY MX	MG/L		WEEKLY	GRAB
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	******	******		******	1	1	(13)	0	01/07	GR
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	200 30DA GEO	400 7 DA GEO	#/ 100ML		WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
H.J. Schnabel, Jr. Exec. 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.	H.J. Schnabel, Jr.	AREA CODE 502	NUMBER 540-6000	YEAR 97	MO 7	DAY 25
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

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 LOCATION BERRYTOWN STP MSD
LOUISVILLE KY 40222

ATTN: DENNIS THOMASSON, SR METRO OPS

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

PERMIT NUMBER	DISCHARGE NUMBER
KY0036501	001 2

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	01	01	TO	07	01	31

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

Form Approved.
OMB No. 2040-0004

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	2.0	2.5	(26)	******	3	4	(19)	Ø	4/7	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

H. J. Schardein, 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]

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
502	540-6000	9	2	25
AREA CODE	NUMBER	YEAR	MO	DAY

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

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

Tot. Flow= 2.616 Concentrations Pounds

Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
1/1/09	0.081	4	3	0.055	1	2.702	2.027	0.037	
1/2/09	0.079								
1/3/09	0.075								
1/4/09	0.081								
1/5/09	0.078								
1/6/09	0.088								
1/7/09	0.118								
1/8/09	0.1	4	3	0.055	1	3.336	2.502	0.046	
1/9/09	0.082								
1/10/09	0.103								
1/11/09	0.109								
1/12/09	0.088								
1/13/09	0.08								
1/14/09	0.078								
1/15/09	0.075	4	3	0.11	1	2.502	1.877	0.069	
1/16/09	0.068								
1/17/09	0.062								
1/18/09	0.056								
1/19/09	0.06								
1/20/09	0.057								
1/21/09	0.062								
1/22/09	0.052	4	4	0.11	1	1.735	1.735	0.048	
1/23/09	0.072								
1/24/09	0.06								
1/25/09	0.062								
1/26/09	0.059								
1/27/09	0.06								
1/28/09	0.206								
1/29/09	0.152								
1/30/09	0.115								
1/31/09	0.098								
Average	0.084	4.00	3.25	0.08	1.00	2.57	2.03	0.05	0.00
Maximum	0.206	4.00	4.00	0.11	1.00	3.34	2.50	0.07	0.00