



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

April 26, 2010

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 – March 2010

Dear Ms. Bentley:

Attached are the Discharge Monitoring Reports (DMRs) and the Monthly Operating Report (MOR) for the Berrytown WQTC, KPDES No.: KY0036501 for the month of March 2010.

Also attached is a bypass letter and overflow report.

There were no exceedences.

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 03.10

Enclosures

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



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

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

ADDRESS

FACILITY
LOCATION

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

PERMIT NUMBER

DISCHARGE NUMBER

MINOR
1988
F - FINAL

Form Approved.
OMB No. 2040-0004

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
1988	07	15	TO	1988	07	15

FROM

TO

SANITARY SEWAGE
EFFLUENT

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			
1. TOTAL DISSOLVED SOLIDS (TDS)	SAMPLE MEASUREMENT	*****	*****	MG/L	7	*****	*****	MG/L	0	1/07	GR
2. EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	MG/L	INST MIN	*****	*****	MG/L		WEEKLY	GRAB
3. EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	MG/L	6.8	*****	7.0	MG/L	0	1/07	GR
4. EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	MG/L	6.0 MINIMUM	*****	9.0 MAXIMUM	MG/L		WEEKLY	GRAB
5. SUSPENDED SOLIDS	SAMPLE MEASUREMENT	3.1	5.9	MG/L	*****	6	11	MG/L	0	1/07	IP
6. EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	18.8 BOD5 AVG	37.6 DAILY MX	MG/L	*****	30 BOD5 AVG	60 DAILY MX	MG/L		WEEKLY	COMPOS
7. TOTAL PHOSPHORUS	SAMPLE MEASUREMENT	0.19	0.3	MG/L	*****	0.4	0.5	MG/L	0	1/07	IP
8. EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	6.35 BOD5 AVG	12.5 DAILY MX	MG/L	*****	10 BOD5 AVG	20 DAILY MX	MG/L		WEEKLY	COMPOS
9. THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.072	0.128	MG/L	*****	*****	*****	MG/L	0	1/07	IP
10. EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT BOD5 AVG	REPORT INST MAX	MG/L	*****	*****	*****	MG/L		CONTINUOUS	CONTIN
11. RESIDUAL	SAMPLE MEASUREMENT	*****	*****	MG/L	*****	<0.010	<0.010	MG/L	0	1/07	GR
12. EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	MG/L	*****	0.011 MG AVG	0.019 DAILY MX	MG/L		WEEKLY	GRAB
13. GENERAL	SAMPLE MEASUREMENT	*****	*****	MG/L	*****	1	2	MG/L	0	1/07	GR
14. EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	MG/L	*****	200 BOD5 GEQ	400 7 DA GEQ	MG/L		WEEKLY	GRAB
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.				TELEPHONE		DATE			
1. J. SCHWARTZ, JR.											
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)						502	5406000	1988	07	26	

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

NAME

ADDRESS C/O CEDAR CREEK WOTO

FACILITY

LOCATION

LOUISVILLE KY 40222

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved.
OMB No. 2040-0004

DISCHARGE MONITORING REPORT (DMR)

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
01	01	01	TO	01	01	01

OTHER

(SUPERVISOR)

P - FINAL

SANITARY WASTE/SLUDGE

EFFLUENT

*** NO DISCHARGE ***

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			
PERMIT REQUIREMENT		1.7	2.0	(25)	*****	3	5	(15)		0/07	CP
EFFLUENT GROSS VALUE		15.8	37.5	(15-DY)	*****	30	50	(15-DY)		WEEKLY	COMPOS
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
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PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											

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.	TELEPHONE	DATE			
U.S. SHARDCON, INC. EXECUTIVE DIRECTOR TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR

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

Berrytown		Report for	Mar-10		Tot. Exc.=		0			
Tot. Flow=		2.234	Concentrations				Pounds			
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.	
3/1/10	0.07									
3/2/10	0.064									
3/3/10	0.064	11	3	0.5	1	5.871	1.601	0.267	1.4	
3/4/10	0.057									
3/5/10	0.055									
3/6/10	0.06									
3/7/10	0.052									
3/8/10	0.047									
3/9/10	0.046	3	5	0.22	1	1.151	1.918	0.084		
3/10/10	0.052									
3/11/10	0.047									
3/12/10	0.087									
3/13/10	0.128									
3/14/10	0.047									
3/15/10	0.092									
3/16/10	0.078	5	3	0.39	2	3.253	1.952	0.254		
3/17/10	0.076									
3/18/10	0.067									
3/19/10	0.064									
3/20/10	0.063									
3/21/10	0.063									
3/22/10	0.079									
3/23/10	0.068	4	2	0.28	1	2.268	1.134	0.159		
3/24/10	0.063									
3/25/10	0.066									
3/26/10	0.109									
3/27/10	0.097									
3/28/10	0.094									
3/29/10	0.104									
3/30/10	0.093									
3/31/10	0.082									
Average	0.072	5.75	3.25	0.35	1.19	3.14	1.65	0.19	1.40	
Maximum	0.128	11.00	5.00	0.50	2.00	5.87	1.95	0.27	1.40	



700 West Liberty Street
Louisville Kentucky 40203-1911
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March 26, 2010

Mr. Charlie Roth, District Supervisor
KY Division of Water
Louisville Regional Office
9116 Leesgate Road
Louisville, KY 40222-5084

Re: Bypass Report for the: Berrytown WQTC- KPDES Permit: KY0036501

Dear Mr. Roth:

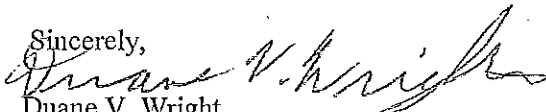
This plant experienced a bypass event and has been reported through our electronic notification system at approximately 09:40 AM on March 29, 2010, referencing Work Order 1043411 as a Dry Weather Discharge. This letter serves as a written report of the bypass as required by 401 KAR 5:065.

Provided below are the details of the bypass event:

- Description of the noncompliance and its cause: Approximately 3000 gallons bypassed dechlorination treatment due to a broken water line. The operator shut off the Sulfur Dioxide feed while repairs were made to damaged water line. The wastewater did receive full Secondary treatment.
- Period of noncompliance: Starting 11:23 AM on March 26, 2010 and stopping 11:53 AM on March 26, 2010.
- Steps taken or planned to reduce, eliminate and prevent recurrence: We will evaluate the water feed system and take precautionary measures to protect the domestic water line. Repairs will be made by May 3, 2010.
- Additional comments: no additional comments

Please advise if you have any questions concerning this information. You can contact me on my office telephone at (502)-239-7574, my cell phone at (502)-396-9142 or via email at wrightd@msdlouky.org.

Sincerely,


Duane V. Wright
Process Supervisor-Operations

cc: Gary Levy, KDEP
Paula Purifoy, MSD
eB File



Report Selections: Excluding PPI, CSO, Prob Code: BYPAS, Result: WUS, Act Code: DISDW, DISREV, DISSUS

KPDES # KY0036501	Facility ID MSD0209	Water Quality Treatment Center BERRYTOWN			Receiving Stream of Treatment Center FLOYDS FORK			Region CENT		
Facility Type SPL Sewer Treatment Plant	Facility ID MSD0209	Facility Address 1203 HEAFER RD	If Pump Station, Name of Pump Station:			Receiving Stream FLOYDS FORK		Discharge to STREAM		
<u>Activity Code / Description</u> DISDW: DRY WEATHER DISCHARGE	<u>WO #</u> 1043411	<u>Initiated</u> 03/26/10 11:23 AM	<u>Initiated By</u> ELDER	<u>Assigned To</u> WRIGHT	<u>Disch Status</u> REPAIRED - ISSUE RESOLVED	<u>Event Date</u> 03/26/10	<u>Problem</u> BYPASS AT WQTC	<u>Result</u> UNAUTHORIZED DISCHARGE - WATERS	<u>Completed</u> 03/26/10 11:53 AM	<u>Condition</u>

Spot Inspections:

Discharge Amount:	3,000 GAL
Cause:	BROKEN DOMESTIC WATER LINE THAT FEEDS THE SO2 SYSTEM
Clean Up:	NO DEBRIS, NO CLEANUP
Control Zone:	PERMANENT SIGNS, - PIPE DISCHARGING UNDERWATER, DIRECTLY INTO STREAM
Impact:	NON DECHLORINATED WATER RELEASED THROUGH EFFLUENT LINE DUE TO SO2 FEED LINE BREAK
Repair:	WATER SUPPLY SHUT OFF WHILE REPAIRS WERE MADE TO THE LINE & RETURNED TO SERVICE

Notifications:

03/26/10 01:44 PM	DISPUB	o PERMANENT SIGNS POSTED IN AREA o http://www.msdlouky.org/projectwin/
03/29/10 09:41 AM	DISNOT	Manual email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov