



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

September 21, 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 – August 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 August 2010.

There were no exceedences, bypass or overflow reports.

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 08.10

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 BERRYTOWN WQTC MSD
 ADDRESS C/O CEDAR CREEK WQTC
 5405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY BERRYTOWN WQTC MSD
 LOCATION LOUISVILLE KY 40222
 ATTN: DONNIS THOMASSEN SR METRO OPS

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

PERMIT NUMBER KY0036501
 DISCHARGE NUMBER 001 2

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	10	01	01		10	01	01

MINOR (SUBR LV)
 F - FINAL
 SANITARY WASTEWATER
 EFFLUENT
 *** NO DISCHARGE 1 ***

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			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****		7	*****	*****	(17)	0	%	GR
DO300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE											
PH	SAMPLE MEASUREMENT	*****	*****		6.8	*****	7.0	(12)	0	%	GR
DO400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	7.0 MAXIMUM	5U		WEEKLY	GRAB
EFFLUENT GROSS VALUE											
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	0.9	0.9	(25)	*****	2	2	(17)	0	%	CD
DO500 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	0.18	0.30	(26)	*****	0.4	0.7	(17)	0	%	CD
DO610 1 1 0	PERMIT REQUIREMENT	2.50 30DA AVG	5.00 DAILY MX	LBS/DY	*****	4 30DA AVG	8 DAILY MX	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE											
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.055	0.068	(03)	*****	*****	*****		0	CN	CN
DO650 1 0 0	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	*****	*****	*****	****		CONTINUOUS	IN
EFFLUENT GROSS VALUE											
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	20.010	20.010	(17)	0	%	GR
DO660 1 0 1	PERMIT REQUIREMENT	*****	*****	****	*****	0.011 MD AVG	0.017 DAILY MX	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE											
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	9	28	(13)	0	%	GR
DO655 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	200 30DA GEO	400 7 DA GEO	100ML		WEEKLY	GRAB
EFFLUENT GROSS VALUE											
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			
H.J. SCHARDEIN, JR. EXECUTIVE DIRECTOR TYPED OR PRINTED											
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				502	5406000	10	9	23	
						AREA CODE	NUMBER	YEAR	MO	DAY	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)											

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

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LOCATION LOUISVILLE KY 40222
ATTN: DENNIS THOMASSON, SR METRO OPS

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

KY0000001

PERMIT NUMBER

001 2

DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO.	DAY	TO	YEAR	MO.	DAY
10	00	01		10	00	01

FROM

TO

MINOR
(SUBR LV)
F - FINAL
SANITARY WASTEWATER
EFFLUENT
*** NO DISCHARGE 1 1 ***

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			
100. CARBONACEOUS 5 DAY, 20C BOD5 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.0	1.3	(25)	*****	2	3	(17)	0	9/17	CP
	PERMIT REQUIREMENT	18.8	37.6		*****	30	60				
		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H. J. SHARDEW, 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 H. J. ShardeW, Jr.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
802 540 6000

DATE
10 9 23

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

Berrytown	Report for	Aug-10			Tot. Exc.=		0		
Tot. Flow=	1.693	Concentrations					Pounds		
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
8/1/10	0.052								
8/2/10	0.051								
8/3/10	0.051	2	3	0.28		0.851	1.276	0.119	
8/4/10	0.053								
8/5/10	0.053								
8/6/10	0.055								
8/7/10	0.055								
8/8/10	0.053								
8/9/10	0.053								
8/10/10	0.056	2	2	0.22	1	0.934	0.934	0.103	
8/11/10	0.051								
8/12/10	0.055								
8/13/10	0.058								
8/14/10	0.066								
8/15/10	0.067								
8/16/10	0.068								
8/17/10	0.056	2	2	0.39	24	0.934	0.934	0.182	1.51
8/18/10	0.049								
8/19/10	0.052								
8/20/10	0.052								
8/21/10	0.067								
8/22/10	0.062								
8/23/10	0.054								
8/24/10	0.053	2	2	0.67	28	0.884	0.884	0.296	
8/25/10	0.051								
8/26/10	0.047								
8/27/10	0.051								
8/28/10	0.055								
8/29/10	0.055								
8/30/10	0.046								
8/31/10	0.046								
Average	0.055	2.00	2.25	0.39	8.76	0.90	1.01	0.18	1.51
Maximum	0.068	2.00	3.00	0.67	28.00	0.93	1.28	0.30	1.51