



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

November 16, 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 – October 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 October 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 10.10

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  
 8408 CEDAR CREEK RD  
 LOUISVILLE KY 40211  
 FACILITY BERRYTOWN WQTC MSD  
 LOCATION LOUISVILLE KY 40222  
 ATTN: DENNIS THOMASSEN, SR METRO OPS

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

KY0036501  
 PERMIT NUMBER

001 2  
 DISCHARGE NUMBER

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

JEFFE

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

FROM

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			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****		7	*****	*****	( 19 )	0	0%	GR
DO000 1 0 0	PERMIT REQUIREMENT	*****	*****	****	7	*****	*****	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE				****	INST MIN						
PH	SAMPLE MEASUREMENT	*****	*****		6.9	*****	7.2	( 12 )	0	0%	GR
PH0400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0	SU		WEEKLY	GRAB
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	0.9/1.0	1.6	( 26 )	*****	3	5	( 19 )	0	0%	CP
SS0530 1 0 0	PERMIT REQUIREMENT	18.8	37.6	LBS/DY	*****	30	60	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX			30DA AVG	DAILY MX				
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.13	0.15	( 26 )	*****	0.4	0.5	( 19 )	0	0%	CP
NN0610 1 1 0	PERMIT REQUIREMENT	2.50	5.00	LBS/DY	*****	4	8	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX			30DA AVG	DAILY MX				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.038	0.047	( 03 )	*****	*****	*****		0	CN	CN
FF0050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	****		CONTINUOUS	IN
EFFLUENT GROSS VALUE		30DA AVG	INST MAX					****		WEEKLY	GRAB
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	( 19 )	0	0%	GR
CC0060 1 0 1	PERMIT REQUIREMENT	*****	*****	****	*****	0.011	0.019	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE				****		MO AVG	DAILY MX				
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	1	4	( 13 )	0	0%	GR
FG0055 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	*/		WEEKLY	GRAB
EFFLUENT GROSS VALUE				****		30DA GED	7 DA GED	100ML			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 H.J. SCHARDEIN, 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  
 Dianne V. Wright

TELEPHONE 502 540 6000  
 DATE 10 11 22  
 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)

NAME BERRYTOWN WQTC MSD  
 ADDRESS C/O CEDAR CREEK WQTC  
 8405 CEDAR CREEK RD  
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
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KY0036501  
 PERMIT NUMBER

001 2  
 DISCHARGE NUMBER

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

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
10	10	01		10	10	31

FROM

TO

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 5 DAY, 20C	SAMPLE MEASUREMENT	1.5	2.0 <sup>20W</sup> +7	(26)	*****	5	6	(19)	0	07	CP
BODS2 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	COMPLS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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H.J. SCHARDRIN, JR.

EXECUTIVE DIRECTOR

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

502 540 6000

10 11 22

AREA CODE

NUMBER

YEAR

MO

DAY

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

<b>Berrytown</b>	Report for	<b>Oct-10</b>	Tot. Exc.= 0						
Tot. Flow=	1.179	Concentrations	BOD	NH3	Fecal	TSS	Pounds BOD	NH3	Tot. Phos.
Date	Flow	TSS							
10/1/10	0.04								
10/2/10	0.04								
10/3/10	0.041								
10/4/10	0.035	2	4	0.5	1	0.584	1.168	0.146	
10/5/10	0.036								
10/6/10	0.036								
10/7/10	0.038								
10/8/10	0.027								
10/9/10	0.027								
10/10/10	0.04								
10/11/10	0.039	5	5	0.3	4	1.626	1.626	0.098	
10/12/10	0.039								
10/13/10	0.039								
10/14/10	0.039								
10/15/10	0.033								
10/16/10	0.04								
10/17/10	0.041								
10/18/10	0.039	4	6	0.4	1	1.301	1.952	0.130	
10/19/10	0.042								
10/20/10	0.036								
10/21/10	0.037								
10/22/10	0.039								
10/23/10	0.038								
10/24/10	0.04								
10/25/10	0.034	1	4	0.45	1	0.284	1.134	0.128	
10/26/10	0.047								
10/27/10	0.04								
10/28/10	0.037								
10/29/10	0.038								
10/30/10	0.039								
10/31/10	0.043								
Average	0.038	3.00	4.75	0.41	1.41	0.95	1.47	0.13	0.00
Maximum	0.047	5.00	6.00	0.50	4.00	1.63	1.95	0.15	0.00