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

July 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 – June 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 June 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,

Duane V. Wright
Process Supervisor Central Region

DVW/Berrytown 06.10

Enclosures

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

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME [illegible]
ADDRESS C/O CEDAR CREEK WWTC
9400 CEDAR CREEK RD
LOUISVILLE KY 40241
FACILITY [illegible]
LOCATION LOUISVILLE KY 40232
ATTN: DONALD THOMASSON SR METRO DPD

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

PERMIT NUMBER [illegible] | DISCHARGE NUMBER [illegible]

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

MINOR
(SUBP [illegible]
7 - FINAL
SANITARY WASTEWATER
EFFLUENT
NO DISCHARGE [illegible]

Form Approved.
OMB No. 2040-0004

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) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT				7				0	1/7	GR
	PERMIT REQUIREMENT				INST MIN			MG/L			
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT				6.8		7.1		0	1/7	GR
	PERMIT REQUIREMENT				6.0 MINIMUM		9.0 MAXIMUM	SU			
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.1	1.4			2	2		0	1/7	CP
	PERMIT REQUIREMENT	15.8 30DA AVG	37.5 DAILY MX	LBS/DY		30 30DA AVG	60 DAILY MX	MG/L			
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.80	1.55			1	2		0	1/7	CP
	PERMIT REQUIREMENT	2.50 30DA AVG	5.00 DAILY MX	LBS/DY		3 30DA AVG	6 DAILY MX	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.068	0.143						0	CN	CN
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD				*****		CONTINUOUS	
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT					<0.010	<0.010		0	1/7	GR
	PERMIT REQUIREMENT					0.011 MO AVG	0.017 DAILY MX	MG/L			
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT					3	9		0	1/7	GR
	PERMIT REQUIREMENT					200 30DA GEO	400 7 DA GEO	#/100ML			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE		
W. J. SCHNOEN 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.	[signature]	AREA CODE 502	NUMBER [illegible]	YEAR 10	MO 7	DAY 27
EXECUTIVE DIRECTOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					
TYPED OR PRINTED							

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

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

NAME [illegible] WQTC MSD

ADDRESS C/O CEDAR CREEK WQTC
[illegible] CEDAR CREEK RD
LOUISVILLE KY 402[illegible]

FACILITY [illegible] WQTC MSD

LOCATION LOUISVILLE KY 40222

ATTN: DENNIS THOMASSON, SR METRO OPS

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

PERMIT NUMBER: [illegible]

DISCHARGE NUMBER: [illegible]

MONITORING PERIOD

	YEAR	MO.	DAY		YEAR	MO.	DAY
FROM	[illegible]	[illegible]	[illegible]	TO	[illegible]	[illegible]	[illegible]

MINOR
(SUBR [illegible])
F - FINAL
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	1.1	1.4	(26)	******	2	2	(19)	0	1/7	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. [illegible], 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]

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
502	540-6000	[illegible]	7	27
AREA CODE	NUMBER	YEAR	MO	DAY

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

Berrytown Report for **Jun-10** Tot. Exc.= 0

Tot. Flow= 2.046 Concentrations Pounds

Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
6/1/10	0.055	2	2	0.45	2	0.917	0.917	0.206	
6/2/10	0.057								
6/3/10	0.065								
6/4/10	0.051								
6/5/10	0.051								
6/6/10	0.049								
6/7/10	0.047								
6/8/10	0.049	2	2	0.45	9	0.817	0.817	0.184	
6/9/10	0.103								
6/10/10	0.084								
6/11/10	0.066								
6/12/10	0.066								
6/13/10	0.063								
6/14/10	0.104								
6/15/10	0.083	2	2	2.24	2	1.384	1.384	1.551	5.44
6/16/10	0.101								
6/17/10	0.076								
6/18/10	0.066								
6/19/10	0.143								
6/20/10	0.108								
6/21/10	0.075								
6/22/10	0.071	2	2	2.13	2	1.184	1.184	1.261	
6/23/10	0.058								
6/24/10	0.052								
6/25/10	0.051								
6/26/10	0.051								
6/27/10	0.05								
6/28/10	0.051								
6/29/10	0.051								
6/30/10	0.049								
Average	0.068	2.00	2.00	1.32	2.91	1.08	1.08	0.80	5.44
Maximum	0.143	2.00	2.00	2.24	9.00	1.38	1.38	1.55	5.44