



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

December 18, 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 – November 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 November 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, reading "Duane V. Wright".

Duane V. Wright
Process Supervisor Central Region

DVW/Berrytown 11.10

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
 8405 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
 (SUBR LV)
 F - FINAL
 SANITARY WASTEWATER
 EFFLUENT
 *** NO DISCHARGE 1.1 ***
 JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
10	11	01		10	11	30

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	%	GR
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE											
PH	SAMPLE MEASUREMENT	*****	*****		6.9	*****	7.1	(12)	0	%	GR
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	EU		WEEKLY	GRAB
EFFLUENT GROSS VALUE											
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	0.8	1.1	(26)	*****	2	3	(19)	0	%	CP
00530 1 0 0	PERMIT REQUIREMENT	18.8	37.6		*****	30	60			WEEKLY	SURFUS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.21	0.4	(26)	*****	0.51 ^{OVW}	1	(19)	0	%	CP
00610 1 2 0	PERMIT REQUIREMENT	6.26	12.5		*****	10	20			WEEKLY	SURFUS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.061	0.220	(03)	*****	*****	*****		0	CN	CN
00050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		CONTIN	CONTIN
EFFLUENT GROSS VALUE		30DA AVG	INST MAX	MGD				****		UBUS	
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	(19)	0	%	GR
00060 1 0 1	PERMIT REQUIREMENT	*****	*****	****	*****	0.011	0.019			WEEKLY	GRAB
EFFLUENT GROSS VALUE				****		MD AVG	DAILY MX	MG/L			
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	1	2	(13)	0	%	GR
74055 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	200	400 #/			WEEKLY	GRAB
EFFLUENT GROSS VALUE				****		30DA GEO	7 DA GEO	100ML			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 H. J. SCHARDEIN, JR.
 EXEC DIR.
 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

TELEPHONE
 502 5426000
 DATE
 10 12 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
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 SANITARY WASTEWATER
 EFFLUENT
 *** NO DISCHARGE [] ***

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
10	11	01		10	11	01

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 BOD5 1 G Q EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.9	1.2	(26)	*****	\$ 3	\$ 4	(17)		0/07	CP
	PERMIT REQUIREMENT	18.8 30DA AVG	37.6 DAILY MX	LBS/DY	*****	30 30DA AVG	60 DAILY MX	MG/L		WEEKLY	LUMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER H. J. SCHARDEIN, JR. EXEC. DIR 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 <i>Diane V. Wright</i>	TELEPHONE 502 5406000	DATE 10 12 22
			AREA CODE NUMBER	YEAR MO DAY

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

Berrytown	Report for	Nov-10		Tot. Exc.=		0			
Tot. Flow=	1.822	Concentrations		Pounds					
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
11/1/10	0.037								
11/2/10	0.042	3	2	0.34	1	1.051	0.701	0.119	
11/3/10	0.034								
11/4/10	0.038								
11/5/10	0.039								
11/6/10	0.043								
11/7/10	0.042								
11/8/10	0.037								
11/9/10	0.035	2	4	0.39	1	0.584	1.168	0.114	1.94
11/10/10	0.037								
11/11/10	0.029								
11/12/10	0.042								
11/13/10	0.042								
11/14/10	0.041								
11/15/10	0.036								
11/16/10	0.037								
11/17/10	0.056	2	2	0.39	1	0.934	0.934	0.182	2.4
11/18/10	0.043								
11/19/10	0.042								
11/20/10	0.043								
11/21/10	0.044								
11/22/10	0.04								
11/23/10	0.056	1	2	0.95	2	0.467	0.934	0.444	2.53
11/24/10	0.069								
11/25/10	0.15								
11/26/10	0.218								
11/27/10	0.099								
11/28/10	0.073								
11/29/10	0.058								
11/30/10	0.22								
Average	0.061	2.00	2.50	0.52	1.19	0.76	0.93	0.21	2.29
Maximum	0.220	3.00	4.00	0.95	2.00	1.05	1.17	0.44	2.53