

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

February 23, 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 – January 2010**

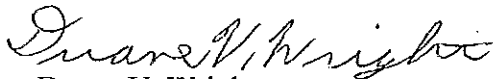
Dear Ms. Bentley:

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

There were no exceedences, bypasses 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 1210

Enclosures

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



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

NAME BERRYTOWN WGTG MSD
ADDRESS C/O CEDAR CREEK WGTG
8408 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY BERRYTOWN WGTG MSD
LOCATION LOUISVILLE KY 40222
ATTN: DANNIS THOMASOM, SR METRO OPS

KY0004501 7			001 2		
PERMIT NUMBER			DISCHARGE NUMBER		
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
00	03	04	00	03	04

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

JEFFE

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DO)	00300	*****	*****		7	*****	*****	(17)	0	01/07	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	7	*****	*****	MG/L		WEEKLY	GRAB
PH	00400	*****	*****		6.8	*****	7.3	(12)	0	01/07	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	7.0	BU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	00500	5.9	17.4	(25)	*****	5	8	(17)	0	01/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	15.8	37.5	LBS/DY	*****	30	50	MG/L		WEEKLY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	00610	0.19	0.3	(25)	*****	0.3	0.5	(17)	0	01/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.25	12.5	LBS/DY	*****	10	20	MG/L		WEEKLY	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	00050	0.106	0.301	(03)	*****	*****	*****	****	0	01/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	****		CONTIN	CONTIN
CHLORINE, TOTAL RESIDUAL	00040	*****	*****		*****	20.010	20.010	(17)	0	01/07	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.011	0.019	MG/L		WEEKLY	GRAB
COLIFORM, FECAL GENERAL	74055	*****	*****		*****	2	9	(13)	0	01/07	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	100ML		WEEKLY	GRAB

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.

Dennis Thomason, Sr.
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
502	5406000	01	02	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)

NAME BERRYTOWN WQTC MSD
 ADDRESS C/O CEDAR CREEK WQTC
 6405 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)

KY0000001		0012	
PERMIT NUMBER		DISCHARGE NUMBER	
MONITORING PERIOD			
YEAR	MO	DAY	TO
20	01	03	20
YEAR	MO	DAY	TO
20	01	03	20

MINOR (BURR LV)
 F - FINAL
 SANITARY WASTEWATER EFFLUENT
 *** NO DISCHARGE [] ***
 DEPT

Form Approved.
 OMB No. 2040-0004

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			
500. CARBON DIOXIDE 05 DAY, 20C 30082 P O O EFFLUENT GROSS VALUE		3.1	6.5	(36) LBS/DY	*****	4	5	(19) MG/L		01/07	CP
		PERMIT REQUIREMENT	18.8 30DA AVG	37.6 DAILY MX	*****	30 30DA AVG	30 DAILY MX			WEEKLY	COMPLIANCE
		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. 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.	TELEPHONE 502 540 6000 AREA CODE NUMBER	DATE		
			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Ernest V. Knight</i>	10	02

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

Berrytown		Report for	Jan-10		Tot. Exc.=		0		
Tot. Flow= Date	Flow	TSS	Concentrations		Fecal	TSS	Pounds		Tot. Phos.
			BOD	NH3			BOD	NH3	
1/1/10	0.073								
1/2/10	0.068								
1/3/10	0.064								
1/4/10	0.061	6	3	0.11	1	3.052	1.526	0.056	
1/5/10	0.056								
1/6/10	0.052								
1/7/10	0.06								
1/8/10	0.055								
1/9/10	0.053								
1/10/10	0.053								
1/11/10	0.051	3	5	0.5	1	1.276	2.127	0.213	
1/12/10	0.05								
1/13/10	0.046								
1/14/10	0.042								
1/15/10	0.051								
1/16/10	0.057								
1/17/10	0.093								
1/18/10	0.116								
1/19/10	0.081	3	3	0.39	1	2.027	2.027	0.263	Scratched
1/20/10	0.109								
1/21/10	0.232								
1/22/10	0.301								
1/23/10	0.192								
1/24/10	0.287								
1/25/10	0.26	8	3	0.11	9	17.347	6.505	0.239	
1/26/10	0.191								
1/27/10	0.141								
1/28/10	0.121								
1/29/10	0.102								
1/30/10	0.097								
1/31/10	0.086								
Average	0.106	5.00	3.50	0.28	1.73	5.93	3.05	0.19	0.00
Maximum	0.301	8.00	5.00	0.50	9.00	17.35	6.51	0.26	0.00