



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

October 12, 2011

Ms. Cheryl Edwards
Kentucky Division of Water
200 Fair Oaks Lane
Frankfort, Kentucky 40601

Re: MSD Metro Operations
Berrytown WQTC; KPDES No.: KY0036501
Discharge Monitoring Reports – September 2011

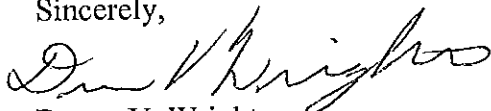
Dear Ms. Edwards:

Attached are the Discharge Monitoring Reports (DMRs) and the Monthly Operating Report (MOR) for the Berrytown WQTC, KPDES No.: KY0036501 for the month of September 2011.

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 9.11

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

ADDRESS

FACILITY

LOCATION

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

WV0034501
PERMIT NUMBER

0012
DISCHARGE NUMBER

MINOR

(SUBR LV)

F - FINAL

SANITARY WASTEWATER

EFFLUENT

*** NO DISCHARGE 1 ***

NOTE: Read Instructions before completing this form.

JEFF

LOUISVILLE KY 40222

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
11	09	01	11	09	30

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	*****	*****	(19)	0	1/1	GR
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	***	7	*****	*****	MG/L		WEEKLY	GRAB
EFFLUENT DOCS VALUE	SAMPLE MEASUREMENT	*****	*****		6.0	*****	6.9	(12)	0	1/1	GR
PH	PERMIT REQUIREMENT	*****	*****	***	6.0	*****	7.0	EU		WEEKLY	GRAB
00400 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****				
EFFLUENT DOCS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	1.3	1.6	(26)	*****	3	4	(19)	0	1/7	CD
00830 1 0 0	PERMIT REQUIREMENT	18.5	27.5	*****	*****	30	60	MG/L		WEEKLY	COMPOS
EFFLUENT DOCS VALUE	SAMPLE MEASUREMENT	3074 AVG	DAILY MX	LB/DY	*****	3074 AVG	DAILY MX	MG/L			
NITROGEN, AMMONIA TOTAL (AS N)	PERMIT REQUIREMENT	2.50	5.00	*****	*****	4	5	MG/L		WEEKLY	COMPOS
00910 1 1 0	SAMPLE MEASUREMENT	0.23	0.28 ^{0.28}	(22)	*****	0.5	0.6	(19)	0	1/7	CD
EFFLUENT DOCS VALUE	PERMIT REQUIREMENT	3074 AVG	DAILY MX	LB/DY	*****	3074 AVG	DAILY MX	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.059	0.168	(03)	*****	*****	*****		0	CN	CN
00050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT	*****	*****	*****	*****	*****		CONTIN	CONTIN
EFFLUENT DOCS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****			CONTIN	CONTIN
CHLORINE, TOTAL RESIDUAL	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****				
00060 1 0 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.010	<0.010	(19)	0	1/1	GR
EFFLUENT DOCS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	0.011	0.019	MG/L		WEEKLY	GRAB
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	1	1	(13)	0	1/7	GR
74055 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	200	400	MG/L		WEEKLY	GRAB
EFFLUENT DOCS VALUE	SAMPLE MEASUREMENT	*****	*****	***	*****	3074 AVG	7 DA GEB	100ML			
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.						502 540-6000		11	10	19	
EXEC DIR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE		NUMBER			
TYPED OR PRINTED											
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)											

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

NAME

ADDRESS

FACILITY

LOCATION

ATTN: DENNIS THOMPSON, SR. METRO OPS

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

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
11	09	01		11	09	30

FROM

TO

MINOR

(SUBR LV)

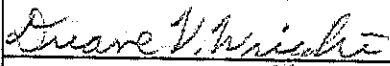
F - FINAL

SANITARY WASTEWATER
EFFLUENT

*** NO DISCHARGE ***

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			
BOD, CARBONACEOUS 5 DAY, 20C BOD52 1 0 0 EFFLUENT CODE VALUE	2.7	4.4	(26)	*****	6	9	(19)	0	1/7	CD	
	PERMIT REQUIREMENT	15.8	37.5		*****	30	60		WEEKLY	COMPOS	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE			
H.J. SCHARDEIN, JR. EXEC. DIR. TYPED OR PRINTED			502 540 6000	11	10	19	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			AREA CODE	NUMBER	YEAR	MO	DAY

Berrytown		Report for		Sep-11		Tot. Exc.=		0			
Tot. Flow=		1.762		Concentrations				Pounds			
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.		
9/1/11	0.059	2	9	0.56	1	0.984	4.429	0.276	2.77		
9/2/11	0.033										
9/3/11	0.052										
9/4/11	0.055										
9/5/11	0.065										
9/6/11	0.048										
9/7/11	0.052										
9/8/11	0.051										
9/9/11	0.049	2	5	0.56	1	0.817	2.043	0.229	2.98		
9/10/11	0.052										
9/11/11	0.058										
9/12/11	0.061										
9/13/11	0.059										
9/14/11	0.049										
9/15/11	0.052										
9/16/11	0.049	4	5	0.56	1	1.635	2.043	0.229	2.95		
9/17/11	0.051										
9/18/11	0.055										
9/19/11	0.055										
9/20/11	0.054										
9/21/11	0.05										
9/22/11	0.048										
9/23/11	0.063	3	4	0.34	1	1.576	2.102	0.179	2.95		
9/24/11	0.061										
9/25/11	0.056										
9/26/11	0.168										
9/27/11	0.093										
9/28/11	0.061										
9/29/11	0.052										
9/30/11	0.051										
Average	0.059	2.75	5.75	0.51	1.00	1.25	2.65	0.23	2.91		
Maximum	0.168	4.00	9.00	0.56	1.00	1.63	4.43	0.28	2.98		