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

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

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME: BERRYTOWN WQTC MSD
ADDRESS: C/O CEDAR CREEK WQTC
8405 CEDAR CREEK RD
FACILITY: LOUISVILLE KY 40211
LOCATION: BERRYTOWN WQTC MSD
LOUISVILLE KY 40222
ATTN: DENNIS THOMASSON 68 METER DES

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

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
KY0023850	001 2

MINOR
(SUB LV)
F - FINAL
SANITARY WASTEWATER
EFFLUENT
*** NO DISCHARGE [ ] ***
NOTE: Read Instructions before completing this form.

JEFFE

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

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	1/1	GR
00300 1 0 0	PERMIT REQUIREMENT	******	******	**** ****	7 INST MIN	******	******	MG/L		WEEKLY	GRAB
PH	SAMPLE MEASUREMENT	******	******		6.0	******	6.9	(12)	0	1/1	GR
00400 1 0 0	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	1.3	1.6	(26)	******	3	4	(19)	0	1/7	CP
00530 1 0 0	PERMIT REQUIREMENT	18.8 30DA AVG	37.5 DAILY MX	LBS/DY	******	30 30DA AVG	60 DAILY MX	MG/L		WEEKLY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.23	0.28 DMR ~~0.28~~	(26)	******	0.5	0.6	(19)	0	1/7	CP
00610 1 1 0	PERMIT REQUIREMENT	2.50 30DA AVG	5.00 DAILY MX	LBS/DY	******	4 30DA AVG	8 DAILY MX	MG/L		WEEKLY	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.059	0.168	(03)	******	******	******		0	CN	CN
50050 1 0 0	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	******	******	******	**** ****		CONTIN UOUS	CONTIN
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******	<0.010	<0.010	(19)	0	1/1	GR
50060 1 0 1	PERMIT REQUIREMENT	******	******	**** ****	******	0.011 MO AVG	0.019 DAILY MX	MG/L		WEEKLY	GRAB
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	******	******		******	1	1	(13)	0	1/7	GR
74055 1 0 0	PERMIT REQUIREMENT	******	******	**** ****	******	200 30DA GEO	400 7 DA GEO	#/ 100ML		WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
H.J. SCHARDEIN, JR. EXEC DIR	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.	Duane A Wright	502	540-6000	11	10	19
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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
LOUISVILLE KY 40211

FACILITY LOCATION BERRYTOWN WQTC MSD
LOUISVILLE KY 40222

ATTN: DENNIS THOMASSON, SR METRO OPS

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

PERMIT NUMBER	DISCHARGE NUMBER
KY0024501	001 2

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

JEFFE

Form Approved.
OMB No. 2040-0004

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

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
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	2.7	4.4	(26)	*****	6	9	(19)	0	1/7	CD.
	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 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.

Duane V. Wright

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	TELEPHONE NUMBER	DATE YEAR	DATE MO	DATE DAY
502	540 6000	11	10	19

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

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