

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

February 22, 2011

Ms. Crystal Thompson Kentucky Division of Water 200 Fair Oaks Lane Frankfort, Kentucky 40601

Re:

MSD Metro Operations

Berrytown WQTC; KPDES No.: KY0036501 Discharge Monitoring Reports – January 2011

Dear Ms. Thompson:

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 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

Juane V. Wrighto

DVW/Berrytown 1.11

Enclosures

ce:

C. Roth (DOW Louisville)

T. Singleton

R. Shaw



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

FROM

YEAR

BERRYTOWN WOTO MED

ADDRESS C/O CEDAR CREEK WOTC

BAGS CEDAR CREEK RD

ATTN: DENVIS THOMASSON, SA METRO GPS

LOUISVILLE FACILITY BERRYTOWN WOTO MED KA YOSII

LOCATION LOUISVILLE

KY 40EEZ

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

MONITORING PERIOD

TO

DAY YEAR MO.

ストレビジロコビュ **PERMIT NUMBER**

MO.

DISCHARGE NUMBER

DAY:

(SUBR LV)

Form Approved. OMB No. 2040-0004

F - FINAL SANITARY WASTEWATER

EFFLUENT

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NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING				ENTRATION		NO.	FREQUENCY OF	SAMPLE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM :	UNITS	EX	ANALYSIS	TYPE
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HJSCHARDRIN, JR. prepared under my direction to assure that qualified submitted. Based on or those persons direct		y under penalty of law that the dunder my direction or sup- re that qualified personnel priced. Based on my inquiry of the persons directly responsible to the best of my know.	ervision in accordance with operly gather and evaluate he person or persons who m for gathering the informati	a system designed the information anage the system, on, the information	on Die	are V. hi	ight	TELEPHOI -02 540 6			TE 28
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. MMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)					SIGNATURE OF PRINCIPAL ÉXECUTIVE OFFICER OR AUTHORIZED AGENT			REA NUMBE			O DAY

PAGE

Form Approved. PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) OMB No. 2040-0004 DISCHARGE MONITORING REPORT (DMR) DERRYTOWN WOTO MED MINDR ADDRESS C/O CEDAR CREEK WOTO (SUBR LV) パインショウコン DOL Z F - FINAL 8465 CEDAR CREEK RD PERMIT NUMBER DISCHARGE NUMBER SANITARY WASTEWATER LOUISVILLE KY 40211 **MONITORING PERIOD** EFFLUENT FACILITY BERRYTOWN WOTO MED YEAR MO-DAY YEAR MO DAY *** NO DISCHARGE ! : *** LOCATION LOUISVILLE KY 40222 FROM TO ATTN: DENNIS THOMASSON, SR METRO DPS NOTE: Read Instructions before completing this form. NO. FREQUENCY PARAMETER SAMPLE **QUANTITY OR LOADING QUALITY OR CONCENTRATION** EX TYPE ANALYSIS **AVERAGE** MAXIMUM UNITS MINIMUM **AVERAGE** MAXIMUM UNITS CAREGMACEGUE 5 m - 1 SAMPLE 2.4 3.ク CP 05 DAY, 200 MEASUREMENT SCOBE a Dio 1 11 11 PERMIT BYA AUG DAILY MX MEZIL DAILY IN 12570 EFFLUENT GRUSS VALUE REQUIREMENT BVA AVG SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT

MAME/TITLE PRINCIPAL EXECUTIVE OFFICER

HJ. SCHARDEN, JR.

FXECI/IVE 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 OF PRINCIPAL EXECUTIVE

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AREA CODE	NUMBER	₹ :	YEAR	МО	DAY
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE
MEASUREMENT
PERMIT
REQUIREMENT
SAMPLE
MEASUREMENT
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REQUIREMENT
SAMPLE
MEASUREMENT
PERMIT
PERMIT
REQUIREMENT

Berrytown Tot. Flow=	F 1.947	Report for	Jan-11 Concentr		Γot. Exc.=	0	December		
Date	Flow	TSS	BOD	NH3	Госоі	TCC	Pounds	NII 10	T . D.
1/1/11	0.188	133	БОО	NUS	Fecal	TSS	BOD	NH3	Tot. Phos.
1/2/11	0.149	6	3	0.17	1	7 456	2.700	0.044	
1/3/11	0.098	Ū	5	U. 17	1	7.456	3.728	0.211	0.868
1/4/11	0.035								
1/5/11	0.069								
1/6/11	0.061								
1/7/11	0.05								
1/8/11	0.053								
1/9/11	0.047	6	5	0.28	2	2.352	1.960	0.110	1.4
1/10/11	0.042	_	_	5.20	-	2.002	1.500	0.110	1.4
1/11/11	0.042								
1/12/11	0.041								•
1/13/11	0.041								
1/14/11	0.04								
1/15/11	0.042								
1/16/11	0.042								
1/17/11	0.045	4	4	0.28	2	1.501	1.501	0.105	1.83
1/18/11	0.054								
1/19/11	0.071								
1/20/11	0.06								
1/21/11	0.061								
1/22/11	0.059					,			
1/23/11	0.055	5	5	0.22	1	2.294	2.294	0.101	1.65
1/24/11	0.052								
1/25/11	0.055								
1/26/11	0.062				•				
1/27/11	0.06								
1/28/11	0.053								
1/29/11	0.06								
1/30/11	0.058								
1/31/11 =	0.052								
Average	0.063	5.25	4.25	0.24	1.41	3.40	2.37	0.13	1.44
Maximum	0.188	6.00	5.00	0.28	2.00	7.46	3.73	0.21	1.83