



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

May 9, 2012

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 – April 2012

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 April 2012.

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 that reads "Duane V. Wright".

Duane V. Wright
Process Supervisor Central Region

DVW/Berrytown 4.12

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 THOMASSON, SR METRO OPS

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

Form Approved,
 OMB No. 2040-0004

KY0036501
 PERMIT NUMBER
 001 2
 DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
12	07	02		12	07	02

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 1 0 0	*****	*****	*****	7	*****	*****	MG/L	0	1/1	GR
EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	*****	INST MIN	*****	*****	MG/L		WEEKLY	GRAB
PH	00400 1 0 0	*****	*****	*****	6.9	*****	7.5	BU	0	1/1	GR
EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	BU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	00500 1 0 0	1.7	2.4	(20)	*****	2	3	MG/L	0	1/7	CP
EFFLUENT GROSS VALU	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/D	*****	30DA AVG	DAILY MX	MG/L		WEEKLY	COMPL
NITROGEN, AMMONIA TOTAL (AS N)	00610 1 2 0	0.40	0.9	(20)	*****	0.7	2	MG/L	0	1/7	CP
EFFLUENT GROSS VALU	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/D	*****	30DA AVG	DAILY MX	MG/L		WEEKLY	COMPL
FLOW, IN CONDUIT OR THRU TREATMENT PLAN	80050 1 0 0	0.086	0.229	(03)	*****	*****	*****	MGD	0	CON	CON
EFFLUENT GROSS VALU	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	MGD		MONTHLY	COMPL
CHLORINE, TOTAL RESIDUAL	80060 1 0 1	*****	*****	*****	*****	<0.010	<0.010	MG/L	0	1/1	GR
EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	*****	*****	0.011	0.019	MG/L		WEEKLY	GRAB
COLIFORMS, FECAL GENERAL	74055 1 0 0	*****	*****	*****	*****	3	9	100ML	0	1/7	GR
EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	*****	*****	30DA GED	7 DA GED	100ML		WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 GREG C. HEITZMAN
 INTERIM 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.

TELEPHONE
 DATE
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 AREA CODE NUMBER YEAR MO DAY
 502 540 5000 12 5 22

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

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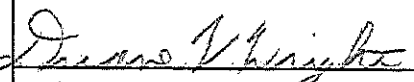
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
12	04	01		12	04	30

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PARAMETER	QUANTITY OR LOADING	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE			
		AVERAGE	MAXIMUM	UNITS	MINIMUM				AVERAGE	MAXIMUM	UNITS
BOD, CARBONACEOUS 05 DAY, ZOC 20082 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT PERMIT REQUIREMENT 30DA AVG DAILY MX LBS/DY	7.0 13.8	20.4 37.8	(25)	*****	9	24	(19) 30DA AVG DAILY MX MG/L	0	1/7	CP
	SAMPLE MEASUREMENT PERMIT REQUIREMENT										
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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE 502 540 6000
 DATE 12 5 22
 AREA CODE NUMBER YEAR MO DAY

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

Berrytown		Report for	Apr-12		Tot. Exc.=		0		
Tot. Flow=	2.58609		Concentrations				Pounds		
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
4/1/12	0.229								
4/2/12	0.222								
4/3/12	0.146	2	2	0.17		2.43	2.43	0.21	0.42
4/4/12	0.134				2				
4/5/12	0.160								
4/6/12	0.118								
4/7/12	0.111								
4/8/12	0.102	2	24	0.17		1.70	20.37	0.14	8.12
4/9/12	0.087				9				
4/10/12	0.083								
4/11/12	0.073								
4/12/12	0.067								
4/13/12	0.065								
4/14/12	0.068								
4/15/12	0.065	2	6	0.67		1.08	3.24	0.36	0.58
4/16/12	0.058				2				
4/17/12	0.058								
4/18/12	0.051								
4/19/12	0.053								
4/20/12	0.053								
4/21/12	0.063								
4/22/12	0.060	3	4	1.8		1.50	2.00	0.90	1.56
4/23/12	0.051				2				
4/24/12	0.052								
4/25/12	0.052								
4/26/12	0.050								
4/27/12	0.050								
4/28/12	0.050								
4/29/12	0.084								
4/30/12	0.073								
5/1/12									
Average	0.086	2.25	9.00	0.70	2.91	1.68	7.01	0.40	2.67
Maximum	0.229	3.00	24.00	1.80	9.00	2.43	20.37	0.90	8.12