



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

June 12, 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 – May 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 May 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, appearing to read "Duane V. Wright".

Duane V. Wright
Process Supervisor Central Region

DVW/Berrytown 5.12

Enclosures

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



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

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

HINDR
(SUBR LV)

F - FINAL

SANITARY WASTEWATER
EFFLUENT

*** NO DISCHARGE [] ***

NOTE: Read Instructions before completing this form.

JEFF

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

NAME BERRYTOWN WGTG MED
ADDRESS C/O CEDAR CREEK WGTG
2405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY BERRYTOWN WGTG MED
LOCATION LOUISVILLE KY 40222
ATTN: DENNIS THOMASSEN, SR METRO OPS

WY0005501
PERMIT NUMBER

001 2
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

FROM

TO

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			1.7	0	1/1	GR
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	INST MIN			MG/L			
EFFLUENT GROSS VALU											
PH	SAMPLE MEASUREMENT	*****	*****		6.9		9.4 DUW 7.5	1.2	0	1/1	GR
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM		MAXIMUM	BU			
EFFLUENT GROSS VALU											
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	1.6	2.9	1.207		2	2	1.7	0	1/7	CP
00530 1 0 0	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
EFFLUENT GROSS VALU											
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.19	0.27	1.207		0.3	0.4	1.7	0	1/7	CP
00610 1 1 0	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
EFFLUENT GROSS VALU											
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.096	0.253	1.037					0	CN	CN
50050 1 0 0	PERMIT REQUIREMENT	30DA AVG	INST MAX	MGD				*****		UGUS	
EFFLUENT GROSS VALU											
RESIDUAL	SAMPLE MEASUREMENT					<0.010	0.010	1.7	0	1/1	GR
50060 1 0 1	PERMIT REQUIREMENT			*****		MG AVG	DAILY MX	MG/L			
EFFLUENT GROSS VALU											
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT					4	13	1.0	0	1/7	GR
74055 1 0 0	PERMIT REQUIREMENT			*****		30DA GEO	7 DA GEO	100ML			
EFFLUENT GROSS VALU											
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			
GREG C. HEITZMAN INTERIM EXEC DIR						502 547 6000		12	6	15	
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 BERRYTOWN WQTC MSD
 LOCATION LOUISVILLE KY 40222
 ATTN: DENNIS THOMASSEN, SR METRO OPS

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

PERMIT NUMBER KY00025501
 DISCHARGE NUMBER 001 2

MINOR
 (SUBR LV)
 F - FINAL

Form Approved.
 OMB No. 2040-0004

MONITORING PERIOD:
 YEAR MO DAY TO YEAR MO DAY
 FROM 12 12 01 TO 12 12 01

SANITARY WASTEWATER
 EFFLUENT

*** NO DISCHARGE 1 ***

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			
BOD, CARBONACEOUS 5 DAY, 20C 90092 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	4.2	5.7	(25)	*****	6	8	(15)	0	1/7	CP
	PERMIT REQUIREMENT	12.5 30DA AVG	15.0 DAILY MK	LBS/D		30 30DA AVG	50 DAILY MK	MG/L		WEEKLY	COMPL
	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

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Dennis Thomassen

TELEPHONE

502 540 6000

AREA CODE NUMBER

DATE

12 6 15

YEAR MO DAY

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

Berrytown	Report for	May-12	Tot. Exc.= 0						
Tot. Flow=	2.97019	Concentrations		Pounds					
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
5/1/12	0.082	2	6	0.39		1.37	4.10	0.27	2.29
5/2/12	0.073				13				
5/3/12	0.059								
5/4/12	0.055								
5/5/12	0.183								
5/6/12	0.121								
5/7/12	0.085								
5/8/12	0.074	2	8	0.22		1.23	4.93	0.14	2.21
5/9/12	0.063				5				
5/10/12	0.057								
5/11/12	0.054								
5/12/12	0.052								
5/13/12	0.110								
5/14/12	0.253								
5/15/12	0.171	2	4	0.17		2.85	5.70	0.24	0.391
5/16/12	0.124				2				
5/17/12	0.109								
5/18/12	0.086								
5/19/12	0.078								
5/20/12	0.073								
5/21/12	0.063								
5/22/12	0.066	2	4	0.22		1.11	2.22	0.12	1.29
5/23/12	0.057				2				
5/24/12	0.054								
5/25/12	0.056								
5/26/12	0.054								
5/27/12	0.053								
5/28/12	0.055								
5/29/12	0.217								
5/30/12	0.191								
5/31/12	0.140								
Average	0.096	2.00	5.50	0.25	4.02	1.64	4.24	0.19	1.55
Maximum	0.253	2.00	8.00	0.39	13.00	2.85	5.70	0.27	2.29