



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

September 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 – August 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 August 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 8.12

Enclosures

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



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

DISCHARGE MONITORING REPORT (DMR)

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

NAME: CEDAR CREEK WQTC
 ADDRESS: 8405 CEDAR CREEK RD
 LOUISVILLE, KY 40211
 FACILITY: BERRYTOWN WQTC MSD
 LOCATION: HEAFER RD
 LOUISVILLE, KY 40222

KY0036501	001-2
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 40211

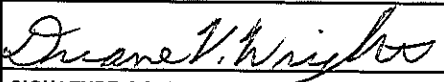
MINOR
 (SUBR LV) JEFFE
 SANITARY WASTEWATER
 External Outfall

ATTN: DENNIS THOMASSON, SR METRO OPS

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	08/01/2012	TO	08/31/2012

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	*****		0	1/1	GR
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	7 INST MIN	*****	*****	mg/L		Weekly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6	*****	7		0	1/1	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	1.2	2.0		*****	3	5		0	1/7	CP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	18.8 30DA AVG	37.6 DAILY MX	lb/d	*****	30 30DA AVG	60 DAILY MX	mg/L		Weekly	COMPOS
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	0.2	0.3		*****	0.6	0.7		0	1/7	CP
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	2.5 30DA AVG	5 DAILY MX	lb/d	*****	4 30DA AVG	8 DAILY MX	mg/L		Weekly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.047	0.054		*****	*****	*****	*****	0	CN	CN
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. INST MAX	MGD	*****	*****	*****	*****		Continuous	CONTIN
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.010	<0.010		0	1/1	GR
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Weekly	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	2		0	1/7	GR
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	200 30DA GEO	400 7 DA GEO	#/100mL		Weekly	GRAB

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 ensure 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
GREG C. HEITZMAN INTERIM EX DIR. TYPED OR PRINTED			502 5406000	09/15/2012
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		AREA Code	NUMBER	MM/DD/YYYY

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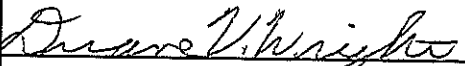
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	3.2	4.8		*****	8	12		0	1/5	LP
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	18.8 30DA AVG	37.6 DAILY MX	lb/d	*****	30 30DA AVG	60 DAILY MX	mg/L		Weekly	COMPOS

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			AREA Code	NUMBER	MM/DD/YYYY

Berrytown	Report for	Aug-12	Tot. Exc.=		0				
Tot. Flow=	1.46	Concentrations				Pounds			
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
8/1/12	0.052	2	7	0.62		0.871	3.047	0.270	3.49
8/2/12	0.049				2				
8/3/12	0.049								
8/4/12	0.050								
8/5/12	0.054								
8/6/12	0.046								
8/7/12	0.048								
8/8/12	0.048	2	12	0.56		0.80	4.78	0.22	3.87
8/9/12	0.050				2				
8/10/12	0.052								
8/11/12	0.051								
8/12/12	0.046								
8/13/12	0.046								
8/14/12	0.047								
8/15/12	0.043	3	6	0.5		1.07	2.14	0.18	3.73
8/16/12	0.047				2				
8/17/12	0.049								
8/18/12	0.046								
8/19/12	0.048								
8/20/12	0.039								
8/21/12	0.027								
8/22/12	0.047	5	7	0.67		1.96	2.74	0.26	4.33
8/23/12	0.045				2				
8/24/12	0.042								
8/25/12	0.051								
8/26/12	0.051								
8/27/12	0.048								
8/28/12	0.046								
8/29/12	0.047								
8/30/12	0.048								
8/31/12	0.047								
Average	0.047	3.00	8.00	0.59	2.00	1.17	3.18	0.23	3.86
Maximum	0.054	5.00	12.00	0.67	2.00	1.96	4.78	0.27	4.33
Exceed.	0.000	0	0	0	0	0	0	0	