



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

February 16, 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 – January 2012

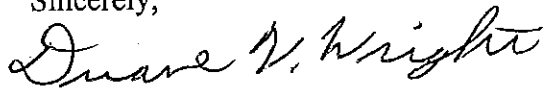
Dear Ms. Edwards:

Attached are the Discharge Monitoring Reports (DMRs) and the Monthly Operating Report (MOR) for the Berrytown WQTC, KPDES No.: KY0036501 for the month of January 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,


Duane V. Wright
Process Supervisor Central Region

DVW/Berrytown 1.12

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)

KY0036501
 PERMIT NUMBER

001 2
 DISCHARGE NUMBER

MINOR
 (SUBR LV)
 F - FINAL
 SANITARY WASTEWATER
 EFFLUENT
 *** NO DISCHARGE 1 ***

JEFFE

OMB No. 2040-0004

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

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 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	7	*****	*****	MG/L	0	1/1	GR
PH	PERMIT REQUIREMENT	*****	*****	*****	6.9	*****	7.5	SU	0	1/1	GR
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.5	1.8	(26)	*****	2	2	MG/L	0	1/1	CP
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 2 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.35	0.6	(26)	*****	0.4	0.7	MG/L	0	1/1	CP
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.130	0.288	(03)	*****	*****	*****	MGD	0	CN	CN
CHLORINE, TOTAL RESIDUAL 50060 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	<0.010	<0.010	MG/L	0	1/1	GR
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	2	8	#/100ML	0	1/1	GR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

GREG 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 Thomasson

TELEPHONE

502 540 6000

DATE

12 2 18

AREA CODE

NUMBER

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
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 DISCHARGE MONITORING REPORT (DMR)

KY0036501
 PERMIT NUMBER

001 2
 DISCHARGE NUMBER

MINOR
 (SUBR LV)
 F - FINAL
 SANITARY WASTEWATER
 EFFLUENT
 *** NO DISCHARGE 1-1-1 ***

JEFFE

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 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	2.5	3.7	(25)	*****	3	4	(19)	0	1/2	CP
	PERMIT REQUIREMENT	18.8	37.6		*****	30	60			WEEKLY	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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Dennis V. Wright

TELEPHONE

502 540 6000

DATE

12 2 18

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

Berrytown	Report for	Jan-12	Tot. Exc.=		0				
Tot. Flow=	4.03746	Concentrations				Pounds			
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
1/1/12	0.120								
1/2/12	0.110	2	4	0.67		1.836	3.672	0.615	0.952
1/3/12	0.099				1				
1/4/12	0.087								
1/5/12	0.085								
1/6/12	0.074								
1/7/12	0.072								
1/8/12	0.070	2	4	0.28		1.174	2.348	0.164	1.53
1/9/12	0.061				1				
1/10/12	0.063								
1/11/12	0.119								
1/12/12	0.172								
1/13/12	0.136								
1/14/12	0.111								
1/15/12	0.098								
1/16/12	0.095	2	3	0.39		1.592	2.387	0.310	1.47
1/17/12	0.125				1				
1/18/12	0.126								
1/19/12	0.115								
1/20/12	0.105								
1/21/12	0.095								
1/22/12	0.091	2	2	0.39		1.525	1.525	0.297	1.6
1/23/12	0.213				8				
1/24/12	0.175								
1/25/12	0.143								
1/26/12	0.252								
1/27/12	0.206								
1/28/12	0.288								
1/29/12	0.214								
1/30/12	0.170								
1/31/12	0.145								
Average	0.130	2.00	3.25	0.43	1.68	1.53	2.48	0.35	1.39
Maximum	0.288	2.00	4.00	0.67	8.00	1.84	3.67	0.61	1.60