



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

March 22, 2013

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 – February 2013**

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 February 2013.

There were no exceedences, bypasses or overflows to report.

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 02.13

Enclosures

cc: T. Singleton
R. Shaw



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

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

Form Approved
OMB No. 2040-0004

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: 1203 HEAFER RD
LOUISVILLE, KY 40222
ATTN: KEVIN RIES

KY0036501	001-2
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 40211
MINOR
(SUBR LV) JEFFE
SANITARY WASTEWATER
External Outfall

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 02/01/2013	TO 02/28/2013

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) 00300 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	9	*****	*****		0	1/1	GR
	PERMIT REQUIREMENT	*****	*****	*****	7 INST MIN	*****	*****	mg/L		Weekly	GRAB
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	7		0	1/1	GR
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	3.3	4.7		*****	4	5		0	1/1	CP
	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) 00610 1 2 Effluent Gross	SAMPLE MEASUREMENT	0.42	0.5		*****	0.4	0.5		0	1/1	CP
	PERMIT REQUIREMENT	6.26 30DA AVG	12.5 DAILY MX	lb/d	*****	10 30DA AVG	20 DAILY MX	mg/L		Weekly	COMPOS
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.125	0.234		*****	*****	*****	*****	0	EN	EN
	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. INST MAX	MGD	*****	*****	*****	*****		Continuous	CONTIN
Chlorine, total residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.010	<0.010		0	1/1	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Weekly	GRAB
Coliform, fecal general 74055 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	3	7		0	1/1	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	200 30DA GEO	400 7 DA GEO	#/100mL		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>GREG HERTZMAN</i> EX. 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 <i>Doreen V. Hinkley</i>	TELEPHONE	DATE
			AREA Code	NUMBER
			502 5406000	02/26/2013

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Parameter 00610 - Use Season 1 for summer months (May, June, July, August, September, and October) and Season 2 for winter months (November, December, January, February, March, and April); enter NODI=9 for the Season not needed.

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

Form Approved
OMB No. 2040-0004

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: 1203 HEAFER RD
LOUISVILLE, KY 40222
ATTN: KEVIN RIES

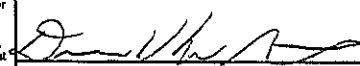
KY0036501	001-2
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 40211
MINOR
(SUBR LV) JEFFE
SANITARY WASTEWATER
External Outfall

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM 02/01/2013	TO	02/28/2013	

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	3.8	5.7		-----	4	5		0	1/1	CD
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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>GREG HEITZMAN EX-DIR.</i> 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 	TELEPHONE	DATE
			AREA Code	NUMBER
			502 540 6000	03/26/2013

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

Parameter 00610 - Use Season 1 for summer months (May, June, July, August, September, and October) and Season 2 for winter months (November, December, January, February, March, and April); enter NODI=9 for the Season not needed.

Berrytown	Report for	Feb-13		Tot. Exc.=		Pounds			
Tot. Flow=	3.50014	Concentrations		0		BOD		NH3	Tot. Phos.
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
2/1/13	0.179								
2/2/13	0.153								
2/3/13	0.137	2	5	0.39		2.29	5.73	0.45	0.75
2/4/13	0.124				7				
2/5/13	0.153								
2/6/13	0.135								
2/7/13	0.120								
2/8/13	0.119								
2/9/13	0.116								
2/10/13	0.121	3	2	0.39		3.03	2.02	0.39	0.92
2/11/13	0.126				2				
2/12/13	0.109								
2/13/13	0.108								
2/14/13	0.103								
2/15/13	0.090								
2/16/13	0.096								
2/17/13	0.093	4	5	0.5		3.09	3.86	0.39	1.25
2/18/13	0.085				2				
2/19/13	0.107								
2/20/13	0.097								
2/21/13	0.090								
2/22/13	0.122								
2/23/13	0.122								
2/24/13	0.113	5	4	0.5		4.70	3.76	0.47	1.26
2/25/13	0.100				4				
2/26/13	0.171								
2/27/13	0.234								
2/28/13	0.179								
3/1/13									
3/2/13									
3/3/13									
Average	0.125	4	4	0.4	3.25	3.27	3.84	0.42	1.04
Maximum	0.234	5	5	0.5	7.00	4.70	5.73	0.47	1.26