



MSD

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

May 22, 2007

Ms. Kathy Thurman
Kentucky Division of Water
14 Reilly Road
Frankfort, Kentucky 40601

**Re: MSD Metro Operations
Timberlake WTP; KPDES No.: KY0043087
Discharge Monitoring Reports – April 2007**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Timberlake WTP, KPDES No.: KY0043087 for the month of April 2007.

If you have any questions concerning the attached DMRs, please contact me at (502)241-9093.

Sincerely,

John Kessel
Process Supervisor, East Region

JK/Timberlake 0407

Enclosures

cc: M. Mudd (DOW Louisville)
E. Brady
T. Singleton
P. Burgin
R. Shaw



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

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

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

Form Approved
OMB No. 2040-0004

NAME: 75001 TIMBERLAKE ST
ADDRESS: C/O LOUISVILLE/JEFF CO MSD

KY0043087
PERMIT NUMBER

001 2
DISCHARGE NUMBER

MINOR
(SUBR LV)

F - FINAL

MUNICIPAL DISCHARGE

EFFLUENT

*** NO DISCHARGE ***

FACILITY: AND TIMBERLAKE ST
LOCATION: PROSPECT KY 40057

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	05	01		07	05	01

WITH: ALEX E NOVAK OPER MGR

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			
00300 OXYGEN, DISSOLVED	7.1	*****	*****		7.1	*****	*****	(17)	0	1/2	Grab
00300 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L			
00400 OXYGEN, DISSOLVED	6.6	*****	*****		6.6	*****	6.9	(12)	0	1/2	Grab
00400 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	SU			
00500 SOLIDS, TOTAL SUSPENDED	103.55	103.55	215.62	(25)	103.55	207.25	278.00	(17)	0	1/2	Comp
00500 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	REPORT MD AVG	REPORT MX WK AV	REPORT MX WK AV	MG/L			
00500 SOLIDS, TOTAL SUSPENDED	8.13	8.13	9.36	(25)	8.13	14.50	17.00	(17)	0	1/2	Comp
00500 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	50.0 MD AVG	75.0 MX WK AV	LBS/DY	50.0 MD AVG	75.0 MX WK AV	75.0 MX WK AV	MG/L			
00600 NITROGEN, AMMONIA TOTAL (AS N)	13.94	13.94	17.68	(25)	13.94	24.58	28.50	(17)	0	1/2	Comp
00600 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	REPORT MD AVG	REPORT MX WK AV	REPORT MX WK AV	MG/L			
00600 NITROGEN, AMMONIA TOTAL (AS N)	0.08	0.08	0.11	(25)	0.08	0.15	0.22	(17)	0	1/2	Comp
00600 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MD AVG	MX WK AV	LBS/DY	MD AVG	MX WK AV	MX WK AV	MG/L			
00565 PHOSPHORUS, TOTAL (AS P)	3.80	3.80	4.74	(17)	3.80	4.74		(17)	0	2/30	Comp
00565 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H.S. Schindler
Exec Director
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: 502 241 9057
DATE: 07 05 22
AREA CODE: 502
NUMBER: 241 9057
YEAR: 07
MO: 05
DAY: 22

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

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

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

MINOR
(SUBR LV)
F - FINAL
MUNICIPAL DISCHARGE
EFFLUENT

NAME HSC TIMBERLAKE STP
ADDRESS 870 LOUISVILLE/JEFF CO HSD
4022 ALONGMOUNTAIN PKWY
LOUISVILLE KY 40211-2497

KY00430B7
PERMIT NUMBER

001 2
DISCHARGE NUMBER

FACILITY HSC TIMBERLAKE STP
LOCATION PROSPECT KY 40059

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	04	01		07	04	05

*** NO DISCHARGE ***

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PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW IN CONDUIT OR THRU TREATMENT PLANT	0.078	0.199	(03)	*****	*****	*****		0	1/10	1/10	
EFFLUENT GROSS VALUE	REPORT	REPORT		*****	*****	*****					
RESIDUAL	0.010	0.010	(17)	*****	0.010	0.010		0	1/1	Grab	
EFFLUENT GROSS VALUE	REPORT	REPORT		*****	0.011	0.019					
GENERAL	0.005	0.005	(100ML)	*****	0.005	0.005		0	1/1	Grab	
EFFLUENT GROSS VALUE	REPORT	REPORT		*****	0.005	0.005					
BOD, CARBONACEOUS 5 DAY, 20C	94.67	126.67	(25)	*****	107.50	257.00		0	1/1	Comp	
RAW SEW INFLUENT	REPORT	REPORT		*****	REPORT	REPORT					
BOD, CARBONACEOUS 5 DAY, 20C	1.79	2.20	(25)	*****	3.25	4.0		0	1/1	Comp	
EFFLUENT GROSS VALUE	REPORT	REPORT		*****	REPORT	REPORT					
BOD, CARBONACEOUS 5 DAY, 20C PERCENT REMOVAL	*****	*****		98%	*****	*****		0	1/30	Cal.	
PERCENT REMOVAL	*****	*****		NO MIN	*****	*****			MONTH		
SOLIDS, SUSPENDED PERCENT REMOVAL	*****	*****		93%	*****	*****		0	1/30	Cal.	
PERCENT REMOVAL	*****	*****		NO MIN	*****	*****			MONTH		

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H.S. Schneider
Exec. Director
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
502 241 9053 07 05 22
AREA CODE NUMBER YEAR MO DAY

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