

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

August 23, 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 – July 2007.

Dear Ms. Thurman:

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

During the month of July we failed our TSS monthly avg. We believe that the brown alga in the lagoon is still causing our problem and we are continuing treatment with Cutrine algaecide.

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 0707

Enclosures

cc: M. Mudd (DOW Louisville)

E. Brady

T. Singleton

P. Burgin

R. Shaw



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

MONITORING PERIOD

TO

DAY

Form Approved. OMB No. 2040-0004

NAME MÅO TIMBERLAKE STP

ADDRESS 0/0 CEDAR CREEK STP

8405 CEDAR CREEK RD LOUISVILLE

-OCATION PROSPECT

KY 40211

KY 40059

FACILITY MED TIMBERLAKE STP

ATTN: DENNIE THOMASSON

KYOO43087
PERMIT NUMBER

MO.

YEAR

FROM

DISCHARGE NUMBER

DAY

YEAR MO

MINOR (SUBR LV) F - FINAL

F - FINAL

JEFFE

MUNICIPAL DÍSCHARGE

EFFLUENT

*** NO DISCHARGE I | F#*

NOTE: Read Instructions before completing this form.

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NAME/TITLE PRINCIPAL EXECUTIVE			his document and all attachn pervision in accordance with		i		<u> </u>	TELEPHO	NE	D/	ATE
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	or those	e persons directly responsibl	e for gathering the informati	on, the informati	on			500 1241	3 A C -	107 /	y a
6xcc. Director	I am av	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,			SIGN.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			-	<u> </u>	IO DAY
TYPED OR PRINTED COMMENTS AND EXPLANATION OF		ng the possibility of fine and	imprisonment for knowing v	iolations.	1 95	FIGER OR AUTHORIZE	-D AGENT	AREA NUMBE	n.	YEAR N	NO DAY

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JEFFE

	Name/Location if Differen	

NAME MSD TIMBERLAKE STP

ADDRESS C/O CEDAR GREEK STP

8405 CEDAR CREEK RD

LOUISVILLE FACILITY MED TIMBERLAKE STP KY 40211

MY 40059 LOCATIONPROSPECT ATTM: DENNIS THOMASSON

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

KYOO4BOB7 PERMIT NUMBER

UUI E DISCHARGE NUMBER MINDR (SURR IV)

F - FINAL MUNICIPAL DISCHARGE

EFFLUENT

*** NO DISCHARGE | | ***

NOTE: Read Instructions before completing this form.

MONITORING PERIOD YEAR MO YEAR MO. DAY то FROM

PARAMETER		. QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF	SAMPLE TYPE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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