



MSD

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

September 11, 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 – August 2007.**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Timberlake WTP, KPDES No.: KY0043087 for the month of September 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 0807

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)

NAME MSD TIMBERLAKE STP

ADDRESS C/O CEDAR CREEK STP

8405 CEDAR CREEK RD

LOUISVILLE

KY 40211

FACILITY MSD TIMBERLAKE STP

LOCATION PROSPECT

KY 40059

ATTN: DENNIS THOMASSON

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

KY0043087

PERMIT NUMBER

001 2

DISCHARGE NUMBER

MINOR

(SUBR LV)

F - FINAL

MUNICIPAL DISCHARGE

EFFLUENT

*** NO DISCHARGE 1 ***

JEFFE

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****		7.1	*****	*****	(17)	0	1/2	Grab
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.8	*****	7.2	(12)	0	1/2	Grab
PH	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	50		WEEKLY	GRAB
00400 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	363.00	538.00	(17)	0	1/2	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	REPORT	REPORT	REPORT	MG/L		WEEKLY	COMPOS
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	195.28	278.19	(25)	*****	26.50	45.0	(17)	0	1/2	Comp
00530 0 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT	MG/L		WEEKLY	COMPOS
RAW SEW/INFLUENT	SAMPLE MEASUREMENT	14.15	23.27	(25)	*****	0.73	1.29	(17)	0	1/2	Comp
SOLIDS, TOTAL SUSPENDED	PERMIT REQUIREMENT	50.0	75.0		*****	REPORT	REPORT	MG/L		WEEKLY	COMPOS
00530 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	3.93	4.10	(17)	0	2/3	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L		WEEKLY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	18.95	22.29	(25)	*****	*****	*****	(17)	0	1/2	Comp
00610 0 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT	MG/L		WEEKLY	COMPOS
RAW SEW/INFLUENT	SAMPLE MEASUREMENT	0.40	0.73	(25)	*****	*****	*****	(17)	0	1/2	Comp
NITROGEN, AMMONIA TOTAL (AS N)	PERMIT REQUIREMENT	3	5		*****	*****	*****	MG/L		WEEKLY	COMPOS
00610 1 1 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	(17)	0	1/2	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	MG/L		WEEKLY	COMPOS
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	(17)	0	1/2	Comp
00665 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	MG/L		WEEKLY	COMPOS

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 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

H.S. Schaefer
Exec Director

TYPED OR PRINTED

500 241-9693 07 09 11
AREA CODE NUMBER YEAR MO DAY

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

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

NAME MSD TIMBERLAKE STP
 ADDRESS C/O CEDAR CREEK STP
 8405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY MSD TIMBERLAKE STP
 LOCATION PROSPECT KY 40059
 ATTN: DENNIS THOMASSON

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

KY0043087
 PERMIT NUMBER

001 2
 DISCHARGE NUMBER

MINOR
 (SUBR LV)
 F - FINAL
 MUNICIPAL DISCHARGE
 EFFLUENT

Form Approved
 OMB No. 2040-0004

JEFFE

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	06	01	07	06	01

FROM

TO

*** NO DISCHARGE 1 1 ***

NOTE: Read Instructions before completing this form.

PARAMETER		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	SAMPLE MEASUREMENT	0.067	6.131	(03)	*****	*****	*****		0	C/N	C/N
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	***		CONTINUOUS	
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	MGD				****			
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	20.010	20.010	(17)	0	1/2	Grib
50060 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	0.011	0.015			WEEKLY	GRAB
EFFLUENT GROSS VALUE				****		30DA AVG	DAILY MX	MG/L			
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	1.19	2.0	(13)	0	1/2	Grib
74055 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	200	400 #/			WEEKLY	GRAB
EFFLUENT GROSS VALUE				****		30DA GEO	7 DA GEO	100ML			
BOD, CARBONACEOUS 5 DAY, 20C	SAMPLE MEASUREMENT	139.85	155.64	(26)	*****	260.0	301.0	(17)	0	1/2	Comp
30082 0 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT			WEEKLY	COMPOS
RAW SEW/INFLUENT		MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV	MG/L			
BOD, CARBONACEOUS 5 DAY, 20C	SAMPLE MEASUREMENT	2.15	3.68	(26)	*****	4.0	7.0	(17)	0	1/2	Comp
30082 1 0 0	PERMIT REQUIREMENT	17	25		*****	10	15			WEEKLY	COMPOS
EFFLUENT GROSS VALUE		MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV	MG/L			
BOD, CARB-5 DAY, 20 DEG C, PERCENT REMVL	SAMPLE MEASUREMENT	*****	*****		98%	*****	*****	(23)	0	1/31	Cal.
30091 K 0 0	PERMIT REQUIREMENT	*****	*****	***	55	*****	*****	PER-CENT		ONCE/MONTH	CALCULATED
PERCENT REMOVAL				****	MD MIN						
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		93%	*****	*****	(23)	0	1/31	Cal.
B1011 K 0 0	PERMIT REQUIREMENT	*****	*****	***	55	*****	*****	PER-CENT		ONCE/MONTH	CALCULATED
PERCENT REMOVAL				****	MD MIN						

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