



MSD

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

November 26, 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 -- October 2007**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Timberlake WTP, KPDES No.: KY0043087 for the month of October 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 1007

Enclosures

cc: C. Roth (DOW)
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

ADDRESS

FACILITY

LOCATION

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

PERMIT NUMBER

DISCHARGE NUMBER

MINOR

(SUBR LV)

F - FINAL

MUNICIPAL DISCHARGE

EFFLUENT

*** 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			
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT				7.1			(19)	0	1/2	Grab
	PERMIT REQUIREMENT				INST MIN			MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT				6.6		6.8	(12)	0	1/2	Grab
	PERMIT REQUIREMENT				MINIMUM		MAXIMUM	5U		WEEKLY	GRAB
SUSPENDED SOLIDS	SAMPLE MEASUREMENT	174.43	409.53	(26)		309.50	744.00	(19)	0	1/2	Comp
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LB/DY		REPORT MD AVG	REPORT MX WK AV	MG/L		WEEKLY	COMPOS
SUSPENDED SOLIDS	SAMPLE MEASUREMENT	12.21	22.57	(26)		16.50	23.0	(19)	0	1/2	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	50.0 MD AVG	75.0 MX WK AV	LB/DY		30 MD AVG	45 MX WK AV	MG/L		WEEKLY	COMPOS
TOTAL (AS N)	SAMPLE MEASUREMENT	17.91	27.29	(26)		26.95	37.10	(19)	0	1/2	Comp
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LB/DY		REPORT MD AVG	REPORT MX WK AV	MG/L		WEEKLY	COMPOS
TOTAL (AS N)	SAMPLE MEASUREMENT	0.54	1.95	(26)		0.35	0.95	(19)	0	1/2	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	3 MD AVG	5 MX WK AV	LB/DY		2 MD AVG	3 MX WK AV	MG/L		WEEKLY	COMPOS
TOTAL (AS P)	SAMPLE MEASUREMENT					3.90	4.0	(19)	0	2/3	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT					REPORT MD AVG	REPORT MX WK AV	MG/L		WICE/COMPOS	MONTH
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.				TELEPHONE		DATE			
Exec Director H.J. Schardein TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO

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

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

ADDRESS C/O CEDAR CREEK STP
4405 CEDAR CREEK RD

LOUISVILLE KY 40211

FACILITY C/O CEDAR CREEK STP

LOCATION PROSPECT KY 40057

JOHN DANIEL THOMASSON

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

KY00043087
PERMIT NUMBER

001 2
DISCHARGE NUMBER

MINOR
(SUBR LV)
F - FINAL

MUNICIPAL DISCHARGE
EFFLUENT

*** 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			
LOW IN TREATMENT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.082	0.246	(03)	*****	*****	*****		0	1/2	C/W
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		CONTIN	CONTIN
RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	(19)	0	1/2	G.b
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.011 30DA AVG	0.017 DAILY MX	MG/L		WEEKLY	GRAB
GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	2.26	26.0	(13)	0	1/2	G.b
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	200 30DA GEO	400 7 DA GEO	100ML		WEEKLY	GRAB
OS DAY, 200	SAMPLE MEASUREMENT	145.73	248.25	(26)	*****	204.75	302.00	(19)	0	1/2	Comp
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LB5/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		WEEKLY	COMPOS
OS DAY, 200	SAMPLE MEASUREMENT	2.40	4.10	(26)	*****	3.50	5.0	(19)	0	1/2	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	17 MD AVG	25 MX WK AV	LB5/DY	*****	10 MD AVG	15 MX WK AV	MG/L		WEEKLY	COMPOS
OS DAY, 200	SAMPLE MEASUREMENT	*****	*****		98%	*****	*****	(23)	0	1/31	C.1
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	85 MD MIN	*****	*****	PER-CENT		ONCE/ MONTH	CALC'D
PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		95%	*****	*****	(23)	0	1/31	C.1
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	85 MD MIN	*****	*****	PER-CENT		ONCE/ MONTH	CALC'D

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Exec Director

H.S. Schindler

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

208
AREA CODE

241-4093
NUMBER

07
YEAR

11
MO

20
DAY

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