



MSD

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

December 20, 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 – November 2007**

Dear Ms. Thurman:

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

During the month of November we exceeded our max weekly avg for Fecal. Additional samples were taken and were well below our limits.

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 1107

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
700 TIMBERLAKE STP
ADDRESS C/O CEDAR CREEK STP
8435 CEDAR CREEK RD
LOUISVILLE KY 40211

FACILITY
700 TIMBERLAKE STP
LOCATION PROSPECT KY 40057

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

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	11	01		07	11	30

FROM

*** NO DISCHARGE 1 [] ***

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			
OXYGEN, DISSOLVED (DO)	*****	*****			7.2	*****	*****	(19)	0	1/7	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	INST MIN	*****	*****	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	*****	BU	0	1/7	Comp
TOTAL SUSPENDED SOLIDS (TSS)	126.83	201.41	(26)	*****	202.98	350.00	(19)	0	1/7	Comp	
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	50.0 MD AVG	75.0 MX WK AV	LBS/DY	*****	30 MD AVG	45 MX WK AV	MG/L	0	1/7	Comp
TOTAL AMMONIA NITROGEN (TAN)	43.78	120.73	(26)	*****	68.58	188.00	(19)	0	1/7	Comp	
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	5 MD AVG	12 MX WK AV	LBS/DY	*****	5 MD AVG	7.5 MX WK AV	MG/L	0	1/7	Comp
TOTAL AMMONIA NITROGEN (TAN)	*****	*****			*****	*****	(19)	0	2/10	Comp	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		WEEKLY	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Steve D...
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	YEAR	MO	DAY
502	241-9643	07	12	11

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
 NAME HSO TRAMERLAKE STP
 ADDRESS C/O CEDAR CREEK STP
 1405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY HSO TRAMERLAKE STP
 LOCATION PROSPECT KY 40059
 ATTN: DANNIS THOMASSON

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

WY00049087
 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.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	11	01		07	11	30

PARAMETER	X	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		0.077	0.151	(03)	*****	*****	*****		0	1/3	1/3
EFFLUENT GROSS VALUE		REPORT	REPORT	MGD	*****	*****	*****	****		CONTINUOUS	CONTINUOUS
CHLORINE, TOTAL RESIDUAL		*****	*****		*****	20.010	20.010	(19)	0	1/3	Comp
EFFLUENT GROSS VALUE		*****	*****	MG/L	*****	0.011	0.019			WEEKLY	GRAB
EFFLUENT GROSS VALUE		*****	*****	MG/L	*****	30DA AVG	DAILY MX				
EFFLUENT GROSS VALUE		*****	*****	MG/L	*****	4.99	3100.00	(13)	1	1/3	Comp
EFFLUENT GROSS VALUE		*****	*****	MG/L	*****	200	400			WEEKLY	GRAB
EFFLUENT GROSS VALUE		*****	*****	100ML	*****	30DA GED	7 DA GED				
5-DAY CARBONACEOUS DS DAY, 20C		145.49	197.66	(26)	*****	229.25	300.60	(19)	0	1/3	Comp
RAW SEW/INFLUENT		REPORT	REPORT	MG/DY	*****	REPORT	REPORT			WEEKLY	COMPOSE
EFFLUENT GROSS VALUE		MG AVG	MG WK AV		*****	MG AVG	MG WK AV				
5-DAY CARBONACEOUS DS DAY, 20C		2.51	3.21	(26)	*****	4.6	5.0	(19)	0	1/3	Comp
EFFLUENT GROSS VALUE		17	25	LB/DY	*****	10	15			WEEKLY	COMPOSE
EFFLUENT GROSS VALUE		MG AVG	MG WK AV		*****	MG AVG	MG WK AV				
5-DAY CARB-5 DAY, 20 DEG C, PERCENT REMVL		*****	*****		98%	*****	*****	(23)	0	1/30	C-1
PERCENT REMOVAL		*****	*****	PERCENT	85	*****	*****			ONCE / MONTH	CALC'D
PERCENT REMOVAL		*****	*****	PERCENT	NO MIN	*****	*****				
SOLIDLY SUSPENDED PERCENT REMOVAL		*****	*****		93%	*****	*****	(23)	0	1/30	C-1
PERCENT REMOVAL		*****	*****	PERCENT	85	*****	*****			ONCE / MONTH	CALC'D
PERCENT REMOVAL		*****	*****	PERCENT	NO MIN	*****	*****				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Exec Director 115 Scho Jct 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		
			500 291 9097 AREA CODE NUMBER	07	12	19

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