



MSD

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

January 24, 2008

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 – December 2007**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Timberlake WTP, KPDES No.: KY0043087 for the month of 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 1207

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)

JAME

ADDRESS 670 CEDAR CREEK ST

LOUISVILLE KY 40211

FACILITY 1000 HUNTER AVE

LOCATION PROSPECT KY 40057

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

PERMIT NUMBER	DISCHARGE NUMBER
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MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	12	01		07	12	31

MINOR

(SUBR LV)
F - FINAL

MUNICIPAL DISCHARGE
EFFLUENT

*** NO DISCHARGE ***

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	*****	*****		7.2	*****	*****	(19)	0	1/3	Grab
	PERMIT REQUIREMENT	*****	*****	*****	INST MIN	*****	*****	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.7	*****	6.8	(12)	0	1/3	Grab
	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	9.0	MG/L		WEEKLY	GRAB
RAW SEW/INFLUENT	SAMPLE MEASUREMENT	148.26	210.77	(26)	*****	248.0	304.0	(19)	0	1/3	Comp
	PERMIT REQUIREMENT	REPORT	REPORT	*****	*****	REPORT	REPORT	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	5.46	7.16	(26)	*****	9.0	11.0	(19)	0	1/3	Comp
	PERMIT REQUIREMENT	50.0	75.0	*****	*****	30	45	MG/L		WEEKLY	COMPOS
RAW SEW/INFLUENT	SAMPLE MEASUREMENT	18.10	22.57	(26)	*****	29.65	34.70	(19)	0	1/3	Comp
	PERMIT REQUIREMENT	REPORT	REPORT	*****	*****	REPORT	REPORT	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	2.31	2.80	(26)	*****	3.81	4.31	(19)	0	1/3	Comp
	PERMIT REQUIREMENT	*****	*****	*****	*****	5	7.5	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	2.89	2.91	(19)	0	2/3	Comp
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT	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		
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO

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

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

JAME

ADDRESS 0/0 CEDAR CREEK ST

19407 - DAY - CHER 40

LOUISVILLE 400037

FACILITY 1001-1001-1001-1001

LOCATION PROSPECT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved.
OMB No. 2040-0004

1001-1001-1001-1001
PERMIT NUMBER

001 2
DISCHARGE NUMBER

MINOR

(SUPP LVS)

F - FINAL


MUNICIPAL DISCHARGE

EFFLUENT

*** NO DISCHARGE () ***

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			
THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.106	0.606	(03)	*****	*****	*****		0	1/2	1/2
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	*****	*****	*****	*****		CONTINUOUS	CONTINUOUS
RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	(19)	0	1/2	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	0.011 30DA AVG	0.019 DAILY MX MG/L			WEEKLY GRAB	
GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	1.0	1.0	(13)	0	1/2	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	200 30DA GEO	400 7 DA GEO 100ML			WEEKLY GRAB	
RAW SEW EFFLUENT	SAMPLE MEASUREMENT	154.75	206.87	(26)	*****	257.25	334.0	(19)	0	1/2	Co-p
EFFLUENT GROSS VALUE	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	SAMPLE MEASUREMENT	2.12	2.60	(26)	*****	3.50	40	(19)	0	1/2	Co-p
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	17 MD AVG	25 MX WK AV	LBS/DY	*****	10 MD AVG	15 MX WK AV	MG/L		WEEKLY COMPOS	
DEG C. PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		99%	*****	*****	(23)	0	1/3	Cal
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	*****	85 MO MIN	*****	*****	PER-CENT		ONCE/MONTH	
PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		96%	*****	*****	(23)	0	2/31	Cal
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	*****	85 MO MIN	*****	*****	PER-CENT		ONCE/MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Exec Director H. J. Scherdt 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 502	NUMBER 241-9093	YEAR 08	MO 01	DAY 22

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



MSD Louisville and Jefferson County
Metropolitan Sewer District

IMSAST0004
Discharge Report

Dec 01, 2007 12:00 AM thru Dec 31, 2007 11:59 PM

Report Selections: Excluding PPI, CSO, Result: WUS, Act Code: DISDW, DISREV

KPDES # KY0043087	Facility ID MSD0293	Treatment Plant Name TIMBERLAKE			Receiving Stream of Treatment Plant HARRODS CREEK			Region EAST		
Facility Type SPL Sewer Treatment Plant		Facility ID MSD0293		Facility Address 5504 TIMBER RIDGE DR		If Pump Station, Name of Pump Station:		Receiving Stream HARRODS CREEK		Discharge to GROUND
<u>Activity Code / Description</u>		<u>WO #</u>	<u>Initiated</u>	<u>Initiated By</u>	<u>Assigned To</u>	<u>Disch Stat</u>	<u>Event Date</u>	<u>Problem</u>	<u>Resolution</u>	<u>Completed</u>
DISDW: DRY WEATHER DISCHARGE		728284	12/05/07 10:00 AM	MARKS JR	KJSTES	R	12/05/07	BYPASS AT TREATMENT PLANT	DISCHARGE TO WATERS OF THE US	12/05/07 11:15 AM

Spot Inspections:

Discharge Amount:	2 100 GAL
Cause:	MECHANICAL FAILURE OF CL2 LINE.
Clean Up:	NO CLEAN UP REQUIRED
Control Zone:	SIGNS POSTED
Impact:	NO VISUAL IMPACT OBSERVED
Repair:	CL2 LINE REPAIRED AND PLT BACK IN SERVICE

Notifications:

12/05/07 12:58 PM	Supplemental Email notification of unauthorized discharge has been sent to irala.d.sear@epa.gov, eppc.ert@ky.gov and bradley.kouns@ky.gov
12/05/07 03:48 PM	Signs posted around affected area.
12/05/07 12:58 PM	Email notification of unauthorized discharge sent to Harkins.John@epamail.epa.gov, eppc.ert@ky.gov and bradley.kouns@ky.gov