



MSD

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

March 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 – February 2007**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Timberlake WTP, KPDES No.: KY0043087 for the month of February 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 0207

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 NSD TIMBERLAKE STP
ADDRESS C/O LOUISVILLE/JEFF CO NSD
4522 ALBANY AVENUE
LOUISVILLE KY 40211-2497
FACILITY NSD TIMBERLAKE STP
LOCATION PROSPECT KY 40057
ATTN: ALEX E NOVAK, OPER MGR

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

KY0043087			001 2				
PERMIT NUMBER			DISCHARGE NUMBER				
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	07	02	01		07	02	20

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			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****		7.1	*****	*****	(17)	0	1/7	Grab
DOPOO 0 0	PERMIT REQUIREMENT	*****	*****	***	INST MIN	*****	*****	MG/L			NEARLY GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.8	*****	6.9	(12)	0	1/7	Grab
DOPOO 0 0	PERMIT REQUIREMENT	*****	*****	***	6.0	*****	7.0	SU			NEARLY GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	(26)	*****	*****	*****	(17)	0	1/7	Comp
SOLIDS, TOTAL SUSPENDED	PERMIT REQUIREMENT	REPORT	REPORT	LBS/DY	*****	REPORT	REPORT	MG/L			NEARLY GRAB
DOPOO 0 0		MD AVG	MX WK AV		*****	MD AVG	MX WK AV				
RAW SEW/INFLUENT	SAMPLE MEASUREMENT	8.64	13.61	(26)	*****	13.75	24.0	(17)	0	1/7	Comp
SOLIDS, TOTAL SUSPENDED	PERMIT REQUIREMENT	50.0	75.0	LBS/DY	*****	30	45	MG/L			NEARLY GRAB
DOPOO 0 0		MD AVG	MX WK AV		*****	MD AVG	MX WK AV				
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	14.84	20.54	(26)	*****	22.48	25.60	(17)	0	1/7	Comp
NITROGEN, AMMONIA TOTAL (AS N)	PERMIT REQUIREMENT	REPORT	REPORT	LBS/DY	*****	REPORT	REPORT	MG/L			NEARLY GRAB
DOPOO 0 0		MD AVG	MX WK AV		*****	MD AVG	MX WK AV				
RAW SEW/INFLUENT	SAMPLE MEASUREMENT	0.10	0.15	(26)	*****	0.15	0.20	(17)	0	1/7	Comp
NITROGEN, AMMONIA TOTAL (AS N)	PERMIT REQUIREMENT	0	12	LBS/DY	*****	0	7.0	MG/L			NEARLY GRAB
DOPOO 0 0		MD AVG	MX WK AV		*****	MD AVG	MX WK AV				
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	3.26	3.46	(17)	0	2/28	Comp
PHOSPHORUS, TOTAL (AS P)	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT	REPORT	MG/L			WEEKLY GRAB
DOPOO 0 0		*****	*****	***	*****	MD AVG	MX WK AV				MONTH
EFFLUENT GROSS VALUE											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER H.J. Schindler Jr. Exec. Director	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
TYPED OR PRINTED			402	241-5093	07	03	20

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 LOUISVILLE/JEFF CO MSD
4572 ALGONQUIN PKWY
LOUISVILLE KY 40211-2497

FACILITY MSD TIMBERLAKE STP

LOCATION PROSPECT KY 40057

ATTN: ALEX E NOVAK, OPER MGR

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

KY0043087
PERMIT NUMBER

0012
DISCHARGE NUMBER

MINOR
(SUBR LV)
F - FINAL
MUNICIPAL DISCHARGE
EFFLUENT
*** NO DISCHARGE ***


MONITORING PERIOD						
YEAR	MO.	DAY	TO	YEAR	MO.	DAY
2022	02	01		2022	02	01

FROM

TO

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	0.077	0.121	(03)	*****	*****	*****		0	1/2	Cont.
ADDSO 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****			CONTINUOUS
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	MGD				****			ODUS
CHLORIDE TOTAL	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	1.177	0	1/7	Grab
RESIDUAL	PERMIT REQUIREMENT	*****	*****	****	*****	0.011	0.017				NEARLY GRAB
SDS60 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	30DA AVG	DAILY MX	MG/L			
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	1	1	1.137	0	1/7	Grab
SOLIDORS TOTAL	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	1/			NEARLY GRAB
GENERAL	SAMPLE MEASUREMENT	*****	*****	****	*****	30DA GEO	7 DA GEO	1COML			
40015 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****						
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	114.40	133.27	1.287	*****	181.0	235.0	1.177	0	1/7	Comp.
FEU, CARBONACEOUS	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT				NEARLY GRAB
05 DAY, 20C	PERMIT REQUIREMENT	MD AVG	MX WK AV	LBS/DY	*****	MD AVG	MX WK AV	MG/L			
00082 9 0 0	SAMPLE MEASUREMENT	2.54	3.40	1.287	*****	4.0	6.0	1.177	0	1/7	Comp.
RAW SEW/INFLUENT	PERMIT REQUIREMENT	17	25		*****	10	15				NEARLY GRAB
05 DAY, 20C	PERMIT REQUIREMENT	MD AVG	MX WK AV	LBS/DY	*****	MD AVG	MX WK AV	MG/L			
03082 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	98%	*****	1.237	0	1/28	Cont.
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	MD MIN	*****	PER-CENT			ONCE/MONTH
00091 1 0 0	SAMPLE MEASUREMENT	*****	*****	****	*****	98%	*****	1.237	0	1/28	Cont.
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	*****	MD MIN	*****	PER-CENT			ONCE/MONTH
SOLIDS, SUSPENDED	SAMPLE MEASUREMENT	*****	*****	****	*****	98%	*****	1.237	0	1/28	Cont.
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	*****	MD MIN	*****	PER-CENT			ONCE/MONTH
01011 1 0 0	SAMPLE MEASUREMENT	*****	*****	****	*****	98%	*****	1.237	0	1/28	Cont.
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	*****	MD MIN	*****	PER-CENT			ONCE/MONTH

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			AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED		562 241-4093		07 03 20			

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