

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



Form Approved. OMB No. 2040-0004

NAME/ADDRESS		

NAME MSO TIMBERLAKE STE

LOCATION PROPERTY (C.C.)

ADDRESS (/0 LOUISVILLE/JEFF CO MSD

ARROD ALCOGRAPTION PARTY

LOUISVILLE FACILITY POSSES TEMPERATURE STORY

ATTO: ALEK E MEVAN, OPEN MOR

KY 40211-2497

KV 40059

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR) KY49043087 * PERMIT NUMBER

DAY

YEAR MO

FROM

MONITORING PERIOD

TO

DISCHARGE NUMBER

YEAR MO. DAY

MINOR (SUBR LV) F - FINAL

WEFFE

MUNICIPAL DISCHARGE

EFFLUENT

*** NO DISCHARGE ! (***

NOTE: Read Instructions before completing this form.

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	sabmitt	ed. Based on my inquiry of t	ie person or persons who m	anage the system,		V/X					
Exec. Director	submitt	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 SIGNATURE SIGNATURE OF PRINCIPAL SIGNATURE SIGN				TURE OF PRINCIPAL			093	07 () 3 20
TYPED OR PRINTED						OFFICER OR AUTHORIZED AGENT AREA NUMBER			R	YEAR N	VO DAY

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

Form Approved. OMB No. 2040-0004

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

HERD STMBERELAKE STR

ADDRESS C./O LOUISVILLE/JEFF CO MSD

ABER ALGOMOVIN PRWY

LOWISVILLE FACILITY 的特色。工工智能是自己内核链、含了图

ATTN. ALEX E MIVAK. GOER MOR

KY 40211-2497

LOCATION PROSPECT

KY 40057

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

MONITORING PERIOD

TO

DAY

KY0043067 PERMIT NUMBER

YEAR MO

FROM

uoi DISCHARGE NUMBER

DAY

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MINOR ISUBR LV) T - FINAL

SWEED

MUNICIPAL DISCHARGE

EFFLUENT

*** NO DISCHARGE !

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY OF	SAMPLE TYPE	
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penulty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assume that qualified personnel properly gather and evaluate the information assumited. 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 AGE						TELEPHONE SCA 1341-9093 AREA NUMBER N			ATE 3 20 MO DAY		

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