



**MSD**

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

July 23, 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 – June 2008**

Dear Ms. Thurman:


Attached is the Discharge Monitoring Reports (DMRs) for the Timberlake WTP, KPDES No.: KY0043087 for the month of June 2008.

During the month of June we exceeded our ammonia limits for monthly avg. and mx weekly. We believe this was due to pumping out the surge basin into the #3 plant. A large amount of septic water was pumped into the plant. Samples from each plant were taken and the #3 plant was the only plant that was out of range. The last week of composite samples taken in June was back within our limits.

Also included is a June discharge report.

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 0608

Enclosures

cc: C. Roth (DOW)  
T. Singleton  
P. Burgin  
R. Shaw



*Beneficial Use of Louisville's Biosolids  
www.louisvillegreen.com*

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

AME MSD TIMBERLAKE STP  
 DDRESS C/O CEDAR CREEK STP  
 2405 CEDAR CREEK RD  
 LOUISVILLE KY 40211  
 ACILITY MSD TIMBERLAKE STP  
 OCATION PROSPECT KY 40059  
 ATTN DENNIS THOMASSEN, SR METRO OPS

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

KY0043087 PERMIT NUMBER  
 0012 DISCHARGE NUMBER

MINOR (SUBR LV)  
 F - FINAL JEFFE  
 MUNICIPAL DISCHARGE  
 EFFLUENT  
 \*\*\* NO DISCHARGE 1-1-1 \*\*\*

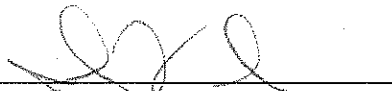
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
05	05	01	TO	05	05	30

NOTE: Read instructions before completing this form.

PARAMETER	X	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	*****	*****		7.0	*****	*****	( 17)	0	1/7	Grab
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		WEEKLY	GRAB
PH	SAMPLE MEASUREMENT	*****	*****		6.6	*****	7.2	( 12)	0	1/7	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	158.0	183.0	( 26)	*****	295.0	406.0	( 19)	0	1/7	Comp
00530 0 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		WEEKLY	COMPOS
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	10.0	16.0	( 26)	*****	19.0	28.0	( 19)	0	1/7	Comp
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	50.0 MO AVG	75.0 MX WK AV	LBS/DY	*****	30 MO AVG	45 MX WK AV	MG/L		WEEKLY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	15.0	23.0	( 26)	*****	25.0	27.0	( 19)	0	1/7	Comp
00610 0 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		WEEKLY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	2.0	2.0	( 26)	*****	3.0	5.0	( 19)	2	1/7	Comp
00610 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	3 MO AVG	5 MX WK AV	LBS/DY	*****	2 MO AVG	3 MX WK AV	MG/L		WEEKLY	COMPOS
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	3.0	4.0	( 19)	0	2/30	Comp
00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		WEEKLY	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Exec Dir.  
 H.J. Schudrin Jr  
 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 502 241-9073  
 DATE 08 07 22  
 AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 Please See attached Cover letter

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
 NAME MSD TIMBERLAKE STP  
 ADDRESS C/O CEDAR CREEK STP  
 6405 CEDAR CREEK RD  
 LOUISVILLE KY 40211  
 FACILITY MSD TIMBERLAKE STP  
 LOCATION PROSPECT KY 40059  
 ATTN: DENNIS THOMASSON, SR METRO OPS

KY0043087  
 PERMIT NUMBER

001 2  
 DISCHARGE NUMBER

MINOR  
 (SUBR LV)  
 F - FINAL

JEFFE

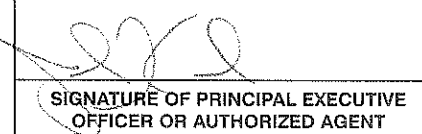
MUNICIPAL DISCHARGE  
 EFFLUENT

\*\*\* NO DISCHARGE ( ) \*\*\*

NOTE: Read Instructions before completing this form.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
05	08	01		05	08	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				( 03 )	*****	*****	*****				
50050 1 0 0					*****	*****	*****	*****			
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.077	0.114	MGD					0	C <sub>2</sub>	C <sub>2</sub>
	PERMIT REQUIREMENT	30DA AVG	DAILY MX	MGD				*****		CONTIN	CONTIN
CHLORINE, TOTAL RESIDUAL		*****	*****		*****	<0.010	<0.010	( 19 )			
50060 1 0 0		*****	*****	*****	*****	0.011	0.017				
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT					30DA AVG	DAILY MX	MG/L	0	1/7	Grab
	PERMIT REQUIREMENT			*****						WEEKLY	GRAB
COLIFORM, FECAL GENERAL		*****	*****		*****	1.0	1.0	( 13 )			
74055 1 0 0		*****	*****	*****	*****	200	400	*/			
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT					30DA GEO	7 DA GEO	100ML	0	1/7	Grab
	PERMIT REQUIREMENT			*****						WEEKLY	GRAB
300, CARBONACEOUS 05 DAY, 20C				( 26 )	*****	276.0	371.0	( 19 )			
30082 2 0 0					*****	REPORT	REPORT				
RAW SEW/INFLUENT	SAMPLE MEASUREMENT	143.0	167.0	LBS/DY		MO AVG	MX WK AV	MG/L	0	1/4	Comp
	PERMIT REQUIREMENT	MO AVG	MX WK AV	LBS/DY						WEEKLY	COMPOS
300, CARBONACEOUS 05 DAY, 20C				( 26 )	*****	3.0	5.0	( 19 )			
30082 1 0 0					*****	10	15				
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	2.0	3.0	LBS/DY		MO AVG	MX WK AV	MG/L	0	1/7	Comp
	PERMIT REQUIREMENT	MO AVG	MX WK AV	LBS/DY						WEEKLY	COMPOS
300, CARB-S DAY, 20 DEG C, PERCENT REMVL		*****	*****		*****	90.0 %	*****	*****	( 23 )		
30091 X 0 0		*****	*****	*****	*****	85	*****	*****	PER -		
PERCENT REMOVAL	SAMPLE MEASUREMENT					MO MIN		CENT	0	1/30	C.1
	PERMIT REQUIREMENT			*****						ONCE /	CALCUL
300, SOLIDS, SUSPENDED PERCENT REMOVAL		*****	*****		*****	93.0 %	*****	*****	( 23 )		
31011 X 0 0		*****	*****	*****	*****	85	*****	*****	PER -		
PERCENT REMOVAL	SAMPLE MEASUREMENT					MO MIN		CENT	0	1/30	C.1
	PERMIT REQUIREMENT			*****						ONCE /	CALCUL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Exec Director H.S. Schader, Jr. 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		
			503 241 9693	08	07	22

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



**MSD** Louisville and Jefferson County  
Metropolitan Sewer District

IMSAST0004  
Discharge Report

Initiated Jun 01, 2008 12:00 AM thru Jun 30, 2008 11:59 PM

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

<b>KPDES #</b> KY0043087	<b>Facility ID</b> MSD0293	<b>Treatment Plant Name</b> TIMBERLAKE	<b>Receiving Stream of Treatment Plant</b> HARRODS CREEK		<b>Region</b> EAST
<b>Facility Type</b> SPL Sewer Treatment Plant	<b>Facility ID</b> MSD0293	<b>Facility Address</b> 5504 TIMBER RIDGE DR	<b>If Pump Station, Name of Pump Station:</b>	<b>Receiving Stream</b> HARRODS CREEK	<b>Discharge to</b> GROUND
<b>Activity Code / Description</b> DISDW DRY WEATHER DISCHARGE	<b>WO #</b> 790821	<b>Initiated</b> 06/02/08 02:30 PM	<b>Initiated By</b> MARKS JR	<b>Assigned To</b> KESSEL	<b>Disch Status</b> REPAIRED - ISSUE RESOLVED
				<b>Event Date</b> 06/02/08	<b>Problem</b> BYPASS AT TREATMENT PLANT
				<b>Result</b> DISCHARGE TO WATERS OF THE US	<b>Completed</b> 06/02/08 07:30 PM

**Spot Inspections:**

<b>Discharge Amount:</b>	15,000 GAL
<b>Cause:</b>	MECHANICAL FAILURE OF CHLORINE FEED LINE
<b>Clean Up:</b>	NO CLEAN UP REQUIRED
<b>Control Zone:</b>	TEMPORARY SIGNS POSTED
<b>Impact:</b>	NO IMPACT OBSERVED
<b>Repair:</b>	MAINTENANCE IS REPAIRING CHLORINE FEED LINE SAP WORKORDER #402888 USING CHLORINE FEED TABLETS TILL REPAIRS ARE COMPLETE.

**Notifications:**

06/02/08 12:58 PM	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, epcc.ert@ky.gov and LisaA.Jeffries@ky.gov
07/07/08 10:33 AM	Temporary signs posted

No. 8989 P. 1

Jul. 14. 2008 6:41AM



**MSD**

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

06/03/2008

Mr. Charlie Roth, District Supervisor  
KY Division of Water  
Louisville Regional Office  
9116 Leesgate Road  
Louisville, KY 40222-5084

**Re: Bypass Report for the Timberlake WTP – KPDES Permit KY0043087**

Dear Mr. Roth:

This plant experienced a bypass event starting at 2:30 pm and stopping at 7:30 pm on 06/02/2008. This event was initially reported through our electronic notification system at 1:00 am on 06/03/2008. The corresponding discharge Work Order number is 790821 and a copy is included with this letter. MSD is providing this letter as a written report of the bypass as required per 401 KAR 5:065.

An estimated 15,000 gals of water was bypassed to the creek. The bypassed water received full primary and secondary treatment we used Chlorine tablets to disinfect. The cause of the bypass was a plant malfunction due to the Chlorine feed line to the contact chamber was cracked and leaking. The repair and remedial actions taken to correct the situation included maintance repairing the broken line, with a temporary line. To prevent a reoccurrence we are having new lines installed. There was no visual impact observed in the creek. The bypassed flow entered Harrods Creek.

Please advise if you have any questions concerning this information. You can contact me on my office telephone at (502) 241-9093, my cell phone at (502) 648-5984 or via email at [Kessel@msdlouky.org](mailto:Kessel@msdlouky.org)

Sincerely,

John Kessel  
Operations Supervisor

cc: D. Guthrie R. Shaw B. Bingham  
D. Thomasson M. Jenkins D. Talley



*Beneficial Use of Louisville's Biosolids  
[www.louisvillegreen.com](http://www.louisvillegreen.com)*