



MSD

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

May 22, 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 – April 2008**

Dear Ms. Thurman:

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

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 0408

Enclosures

cc: C. Roth (DOW)
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 MSD TIMBERLAKE STP
 ADDRESS C/O CEDAR CREEK STP
 8405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY MSD TIMBERLAKE STP
 LOCATION PROSPECT KY 40059
 ATTN: DENNIS THOMASSON, SR METRO DPS

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

KY0043087
 PERMIT NUMBER
 001 2
 DISCHARGE NUMBER

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

JEFF

MONITORING PERIOD							
YEAR	MO	DAY	FROM	TO	YEAR	MO	DAY
08	04	01			08	04	30

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	*****	*****		7.5	*****	*****	(19)	0	1/7	Grab
00300 1 0 0 EFFLUENT GROSS VALUE PH	PERMIT REQUIREMENT	*****	*****	*****	7 INST MIN	*****	*****	MG/L		WEEKLY	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.1	*****	7.3	(12)	0	1/7	Grab
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	147.0	206.0	(26)	*****	215.0	252.0	(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	16.0	27.0	(26)	*****	23.0	32.0	(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	22.0	(26)	*****	23.0	30.0	(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	0.25	0.53	(26)	*****	0.38	0.62	(19)	0	1/7	Comp
00610 1 2 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	B MO AVG	12 MX WK AV	LBS/DY	*****	5 MO AVG	7.5 MX WK AV	MG/L		WEEKLY	COMPOS
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	2.0	2.50	(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	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.	TELEPHONE		DATE		
Exec Director H.J. Schaefer Jr TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	502 AREA CODE	241-9693 NUMBER	08 YEAR	05 21 MO DAY

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

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(SUBR LV)

F - FINAL

MUNICIPAL DISCHARGE
 EFFLUENT

*** NO DISCHARGE ***

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PARAMETER	SAMPLE MEASUREMENT	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	0.100	0.350	(03)	*****	*****	*****	*****	0	1/2	1/2		
50050 1 0 0	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MOD	*****	*****	*****	*****		CONT INCONT IN		
EFFLUENT GROSS VALUE										UDUS		
CHLORINE, TOTAL RESIDUAL	*****	*****	*****	*****	*****	*****	*****	0	1/2	Grab		
50060 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.011 30DA AVG	0.019 DAILY MX	MG/L		WEEKLY GRAB		
EFFLUENT GROSS VALUE												
COLIFORM, FECAL GENERAL	*****	*****	*****	*****	*****	1.0	1.0	(13)	0	1/2	Grab	
74055 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	200 30DA GEO	400 7 DA GEO	#/ 100ML		WEEKLY GRAB		
EFFLUENT GROSS VALUE												
BOD, CARBONACEOUS 05 DAY, 20C	126.0	191.0	(26)	*****	*****	187.0	220.0	(19)	0	1/2	Comp	
50082 6 0 0	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		WEEKLY COMPOS		
RAW SEW/INFLUENT												
BOD, CARBONACEOUS 05 DAY, 20C	3.0	3.0	(26)	*****	*****	4.0	6.0	(19)	0	1/2	Comp	
50082 1 0 0	PERMIT REQUIREMENT	17 MD AVG	25 MX WK AV	LBS/DY	*****	10 MD AVG	15 MX WK AV	MG/L		WEEKLY COMPOS		
EFFLUENT GROSS VALUE												
BOD, CARB-5 DAY, 20 DEG C, PERCENT REMVL	*****	*****	*****	*****	*****	98%	*****	*****	0	1/30	Cal	
50091 M 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MD MIN	*****	PERCENT		ONCE/ MONTH		
PERCENT REMOVAL												
SOLIDS, SUSPENDED PERCENT REMOVAL	*****	*****	*****	*****	*****	90%	*****	*****	0	1/30	Cal	
51011 K 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MD MIN	*****	PERCENT		ONCE/ MONTH		
PERCENT REMOVAL												
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	
Exec Director H J. Schneider Jr									502 241-9053		08 05 21	
TYPED OR PRINTED									AREA CODE NUMBER		YEAR MO DAY	

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