



MSD

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

June 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 – May 2008**

Dear Ms. Thurman:

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

During the month of May we exceeded our max wk avg. for ammonia. We believe this was due to the plant being hydraulically overloaded from a previous rain event, where we received 1.23 inches of rain. All other ammonia samples collected for the month of may was below our limits.

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 0508

Enclosures

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



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

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
MUNICIPAL DISCHARGE
EFFLUENT
*** NO DISCHARGE 1/1/88 ***

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
88	05	01		88	05	31

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
OXYGEN, DISSOLVED (DO)	7.6	*****	*****		7.6	*****	*****	(19)	0	1/2	Grab	
00300 1 0 0 EFFLUENT GROSS VALUE PH	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		WEEKLY	Grab	
00400 1 0 0 EFFLUENT GROSS VALUE	7.2	*****	*****		6.9	*****	7.2	(12)	0	1/2	Grab	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	9.0	MAXIMUM	80		WEEKLY	Grab
SOLIDS, TOTAL SUSPENDED	218	*****	*****	(26)	*****	*****	230	(19)	0	1/2	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	28	*****	*****	(26)	*****	*****	45	(19)	0	1/2	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)	28	*****	*****	(26)	*****	*****	33	(19)	0	1/2	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)	4	*****	*****	(26)	*****	*****	4	(19)	1	1/2	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)	3	*****	*****	(26)	*****	*****	3	(19)	0	2/1	Comp	
00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		WICE/MONTH	COMPOS	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Eric Director</i> <i>H.T. Schuder, Jr</i> 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 <i>[Signature]</i>	TELEPHONE	DATE		
			500 1211-9693 AREA CODE NUMBER	08	06	23 YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NH3 exceedance, please see attached cover letter

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 THOMASSEN, SR METRO DPE

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MINOR
(SUBR LV)
F - FINAL
MUNICIPAL DISCHARGE
EFFLUENT
*** NO DISCHARGE [] ***
NOTE: Read Instructions before completing this form.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	05	01		08	05	31

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	0.103	0.163	(03)	*****	*****	*****		0	1/2	1/2	
EFFLUENT GROSS VALUE	REPORT	REPORT		*****	*****	*****					
CHLORINE, TOTAL RESIDUAL	*****	*****		*****	<0.010	<0.010	(17)	0	1/2	Grab	
EFFLUENT GROSS VALUE	*****	*****	****	*****	0.011	0.017					
COLIFORM, FECAL GENERAL	*****	*****	****	*****	1	1	(13)	0	1/2	Grab	
EFFLUENT GROSS VALUE	*****	*****	****	*****	200	400	#/				
30D, CARBONACEOUS 5 DAY, 20C	126	160	(26)	*****	172	224	(19)	0	1/2	Comp	
RAW SEW/INFLUENT	REPORT	REPORT		*****	REPORT	REPORT					
EFFLUENT GROSS VALUE	17	25		*****	10	15					
30D, CARBONACEOUS 5 DAY, 20C	2	3	(26)	*****	3	3	(19)	0	1/2	Comp	
EFFLUENT GROSS VALUE	MO AVG	MX WK AV	LBS/DY	*****	MO AVG	MX WK AV	MG/L				
30D, CARB-5 DAY, 20 DEG C, PERCENT REMVL	*****	*****		*****	98%	*****	(23)	0	1/31	Cal	
PERCENT REMOVAL	*****	*****	****	*****	85	*****	PER-				
SOLIDS, SUSPENDED PERCENT REMOVAL	*****	*****	****	*****	89%	*****	(23)	0	1/31	Cal	
PERCENT REMOVAL	*****	*****	****	*****	85	*****	PER-				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER H.J. Schardean Jr Exec Director 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			
			502 12417097	08	06	23	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			AREA CODE	NUMBER	YEAR	MO	DAY