



MSD

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

October 27, 2008

Ms. Vickie L. Prather
Kentucky Division of Water
14 Reilly Road
Frankfort, Kentucky 40601

**Re: MSD Metro Operations
Timberlake WTP; KPDES No.: KY0043087
Discharge Monitoring Reports – September 2008**

Dear Ms. Prather

Attached is the Discharge Monitoring Reports (DMRs) for the Timberlake WTP, KPDES No.: KY0043087 for the month of September 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 0908

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
3405 CEDAR CREEK RD
LOUISVILLE KY 40211
CITY 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

JEFFL

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	09	01		08	09	30

MUNICIPAL DISCHARGE
EFFLUENT

*** NO DISCHARGE () ***

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) 0300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.3	*****	*****	(19)	0	1/4	Grab
	PERMIT REQUIREMENT	*****	*****	*****	7	*****	*****	MG/L		WEEKLY	GRAB
NH 0400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.9	*****	7.0	(12)	0	1/4	Grab
	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	9.0	MINIMUM MAXIMUM	0	WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED 0530 0 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	225	493	(26)	*****	409.0	710.0	(19)	0	1/4	Comp
	PERMIT REQUIREMENT	REPORT	REPORT	*****	*****	REPORT	REPORT	MG/L		WEEKLY	COMPOS
SOLIDS, TOTAL SUSPENDED 0530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	6.0	9.0	(26)	*****	11.0	15.0	(19)	0	1/4	Comp
	PERMIT REQUIREMENT	50.0	75.0	*****	*****	30	45	MG/L		WEEKLY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 10610 0 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	15.0	20.0	(26)	*****	28.0	36.0	(19)	0	1/4	Comp
	PERMIT REQUIREMENT	REPORT	REPORT	*****	*****	REPORT	REPORT	MG/L		WEEKLY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 10610 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.29	0.50	(26)	*****	0.52	0.90	(19)	0	1/4	Comp
	PERMIT REQUIREMENT	2	5	*****	*****	2	3	MG/L		WEEKLY	COMPOS
PHOSPHORUS, TOTAL (AS P) 10665 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	2.0	2.0	(19)	0	2/30	Comp
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT	MG/L		TWICE/MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Exec Dir
H.T. Scheidt 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
AREA CODE NUMBER YEAR MO DAY

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 CEDAR CREEK STP
8405 CEDAR CREEK RD
LOUISVILLE KY 40211

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LOCATION PROSPECT KY 40059
ATTN: DENNIS THOMASSON, SR METRO OPS

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	09	01		08	09	30

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EFFLUENT

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 30050 1 0 0 EFFLUENT GROSS VALUE	0.069	0.095	(03)	*****	*****	*****		0	9/2	EW	
PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****					
CHLORINE, TOTAL RESIDUAL 30060 1 0 0 EFFLUENT GROSS VALUE	*****	*****		*****	<0.010	<0.010	(19)	0	1/2	Grab	
PERMIT REQUIREMENT	*****	*****		*****	0.011	0.017					
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	*****	*****		*****	1.0	2.0	(13)	0	1/2	Grab	
PERMIT REQUIREMENT	*****	*****		*****	200	400 #/					
BOD, CARBONACEOUS 5 DAY, 20C 30082 0 0 0 RAW SEW/INFLUENT	191.0	204.0	(26)	*****	260.0	365.0	(19)	0	1/2	Comp	
PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT					
BOD, CARBONACEOUS 5 DAY, 20C 30082 1 0 0 EFFLUENT GROSS VALUE	2.0	3.0	(26)	*****	3.0	5.0	(19)	0	1/2	Comp	
PERMIT REQUIREMENT	17	25		*****	10	15					
BOD, CARB-5 DAY, 20 DEG C. PERCENT REMVL 30091 1 0 0 PERCENT REMOVAL	*****	*****		99.0%	*****	*****	(23)	0	1/30	Cal	
PERMIT REQUIREMENT	*****	*****		85	*****	*****					
SOLIDS, SUSPENDED PERCENT REMOVAL 31011 1 0 0 PERCENT REMOVAL	*****	*****		97.0%	*****	*****	(23)	0	1/30	Cal	
PERMIT REQUIREMENT	*****	*****		85	*****	*****					

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Exec Dir
H.J. Schaefer, Jr.
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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 502 241-9073
DATE 08 16 24
AREA CODE NUMBER YEAR MO DAY

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