



MSD

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

August 26, 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 – July 2008**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Timberlake WTP, KPDES No.: KY0043087 for the month of July 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 0708

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)

ME MSD TIMBERLAKE STP
 ADDRESS C/O CEDAR CREEK STP
 8405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 CITY MSD TIMBERLAKE STP
 LOCATION PROSPECT KY 40059
 TTN: DENNIS THOMASSON, SR METRO OPS

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

KY0043087
 PERMIT NUMBER

001 2
 DISCHARGE NUMBER

MINOR
 (SUBR LV)
 F - FINAL JEFFE
 MUNICIPAL DISCHARGE
 EFFLUENT
 *** NO DISCHARGE 1-1-88 ***

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
05	07	01		05	07	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)	*****	*****			7.1	*****	*****	(19)	0	1/7	Grab
0300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	7	*****	*****	MG/L		WEEKLY	GRAB
PH	*****	*****			6.8	*****	*****	(12)	0	1/7	Grab
0400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	9.0	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	*****	*****	(26)		*****	*****	*****	(19)	0	1/7	Comp
0530 6 0 0 AM 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	*****	*****	(26)		*****	*****	*****	(19)	0	1/7	Comp
0530 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)	*****	*****	(26)		*****	*****	*****	(19)	0	1/7	Comp
0610 6 0 0 AM 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)	*****	*****	(26)		*****	*****	*****	(19)	0	1/7	Comp
0610 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)	*****	*****			*****	*****	*****	(19)	0	2/31	Comp
0665 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
 Exec Director
 H J Schaefer 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
 508 540-6000
 DATE
 08 25

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

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

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

Form Approved.
OMB No. 2040-0004

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 OPS

KY00043087
PERMIT NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	07	01		08	07	31

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
LOW IN CONDUIT OR HRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.074	0.170	(03)	*****	*****	*****		0	1/2	C/W
0050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****			CONTINENTIN
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	MGD				****			UDUS
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	(19)	0	1/2	Grab
0060 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	0.011	0.017				WEEKLYGRAB
EFFLUENT GROSS VALUE				****		30DA AVG	DAILY MX	MG/L			
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	1.50	4.0	(13)	0	1/2	Grab
4055 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	200	400 #/				WEEKLYGRAB
EFFLUENT GROSS VALUE				****		30DA GED	7 DA GED	100ML			
OD, CARBONACEOUS 5 DAY, 20C	SAMPLE MEASUREMENT	156	210	(26)	*****	283.50	382.0	(19)	0	1/2	Comp
0082 0 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT				WEEKLYCOMPOS
RAW SEW/INFLUENT		MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV	MG/L			
OD, CARBONACEOUS 5 DAY, 20C	SAMPLE MEASUREMENT	2.0	2.0	(26)	*****	3.0	4.0	(19)	0	1/2	Comp
0082 1 0 0	PERMIT REQUIREMENT	17	25		*****	10	15				WEEKLYCOMPOS
EFFLUENT GROSS VALUE		MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV	MG/L			
OD, CARB-5 DAY, 20 EQ C, PERCENT REMVL	SAMPLE MEASUREMENT	*****	*****		99%	*****	*****	(23)	0	1/3	C/L
0091 K 0 0	PERMIT REQUIREMENT	*****	*****	****	85	*****	*****	PER-			ONCE/ CALCTD
PERCENT REMOVAL				****	MO MIN			CENT			MONTH
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		92%	*****	*****	(23)	0	1/3	C/L
1011 K 0 0	PERMIT REQUIREMENT	*****	*****	****	85	*****	*****	PER-			ONCE/ CALCTD
PERCENT REMOVAL				****	MO MIN			CENT			MONTH

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Exec Director
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TYPED OR PRINTED

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TELEPHONE
DATE
502
845-6000 08 08 25
AREA CODE NUMBER YEAR MO DAY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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