



**MSD**

*Louisville and Jefferson County Metropolitan Sewer District  
700 West Liberty Street  
Louisville Kentucky 40203-1911  
502-540-6000  
[www.msdlouky.org](http://www.msdlouky.org)*

September 25, 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 – August 2008**

Dear Ms. Prather

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

During the month of August we exceeded our mx wk avg for TSS. We believe this was due to algae blooms in the lagoon. Extra composite samples were taken on the 25, 27, 28 and the results were 3, 24, 23 mg/l respectively. We are continuing to test a new algaecide product in the lagoon from the NRP Company. And will start back with the Cutrine treatments once finished with the testing.

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 0808

Enclosures

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



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

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  
6405 CEDAR CREEK RD  
LOUISVILLE KY 40211  
FACILITY MSD TIMBERLAKE STP  
LOCATION PROSPECT KY 40059  
ATTN: DENNIS THOMASSON, SR METRO OPS

KY00043087  
PERMIT NUMBER

001 2  
DISCHARGE NUMBER

MINOR  
(SUBR LV)  
F - FINAL

JEFFE

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

MUNICIPAL DISCHARGE  
EFFLUENT

\*\*\* NO DISCHARGE 1 1 \*\*\*

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	*****	*****		7.2	*****	*****	( 19 )	0	1/2	Grab
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	7	*****	*****			WEEKLY	GRAB
EFFLUENT GROSS VALUE				****	INST MIN			MG/L			
PH	SAMPLE MEASUREMENT	*****	*****		7.0	*****	7.2	( 12 )	0	1/2	Grab
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	7.0			WEEKLY	GRAB
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM	BU			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	184.0	289.0	( 26 )	*****	314.0	438.0	( 19 )	0	1/2	Grab
00530 6 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT			WEEKLY	COMPOS
RAW SEW/INFLUENT		MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV	MG/L			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	15.0	28.0	( 26 )	*****	26.0	53.0	( 19 )	1	1/2	Grab
00530 1 0 0	PERMIT REQUIREMENT	50.0	75.0		*****	30	45			WEEKLY	COMPOS
EFFLUENT GROSS VALUE		MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV	MG/L			
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	15.0	18.0	( 26 )	*****	26.0	36.0	( 19 )	0	1/2	Grab
00610 6 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT			WEEKLY	COMPOS
RAW SEW/INFLUENT		MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV	MG/L			
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.25	0.42	( 26 )	*****	0.42	0.67	( 19 )	0	1/2	Grab
00610 1 1 0	PERMIT REQUIREMENT	3	5		*****	2	3			WEEKLY	COMPOS
EFFLUENT GROSS VALUE		MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV	MG/L			
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	3.0	4.0	( 19 )	0	2/3	Grab
00665 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT			TWICE/MONTH	COMPOS
EFFLUENT GROSS VALUE				****		MO AVG	MX WK AV	MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Exec Director

H I 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

DATE

508  
AREA CODE

546-6600  
NUMBER

08  
YEAR

09  
MO

24  
DAY

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

\* See cover letter for Exceedance (Three extra samples were taken)

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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 OPS

DISCHARGE MONITORING REPORT (DMR)

KY0043087  
PERMIT NUMBER  
001 2  
DISCHARGE NUMBER

MINOR (SUBR LV)  
F - FINAL  
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			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	0.071	0.100	( 03 )	*****	*****	*****		0	1/2	1/2	
50050 1 0 0 EFFLUENT GROSS VALUE	REPORT	REPORT		*****	*****	*****	****				
CHLORINE, TOTAL RESIDUAL	*****	*****	MGD	*****	<0.010	<0.010	( 17 )	0	1/7	Grab	
50060 1 0 0 EFFLUENT GROSS VALUE	*****	*****	****	*****	0.011	0.019	MG/L			WEEKLY GRAB	
COLIFORM, FECAL GENERAL	*****	*****	****	*****	1.0	3.0	( 13 )	0	1/7	Grab	
74055 1 0 0 EFFLUENT GROSS VALUE	*****	*****	****	*****	200	400	#/			WEEKLY GRAB	
BOD, CARBONACEOUS 5 DAY, 20C	131.0	166.0	( 26 )	*****	225.0	869.0	( 19 )	0	1/7	Comp	
50082 0 0 0 RAW SEW/INFLUENT	REPORT	REPORT	LBS/DY	*****	REPORT	REPORT	MG/L			WEEKLY COMPOS	
BOD, CARBONACEOUS 5 DAY, 20C	3.0	5.0	( 26 )	*****	5.0	9.0	( 19 )	0	1/7	Comp	
50082 1 0 0 EFFLUENT GROSS VALUE	17	25	LBS/DY	*****	10	15	MG/L			WEEKLY COMPOS	
BOD, CARE-5 DAY, 20 DEG C, PERCENT REMVL	*****	*****		92%	*****	*****	( 23 )	0	1/31	Cal	
50091 K 0 0 PERCENT REMOVAL	*****	*****	****	BS	*****	*****	PER-CENT			ONCE/ CALCTD MONTH	
SOLIDS, SUSPENDED PERCENT REMOVAL	*****	*****		98%	*****	*****	( 23 )	0	1/31	Cal	
51011 K 0 0 PERCENT REMOVAL	*****	*****	****	BS	*****	*****	PER-CENT			ONCE/ CALCTD MONTH	
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			
H.J. Schmidt Jr						808 511A-6660		18 09 24			
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE NUMBER		YEAR MO DAY			
						08 511A-6660		18 09 24			

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