



MSD

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

March 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 – February 2008**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Timberlake WTP, KPDES No.: KY0043087 for the month of February 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 0208

Enclosures

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



*Beneficial Use of Louisville's Biosolids
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 070 CEDAR CREEK STP
8405 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 ***

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	02	01		08	02	27

NOTE: Read Instructions before completing this form.

PARAMETER	X	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	*****	*****		8.2	*****	*****	(19)	0	1/7	Grab
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	7	*****	*****			WEEKLY	GRAB
EFFLUENT GROSS VALUE PH	SAMPLE MEASUREMENT	*****	*****		6.8	*****	7.2	(12)	0	1/7	Grab
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0			WEEKLY	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	185.00	227.00	(26)	*****	199.00	278.00	(19)	0	1/7	Comp
SOLIDS, TOTAL SUSPENDED	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT			WEEKLY	COMPOS
00530 6 0 0	RAW SEW/INFLUENT	MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV	MG/L			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	17.0	23.0	(26)	*****	18.0	22.0	(19)	0	1/7	Comp
00530 1 0 0	PERMIT REQUIREMENT	50.0	75.0		*****	30	45			WEEKLY	COMPOS
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	19.0	23.0	(26)	*****	21.0	27.0	(19)	0	1/7	Comp
NITROGEN, AMMONIA TOTAL (AS N)	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT			WEEKLY	COMPOS
00610 6 0 0	RAW SEW/INFLUENT	MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV	MG/L			
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	2.50	5.60	(26)	*****	2.20	3.80	(19)	0	1/7	Comp
00610 1 2 0	PERMIT REQUIREMENT	5	12		*****	5	7.5			WEEKLY	COMPOS
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	4.0	4.10	(19)	0	2/29	Comp
PHOSPHORUS, TOTAL (AS P)	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT			WICE/COMPOS	MONTH
00665 1 0 0	EFFLUENT GROSS VALUE	*****	*****	****	*****	MO AVG	MX WK AV	MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Exec Director
H. J. Schardien 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
08 241 9053 08 03 24

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

NAME MSD TIMBERLAKE STP
ADDRESS C/O CEDAR CREEK STP
8405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY MSD TIMBERLAKE STP
LOCATION PROSPECT KY 40057
ATTN: DENNIS THOMASSON, SR METRO OPS

KY0043087
PERMIT NUMBER

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MINDR
(SUBR LV)
F - FINAL
MUNICIPAL DISCHARGE
EFFLUENT

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	02	01		08	02	29

*** NO DISCHARGE [] ***

NOTE: Read instructions before completing this form.

PARAMETER	X	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		0.099	0.199	(03)	*****	*****	*****		0	4x	9x	
50050 1 0 0		PERMIT REPORT 30DA AVG	PERMIT REPORT DAILY MX	MGD	*****	*****	*****	****			CONT INCONT IN UBUS	
EFFLUENT GROSS VALUE		*****	*****		*****	50.010	20.010	(17)	0	1/7	Grab	
CHLORINE, TOTAL RESIDUAL		*****	*****	****	*****	0.011	0.019				WEEKLY GRAB	
50060 1 0 0		PERMIT REQUIREMENT	PERMIT REQUIREMENT	****	*****	30DA AVG	DAILY MX	MG/L				
EFFLUENT GROSS VALUE		*****	*****		*****	1.0	1.0	(13)	0	1/7	Grab	
COLIFORM, FECAL GENERAL		*****	*****	****	*****	200	400 #/				WEEKLY GRAB	
74055 1 0 0		PERMIT REQUIREMENT	PERMIT REQUIREMENT	****	*****	30DA GED	7 DA GED	100ML				
EFFLUENT GROSS VALUE		*****	*****		*****	104.0	204.0	(19)	0	1/7	Comp	
BOD, CARBONACEOUS 05 DAY, 20C		152.0	213.0	(26)	*****	REPORT MD AVG	REPORT MX WK AV	MG/L			WEEKLY COMPOS	
80082 0 0 0		PERMIT REQUIREMENT	PERMIT REQUIREMENT	****	*****	MD AVG	MX WK AV	MG/L				
RAW SEW/INFLUENT		*****	*****		*****	4.0	7.0	(19)	0	1/7	Comp	
BOD, CARBONACEOUS 05 DAY, 20C		4.0	6.0	(26)	*****	10	15				WEEKLY COMPOS	
80082 1 0 0		PERMIT REQUIREMENT	PERMIT REQUIREMENT	****	*****	MD AVG	MX WK AV	MG/L				
EFFLUENT GROSS VALUE		*****	*****		*****	97%	*****	(23)	0	1/29	Cal	
BOD, CARB-5 DAY, 20 DEG C, PERCENT REMVL		*****	*****	****	*****	85	*****	PER-			ONCE / CALCTD MONTH	
80091 K 0 0		PERMIT REQUIREMENT	PERMIT REQUIREMENT	****	*****	MD MIN	*****	CENT				
PERCENT REMOVAL		*****	*****		*****	91%	*****	(23)	0	1/29	Cal	
SOLIDS, SUSPENDED PERCENT REMOVAL		*****	*****	****	*****	85	*****	PER-			ONCE / CALCTD MONTH	
81011 K 0 0		PERMIT REQUIREMENT	PERMIT REQUIREMENT	****	*****	MD MIN	*****	CENT				
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. Schadein Jr								AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED		502		241-5093		08 03 24						

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