



**MSD**

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

April 23, 2009

Ms. Carolena Bentley  
DMR Coordinator  
200 Fair Oaks Lane  
Frankfort, Kentucky 40601

**Re: MSD Metro Operations  
Timberlake WTP; KPDES No.: KY0043087  
Discharge Monitoring Reports – March 2009**

Dear Ms. Bentley

Attached is the Discharge Monitoring Reports (DMRs) and the Monthly operator report (MOR) for the Timberlake WTP, KPDES No.: KY0043087 for the month of March 2009.

If you have any questions concerning the attached DMRs please contact me at (502)241-9093.

Sincerely,

D.J. Rheinlaender  
Process Supervisor, East Region

DJR/Timberlake 0309

Enclosures

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



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

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  
FACILITY MSD TIMBERLAKE STP  
LOCATION PROSPECT KY 40059  
ATTN: DENNIS THOMASOON, SR METRO OPS

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

KY0043087	001 2
PERMIT NUMBER	DISCHARGE NUMBER

  

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	03	01	07	03	31

MINOR  
(SUBR LV)  
F - FINAL  
MUNICIPAL DISCHARGE  
EFFLUENT

JEFFE

\*\*\* 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					
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE		*****	*****		7.6	*****	*****	( 19 )		1/7	GRAB		
PH		*****	*****		6.4	*****	*****	( 12 )		1/7	GRAB		
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****		6.0	*****	9.0			1/7	GRAB		
00530 0 0 0 RAW SEW/INFLUENT		REPORT	REPORT	( 28 )	*****	REPORT	REPORT	( 19 )		1/7	COMPOS		
00530 1 0 0 EFFLUENT GROSS VALUE		50.0	75.0	( 25 )	*****	30	45	( 19 )		1/7	COMPOS		
00610 0 0 0 RAW SEW/INFLUENT		REPORT	REPORT	( 28 )	*****	REPORT	REPORT	( 19 )		1/7	COMPOS		
00610 1 2 0 EFFLUENT GROSS VALUE		8	12	( 25 )	*****	5	7.5	( 19 )		1/7	COMPOS		
00665 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	REPORT	REPORT	( 19 )		1/7	COMPOS		
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		
TYPED OR PRINTED									AREA CODE	NUMBER	YEAR	MO	DAY

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

NAME: MSD TIMBERLAKE STP  
ADDRESS: C/O CEDAR CREEK STP  
2405 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 [ ] \*\*\*  
NOTE: Read Instructions before completing this form.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	03	01		07	03	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	1.177	1.177	( 03)	*****	*****	*****								
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MSD	*****	*****	*****	****		CONTIN	CONTIN			
CHLORINE, TOTAL RESIDUAL	*****	*****		*****	*****	*****	( 19)							
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.011	0.017	30DA AVG	DAILY MX	MG/L	WEEKLY GRAB			
COLIFORM, FECAL GENERAL	*****	*****		*****	*****	*****	( 13)							
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	30DA GED	7 DA GED	100ML	WEEKLY GRAB			
BOD, CARBONACEOUS 05 DAY, 20C	111	111	( 25)	*****	*****	*****	( 19)							
60082 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			
BOD, CARBONACEOUS 05 DAY, 20C	2.6	2.6	( 26)	*****	*****	*****	( 19)							
60082 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	17 MO AVG	35 MX WK AV	LBS/DY	*****	10 MO AVG	15 MX WK AV	MG/L			WEEKLY COMPOS			
BOD, CARBONACEOUS 05 DAY, 20C	*****	*****		*****	*****	*****	( 28)							
DESIG C. PERCENT REMVL	*****	*****	****	*****	*****	*****	PER-							
60091 1 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	*****	*****	PER-				ONCE/ MONTH			
SOLIDS, SUSPENDED PERCENT REMOVAL	*****	*****		*****	*****	*****	( 23)							
61011 1 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	*****	*****	PER-				ONCE/ 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				
TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY

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



Timberlake

data

Date	Flow	Concentration			Pounds		
		TSS	BOD	NH3	TSS	BOD	NH3
3/1/2009	0.077						
3/2/2009	0.061						
3/3/2009	0.06						
3/4/2009	0.064	224	219	17	119.562	116.893	9.074
3/5/2009	0.077						
3/6/2009	0.087						
3/7/2009	0.083						
3/8/2009	0.093						
3/9/2009	0.072						
3/10/2009	0.061						
3/11/2009	0.075	192	188	31	120.096	117.594	19.391
3/12/2009	0.065						
3/13/2009	0.064						
3/14/2009	0.081						
3/15/2009	0.084						
3/16/2009	0.085						
3/17/2009	0.059						
3/18/2009	0.065	202	220	16	109.504	119.262	8.674
3/19/2009	0.077						
3/20/2009	0.065						
3/21/2009	0.077						
3/22/2009	0.072						
3/23/2009	0.072						
3/24/2009	0.072	306	203	40	183.747	121.897	24.019
3/25/2009	0.115						
3/26/2009	0.095						
3/27/2009	0.081						
3/28/2009	0.102						
3/29/2009	0.105						
3/30/2009	0.068						
3/31/2009							
Average	0.077	231.00	207.50	26.00	133.23	118.91	15.29
Maximum	0.115	306.00	220.00	40.00	183.75	121.90	24.02

Timberlake

BOD Rem

0.986301

0.984043

0.986364

0.985222

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99%

0

0