



*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)

June 22, 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 – May 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 May 2009.

We experienced one exceedances for Total Suspended Solids percent removal. We believe the exceedances was due to the polishing pond having excess algae growth. We added algaecide to pond. Subsequent analysis indicates a reduction of effluent total suspended solids.

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 0509

Enclosures

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



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

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

NAME 'NSC TIMBERLAKE STP'  
ADDRESS 270 CEDAR CREEK STP  
4005 CEDAR CREEK RD  
LOUISVILLE KY 40211  
FACILITY NSC TIMBERLAKE STP  
LOCATION PROSPECT KY 40059  
ATTN DONALD THOMASSON SR METRO OPS

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

400043087  
PERMIT NUMBER  
001 2  
DISCHARGE NUMBER  
MONITORING PERIOD  
YEAR MO DAY TO YEAR MO DAY  
07 05 01 TO 07 05 31

MINOR  
(SUBR LV)  
F - FINAL  
MUNICIPAL DISCHARGE  
EFFLUENT  
\*\*\* NO DISCHARGE \*\*\*

Form Approved.  
OMB No. 2040-0004

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	*****	*****	MG/L	0	1/7	CP
DOSSDO	PERMIT REQUIREMENT	*****	*****	****	INSET MIN	*****	*****	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.0	*****	7.5	MG/L	0	1/7	CP
FM	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	7.0	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	MG/L	0	1/7	CP
TOTAL SUSPENDED SOLIDS	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	MG/L		WEEKLY	COMPOS
RAW SEW INFLUENT	SAMPLE MEASUREMENT	105	201	LBS/DY	*****	166	326	MG/L	0	1/7	CP
PERMIT REQUIREMENT	PERMIT REQUIREMENT	MD AVG	MX WK AV	LBS/DY	*****	REPORT	REPORT	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	18.1	26.1	LBS/DY	*****	28	38	MG/L	0	1/7	CP
PERMIT REQUIREMENT	PERMIT REQUIREMENT	MD AVG	MX WK AV	LBS/DY	*****	MD AVG	MX WK AV	MG/L		WEEKLY	COMPOS
NITROGEN AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	19	21	LBS/DY	*****	30	33	MG/L	0	1/7	CP
PERMIT REQUIREMENT	PERMIT REQUIREMENT	MD AVG	MX WK AV	LBS/DY	*****	REPORT	REPORT	MG/L		WEEKLY	COMPOS
RAW SEW INFLUENT	SAMPLE MEASUREMENT	0.3	1	LBS/DY	*****	0.4	1	MG/L	0	1/7	CP
PERMIT REQUIREMENT	PERMIT REQUIREMENT	MD AVG	MX WK AV	LBS/DY	*****	MD AVG	MX WK AV	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.7	0.8	MG/L	0	1/7	CP
PERMIT REQUIREMENT	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L		WEEKLY	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
East. Dir  
H. J. Sabackman 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  
500 546 6111  
19 06 16  
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

ADDRESS

FACILITY

LOCATION

WITH

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

PERMIT NUMBER

DISCHARGE NUMBER

MINOR

(SUBR LV)

F - FINAL

MUNICIPAL DISCHARGE

EFFLUENT

NO DISCHARGE

Form Approved.  
OMB No. 2040-0004

MONITORING PERIOD

FROM

TO

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			
FLOW IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.088	0.149	( US )	*****	*****	*****		0	CA	CA
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	MGD	*****	*****	*****		0	CA	CA
CHLORINE TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	50.810	50.810	( L )	0	1/7	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	30DA AVG	DAILY MX	MG/L	0	1/7	GR
CHLORINE PERAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	1	1	( L )	0	1/7	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	30DA GEO	7 DA GEO	100ML	0	1/7	GR
RAW SEW/INFLUENT	SAMPLE MEASUREMENT	138	183	( LB )	*****	215	292	( L )	0	1/7	CP
RAW SEW/INFLUENT	PERMIT REQUIREMENT	MD AVG	MX WK AV	LBS/DY	*****	MD AVG	MX WK AV	MG/L	0	1/7	CP
RAW SEW/INFLUENT	SAMPLE MEASUREMENT	6	8	( LB )	*****	10	13	( L )	0	1/7	CP
RAW SEW/INFLUENT	PERMIT REQUIREMENT	MD AVG	MX WK AV	LBS/DY	*****	MD AVG	MX WK AV	MG/L	0	1/7	CP
DEG C. PERCENT REMVL	SAMPLE MEASUREMENT	*****	*****		95	*****	*****	( L )	0	1/31	CA
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	***	MD MIN	*****	*****	PER-CENT	0	1/31	CA
PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		83	*****	*****	( L )	1	1/31	CA
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	***	MD MIN	*****	*****	PER-CENT	1	1/31	CA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Exec. Dir  
H. J. Schardin Jr  
TYPED OR PRINTED

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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)

\* See cover letter for explanation

Timberlake

[illegible]

Timberlake

data

Date	Flow	INFLUENT			Pounds		
		TSS	Concentration BOD	NH3	TSS	BOD	NH3
5/1/2009	0.089						
5/2/2009	0.092						
5/3/2009	0.092						
5/4/2009	0.084						
5/5/2009	0.074	120	226	28	74.059	139.478	17.280
5/6/2009	0.103						
5/7/2009	0.086						
5/8/2009	0.12						
5/9/2009	0.142						
5/10/2009	0.101						
5/11/2009	0.085						
5/12/2009	0.075	322	292	30	201.411	182.646	18.765
5/13/2009	0.092						
5/14/2009	0.091						
5/15/2009	0.085						
5/16/2009	0.099						
5/17/2009	0.088						
5/18/2009	0.079						
5/19/2009	0.075	140	176	33	87.570	110.088	20.642
5/20/2009	0.075						
5/21/2009	0.077						
5/22/2009	0.076						
5/23/2009	0.081						
5/24/2009	0.082						
5/25/2009	0.103						
5/26/2009	0.087	80	164	28	58.046	118.995	20.316
5/27/2009	0.098						
5/28/2009	0.068						
5/29/2009	0.071						
5/30/2009	0.087						
5/31/2009	0.075						
Average	0.088	165.50	214.50	29.75	105.27	137.80	19.25
Maximum	0.142	322.00	292.00	33.00	201.41	182.65	20.64