



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

September 15, 2009

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

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

Dear Ms. Bentley

Attached is the Discharge Monitoring Reports (DMRs) and the Monthly Operator Report (MOR) for the Timberlake WQTC, KPDES No.: KY0043087 for the month of August 2009.

If you have any questions concerning the attached DMRs please contact me at (502)587-5856.

Sincerely,

A handwritten signature in black ink, appearing to read "D.J. Rheinlaender", is written over a large, light-colored scribble or watermark.

D.J. Rheinlaender  
Process Supervisor, East Region

DJR/Timberlake 0809

Enclosures

cc: C. Roth (DOW Louisville)  
T. Singleton  
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)

MINOR  
(SUBR LV)  
F - FINAL

JEFFE

NAME: TIMBERLAKE WQTC MSD  
ADDRESS: C/O CEDAR CREEK WQTC  
8405 CEDAR CREEK RD  
LOUISVILLE KY 40211  
FACILITY: TIMBERLAKE WQTC MSD  
LOCATION: PROSPECT KY 40059  
ATTN: DENNIS THOMASSON, SR METRO OPS

KY0043087  
PERMIT NUMBER

001 2  
DISCHARGE NUMBER

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

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			
OXYGEN, DISSOLVED (DO)	*****	*****			7	*****	*****	( 19 )	0	1/7	GR
00300 C O EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	7	*****	*****	MG/L		WEEKLY	GRAB
PH	*****	*****			6.3	*****	*****	( 12 )	0	1/7	GR
00400 C O EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	5.0	*****	5.0	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	*****	*****		( 26 )	*****	*****	*****	( 19 )	0	1/7	CP
00500 C O RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		WEEKLY	COMPOS
SOLIDS, TOTAL SUSPENDED	*****	*****		( 26 )	*****	*****	*****	( 19 )	0	1/7	CP
00500 C O EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	50.0 MD AVG	75.0 MX WK AV	LBS/DY	*****	30 MD AVG	45 MX WK AV	MG/L		WEEKLY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	*****	*****		( 26 )	*****	*****	*****	( 17 )	0	1/7	CP
00610 C O RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		WEEKLY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	*****	*****		( 26 )	*****	*****	*****	( 17 )	0	1/7	CP
00610 C O EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	3 MD AVG	5 MX WK AV	LBS/DY	*****	2 MD AVG	3 MX WK AV	MG/L		WEEKLY	COMPOS
PHOSPHORUS, TOTAL (AS P)	*****	*****		( 19 )	*****	*****	*****	( 19 )	0	1/7	CP
00665 C O EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		WEEKLY	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
EXECUTIVE  
H. J. Schardein 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: 502 546 6000  
DATE: 07 09 15  
AREA CODE NUMBER YEAR MO DAY

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

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
 NAME: **TIMBERLAKE WQTC MSD**  
 ADDRESS: **C/O CEDAR CREEK WQTC**  
**2405 CEDAR CREEK RD**  
**LOUISVILLE KY 40211**  
 FACILITY: **TIMBERLAKE WQTC MSD**  
 LOCATION: **PROSPECT KY 40059**  
 ATTN: **DENNIS THOMASSON, SR METRO OPS**

<b>KY0043087</b>	<b>001 E</b>
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

  

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	05	01		07	05	31

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

JEFFE

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	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 80050 1 0 0 EFFLUENT GROSS VALUE		0.080	0.207	( 03 )	*****	*****	*****				C/N C/N
CHLORINE, TOTAL RESIDUAL 80060 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	<0.010	<0.010	( 15 )			GR
COLIFORM FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	1	1	( 13 )			GR
BOD, CARBONACEOUS 5 DAY, 20C 80082 5 0 0 RAW EFFLUENT		140	257	( 26 )	*****	230	467	( 19 )			CP
BOD, CARBONACEOUS 5 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE		2	2	( 26 )	*****	3	3	( 19 )			CP
BOD, CARBONACEOUS 5 DAY, 20C 20093 5 0 0 PERCENT REMOVAL		*****	*****		99	*****	*****	( 25 )			CA
SOLIDS, SUSPENDED 81011 5 0 0 PERCENT REMOVAL		*****	*****		97	*****	*****	( 25 )			CA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 EXCUT DIR  
 H. J. Schardens 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]*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE:		DATE		
501-546-6000		07	09	15
AREA CODE	NUMBER	YEAR	MO	DAY

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

Timberlake

data

Date	Flow	INFLUENT Concentration			Pounds		
		TSS	BOD	NH3	TSS	BOD	NH3
8/1/2009	0.097						
8/2/2009	0.079						
8/3/2009	0.069						
8/4/2009	0.207						
8/5/2009	0.12						
8/6/2009	0.086	90	118	12	64.552	84.634	8.607
8/7/2009	0.075						
8/8/2009	0.077						
8/9/2009	0.074						
8/10/2009	0.12						
8/11/2009	0.133						
8/12/2009	0.08	230	139	16	153.456	92.741	10.675
8/13/2009	0.069						
8/14/2009	0.067						
8/15/2009	0.07						
8/16/2009	0.071						
8/17/2009	0.064						
8/18/2009	0.066						
8/19/2009	0.066	274	467	27	150.821	257.055	14.862
8/20/2009	0.069						
8/21/2009	0.064						
8/22/2009	0.07						
8/23/2009	0.067						
8/24/2009	0.061						
8/25/2009	0.057						
8/26/2009	0.076	182	195	32	115.359	123.599	20.283
8/27/2009	0.077						
8/28/2009	0.079						
8/29/2009	0.071						
8/30/2009	0.057						
8/31/2009	0.057						
Average	0.080	194.00	229.75	21.75	121.05	139.51	13.61
Maximum	0.207	274.00	467.00	32.00	153.46	257.06	20.28

