



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

October 22, 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 – September 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 September 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, stylized, light-colored scribble.

D.J.Rheinlaender
Process Supervisor, East Region

DJR/Timberlake 0909

Enclosures

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



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

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

AME TIMEBLAKE WQTC MSD
DDRESS C/O CEDAR CREEK WQTC
6405 CEDAR CREEK RD
LOUISVILLE KY 40211

ACILITY TIMEBLAKE WQTC MSD
LOCATION PROSPECT KY 40059

ATTN: DENNIS THOMASSEN, SR METRO OPS

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

KY0043087
PERMIT NUMBER

001 2
DISCHARGE NUMBER

MINOR
(SUBR LV)
F - FINAL

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
09	09	01		09	09	30

MUNICIPAL DISCHARGE
EFFLUENT

*** NO DISCHARGE ***

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			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****		7	*****	*****	(14)	0	1/7	GR
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE											
PH	SAMPLE MEASUREMENT	*****	*****		6.2	*****	6.4	(12)	0	1/7	GR
20400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0	MINIMUM MAXIMUM		WEEKLY	GRAB
EFFLUENT GROSS VALUE											
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	106	128	(26)	*****	201	268	(19)	0	1/7	CP
00530 0 0 0	PERMIT REQUIREMENT	REPORT	REPORT	LBS/DY	*****	REPORT	REPORT	MG/L		WEEKLY	COMPOS
RAM SEM/INFLUENT		MO AVG	MX WK AV			MO AVG	MX WK AV				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	5.3	9.0	(26)	*****	9	15	(19)	0	1/7	CP
00500 1 0 0	PERMIT REQUIREMENT	50.0	75.0	LBS/DY	*****	30	45	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE		MO AVG	MX WK AV			MO AVG	MX WK AV				
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	12	17	(26)	*****	23	27	(19)	0	1/7	CP
00510 0 0 0	PERMIT REQUIREMENT	REPORT	REPORT	LBS/DY	*****	REPORT	REPORT	MG/L		WEEKLY	COMPOS
RAM SEM/INFLUENT		MO AVG	MX WK AV			MO AVG	MX WK AV				
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.1	0.1	(26)	*****	0.2	0.3	(19)	0	1/7	CP
00510 1 1 0	PERMIT REQUIREMENT	3	5	LBS/DY	*****	2	3	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE		MO AVG	MX WK AV			MO AVG	MX WK AV				
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	0.39	0.44	(19)	0	5/30	CP
00665 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L		WICE/COMPOS	MONTH
EFFLUENT GROSS VALUE						MO AVG	MX WK AV				
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		
EXEC. DIR H. J. Schneider	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							404 544 600	09	10	19
TYPED OR PRINTED								AREA CODE	NUMBER	YEAR	MO

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

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

NAME TIMEBLAKE WQTC MSD
ADDRESS C/O CEDAR CREEK WQTC
5405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY TIMEBLAKE WQTC MSD
LOCATION PROSPECT KY 40059
ATTN: DENNIS THOMASSON, SR METRO OPS

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

KY0043087
PERMIT NUMBER

001 2
DISCHARGE NUMBER

MINOR
(SUB LV)
F - FINAL
MUNICIPAL DISCHARGE
EFFLUENT
*** NO DISCHARGE [] ***

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	07	01		07	07	30

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				(03)	*****	*****	*****			0	C/N	C/N
30050 J C O					*****	*****	*****	****				
EFFLUENT GROSS VALUE					*****	*****	*****	****				
CHLORINE, TOTAL RESIDUAL					*****	*****	*****			0	1/7	GR
30060 J C O					*****	*****	*****					
EFFLUENT GROSS VALUE					*****	*****	*****					
COLIFORM, FECAL GENERAL					*****	*****	*****			0	1/7	GR
74085 I C O					*****	*****	*****					
EFFLUENT GROSS VALUE					*****	*****	*****					
300, CARBONACEOUS 25 DAY, BOC				(26)	*****	*****	*****			0	1/7	CP
30062 G C O					*****	*****	*****					
RAW SEM/INFLUENT					*****	*****	*****					
300, CARBONACEOUS 25 DAY, BOC				(26)	*****	*****	*****			0	1/7	CP
30082 I C O					*****	*****	*****					
EFFLUENT GROSS VALUE					*****	*****	*****					
300, CARBONACEOUS 25 DAY, BOC				(26)	*****	*****	*****			0	1/30	CA
30091 K C O					*****	*****	*****					
PERCENT REMOVAL					*****	*****	*****					
SOLIDS, SUSPENDED PERCENT REMOVAL					*****	*****	*****			0	1/30	CA
31011 K C O					*****	*****	*****					
PERCENT REMOVAL					*****	*****	*****					

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Exec. Dir
A. J. Schaefer
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 AREA CODE NUMBER
DATE YEAR MO DAY
902 546 6100 09 10 19

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

Timberlake

data

Date	Flow	INFLUENT			Pounds		
		Concentration TSS	BOD	NH3	TSS	BOD	NH3
9/1/2009	0.055	148	158	27	67.888	72.475	12.385
9/2/2009	0.057						
9/3/2009	0.062						
9/4/2009	0.059						
9/5/2009	0.062						
9/6/2009	0.072						
9/7/2009	0.075						
9/8/2009	0.062						
9/9/2009	0.056	230	373	26	107.419	174.206	12.143
9/10/2009	0.058						
9/11/2009	0.057						
9/12/2009	0.055						
9/13/2009	0.056						
9/14/2009	0.052						
9/15/2009	0.055	268	196	18	122.932	89.905	8.257
9/16/2009	0.059						
9/17/2009	0.057						
9/18/2009	0.069						
9/19/2009	0.064						
9/20/2009	0.141						
9/21/2009	0.144						
9/22/2009	0.098	156	264	21	127.502	215.772	17.164
9/23/2009	0.103						
9/24/2009	0.105						
9/25/2009	0.106						
9/26/2009	0.107						
9/27/2009	0.115						
9/28/2009	0.075						
9/29/2009	0.079						
9/30/2009	0.065						
Average	0.076	200.50	247.75	23.00	106.44	138.09	12.49
Maximum	0.144	268.00	373.00	27.00	127.50	215.77	17.16

