MSD
Metropolitan Sewer District

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

December 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 – November 2009

Dear Ms. Bentley

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

There are no exceedences, overflow reports or bypass reports for this month.

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

Sincerely,

D.J.Rheinlaender
Process Supervisor, East Region

DJR/Timberlake 1109

Enclosures

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

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME TIMBERLAKE WQTC MSD
ADDRESS C/O CEDAR CREEK WQTC
9405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY TIMBERLAKE WQTC MSD
LOCATION PROSPECT KY 40059
ATTN: DENNIS THOMASSON, SR METRO OPS

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

KY0048089 — PERMIT NUMBER
001 E — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	09	11	01	TO	09	11	30

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

JEFFE

Form Approved.
OMB No. 2040-0004

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN, DISSOLVED (DO) 00300 1 C 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		4	******	******	(19)	0	1/7	GR
	PERMIT REQUIREMENT	******	******	**** ****	INST MIN	******	******	MG/L		WEEKLY	GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.3	******	6.4	(12)	0	1/7	GR
	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	115	165	(26)	******	192	304	(19)	0	1/7	CP
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	******	REPORT MO AVG	REPORT MX WK AV	MG/L		WEEKLY	COMPOS
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	9.8	30.1	(26)	******	16	37	(19)	0	~~1/7~~ 9/30	CP
	PERMIT REQUIREMENT	50.0 MO AVG	75.0 MX WK AV	LBS/DY	******	30 MO AVG	45 MX WK AV	MG/L		WEEKLY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 3 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	15	17	(26)	******	25	31	(19)	0	1/7	CP
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	******	REPORT MO AVG	REPORT MX WK AV	MG/L		WEEKLY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 F 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.2	1	(26)	******	0.4	0.7	(19)	0	1/7	CP
	PERMIT REQUIREMENT	2 MO AVG	12 MX WK AV	LBS/DY	******	5 MO AVG	7.5 MX WK AV	MG/L		WEEKLY	COMPOS
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	0.51	0.63	(19)	0	1/7	CP
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT MX WK AV	MG/L		TWICE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Exec. Dir 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	AREA CODE 502	NUMBER 540 6000	YEAR 09	MO 12	DAY 15

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

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME TIMBERLAKE WQTC MSD
ADDRESS C/O CEDAR CREEK WQTC
9405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY TIMBERLAKE 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 E — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	09	11	01	TO	09	11	30

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

JEFFE

Form Approved.
OMB No. 2040-0004

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PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.070	0.092	(03)	*******	*******	*******		0	C/N	C/N
50050 1 0 0	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	*******	*******	*******	****		CONTINUOUS	CONTINUOUS
EFFLUENT GROSS VALUE											
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	<0.010	<0.010	(19)	0	1/7	GR
50060 1 0 0	PERMIT REQUIREMENT	*******	*******	**** ****	*******	0.011 30DA AVG	0.019 DAILY MX	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE											
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*******	*******		*******	1	1	(13)	0	1/7	GR
74055 1 0 0	PERMIT REQUIREMENT	*******	*******	**** ****	*******	200 30DA GEO	400 7 DA GEO	#/ 100ML		WEEKLY	GRAB
EFFLUENT GROSS VALUE											
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	142	135	(26)	*******	234	304	(19)	0	1/7	CP
00082 1 0 0	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*******	REPORT MO AVG	REPORT MX WK AV	MG/L		WEEKLY	COMPOS
RAW SEW/INFLUENT											
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	2	2	(26)	*******	3	4	(19)	0	1/7	CP
00082 1 0 0	PERMIT REQUIREMENT	17 MO AVG	25 MX WK AV	LBS/DY	*******	10 MO AVG	15 MX WK AV	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE											
BOD, CARB-5 DAY, 20 DEG C, PERCENT REMVL	SAMPLE MEASUREMENT	*******	*******		99	*******	*******	(23)	0	1/30	CA
81091 1 0 0	PERMIT REQUIREMENT	*******	*******	**** ****	85 MO MIN	*******	*******	PER-CENT		SINCE/ MONTH	CALCULATED
PERCENT REMOVAL											
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	*******	*******		91	*******	*******	(23)	0	1/30	CA
81011 1 0 0	PERMIT REQUIREMENT	*******	*******	**** ****	85 MO MIN	*******	*******	PER-CENT		SINCE/ MONTH	CALCULATED
PERCENT REMOVAL											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Exec. Dir
H. J. Bohnenkamp
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
502	366-4200

DATE

YEAR	MO	DAY
09	12	15

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

Timberlake

data

INFLUENT

		Concentration			Pounds		
Date	Flow	TSS	BOD	NH3	TSS	BOD	NH3
11/1/2009	0.091						
11/2/2009	0.074						
11/3/2009	0.065	304	205	23	164.798	111.131	12.468
11/4/2009	0.068						
11/5/2009	0.059						
11/6/2009	0.064						
11/7/2009	0.076						
11/8/2009	0.073						
11/9/2009	0.071						
11/10/2009	0.065	174	243	31	94.325	131.730	16.805
11/11/2009	0.057						
11/12/2009	0.056						
11/13/2009	0.064						
11/14/2009	0.072						
11/15/2009	0.081						
11/16/2009	0.066						
11/17/2009	0.092	164	183	17	125.834	140.412	13.044
11/18/2009	0.077						
11/19/2009	0.062						
11/20/2009	0.053						
11/21/2009	0.067						
11/22/2009	0.068						
11/23/2009	0.072						
11/24/2009	0.073	124	304	27	75.494	185.081	16.438
11/25/2009	0.074						
11/26/2009	0.083						
11/27/2009	0.064						
11/28/2009	0.065						
11/29/2009	0.087						
11/30/2009	0.067						
12/1/2009							
Average	0.070	191.50	233.75	24.50	115.11	142.09	14.69
Maximum	0.092	304.00	304.00	31.00	164.80	185.08	16.81

Timberlake		Report for	**Nov-09**		Tot. Exc.=	0	#DIV/0!				
Tot. Flow=	2.106		Concentrations				Pounds				
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.	TSS Rem	BOD Rem
11/1/09	0.091										
11/2/09	0.074										
11/3/09	0.065	11	2	0.11	1	5.963	1.084	0.060	0.481	0.963816	0.990244
11/4/09	0.068										
11/5/09	0.059										
11/6/09	0.064										
11/7/09	0.076										
11/8/09	0.073										
11/9/09	0.071										
11/10/09	0.065	37	4	0.34	1	20.058	2.168	0.184	0.379	0.787356	0.983539
11/11/09	0.057										
11/12/09	0.056										
11/13/09	0.064	4				2.135				#DIV/0!	
11/14/09	0.072										
11/15/09	0.081										
11/16/09	0.066										
11/17/09	0.092	15	3	0.67	1	11.509	2.302	0.514	0.528	0.908537	0.983607
11/18/09	0.077										
11/19/09	0.062										
11/20/09	0.053										
11/21/09	0.067										
11/22/09	0.068										
11/23/09	0.072										
11/24/09	0.073	15	4	0.34	1	9.132	2.435	0.207	0.633	0.879032	0.986842
11/25/09	0.074										
11/26/09	0.083										
11/27/09	0.064										
11/28/09	0.065										
11/29/09	0.087										
11/30/09	0.067										
Average	0.070	16.40	3.25	0.37	1.00	9.76	2.00	0.24	0.51	91%	99%
Maximum	0.092	37.00	4.00	0.67	1.00	20.06	2.44	0.51	0.63		
Exceed.	0	0	0	0	0	0	0	0		1	0
		0	0	0	0	0	0	0			
		0	0	0	0	0	0	0		#DIV/0!	0
Minimum	0.053	MIN	MAX								
	DO (min)										