



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

January 20, 2010

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

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

During this reporting period, this plant experienced exceedences for dissolved metals. Due to an oversight, the samples were only analyzed by MSD's laboratory for recoverable metals. Upon discovery of this omission in January of 2010, MSD re-sampled this plant for dissolved metals as well as total recoverable metals and have sent the samples to the laboratory to be analyzed. The results are currently pending.

MSD will implement a procedure to prevent recurrence of this exceedence.

There are no 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 0110

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)

NAME

ADDRESS C/O CEDAR CREEK WQTC

8405 CEDAR CREEK RD

LOUISVILLE

FACILITY TIMBERLAKE WQTC MSD

LOCATION PROSPECT

ATTN: DENNIS THOMASOM, SR METRO OPS

KY 40211

KY 40059

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMIT NUMBER

00043087

DISCHARGE NUMBER

001 2

MINOR

(SUBR LV)

F - FINAL

MUNICIPAL DISCHARGE

EFFLUENT

*** NO DISCHARGE ***

JEFFE

Form Approved.
OMB No. 2040-0004

MONITORING PERIOD

FROM

YEAR MO DAY

TO

YEAR MO DAY

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)		*****	*****		8	*****	*****		0	1/7	GR
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE											
PH		*****	*****		6.3	*****	6.5		0	1/7	GR
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	SU		WEEKLY	GRAB
EFFLUENT GROSS VALUE											
SOLIDS, TOTAL SUSPENDED		99	137	(25)	*****	154	194		0	1/7	CP
00500 2 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT	MG/L		WEEKLY	COMPOS
RAW SEW/INFLUENT		MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV				
SOLIDS, TOTAL SUSPENDED		4.9	9.0	(25)	*****	7	14		0	1/7	CP
00600 1 0 0	PERMIT REQUIREMENT	50.0	75.0		*****	30	45	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE		MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV				
NITROGEN, AMMONIA TOTAL (AS N)		13	14	(25)	*****	21	32		0	1/7	CP
00610 3 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT	MG/L		WEEKLY	COMPOS
RAW SEW/INFLUENT		MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV				
NITROGEN, AMMONIA TOTAL (AS N)		0.2	0.5	(25)	*****	0.3	1.2		0	1/7	CP
00610 1 2 0	PERMIT REQUIREMENT	5	12		*****	5	7.5	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE		MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV				
PHOSPHORUS, TOTAL (AS P)		*****	*****		*****	0.54	0.73		0	5/31	CP
00625 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE						MD AVG	MX WK AV			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

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**
8405 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			001 2			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	12	31	TO	07	12	31

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

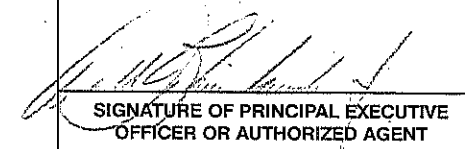
JEFFERSON

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			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 30050 1 0 0 EFFLUENT GROSS VALUE	0.096	0.750	(03)	*****	*****	*****	*****	0	C/N	C/N	
CHLORINE, TOTAL RESIDUAL 30060 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	0.010	0.010	(17)	0	1/7	GR	
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	1	1	(13)	0	1/7	GR	
BOD, CARBONACEOUS 5 DAY, 20C 80082 0 0 0 RAW SEW/INFLUENT	135	144	(25)	*****	139	265	(19)	0	1/7	CP	
BOD, CARBONACEOUS 5 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	3	6	(25)	*****	4	9	(19)	0	1/7	CP	
DEG C, PERCENT REMOVAL 30091 0 0 0 PERCENT REMOVAL	*****	*****	*****	99	*****	*****	(23)	0	1/31	CA	
SOLIDS, SUSPENDED PERCENT REMOVAL 31011 0 0 0 PERCENT REMOVAL	*****	*****	*****	95	*****	*****	(23)	0	1/31	CA	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Eric D. ...
 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
 404 546 8100
 AREA CODE NUMBER

DATE
 10 1 13
 YEAR MO DAY

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

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

NAME **TIMBERLAKE WOTO MSD**
 ADDRESS **C/O CEDAR CREEK WOTO**
8405 CEDAR CREEK RD
LOUISVILLE KY 40211

FACILITY **TIMBERLAKE WOTO MSD**

LOCATION **PROSPECT KY 40059**

ATTN: **DENNIS THOMASSON, SR METRO OPS**

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

PERMIT NUMBER
KY0043087

DISCHARGE NUMBER
001 P

MINOR
 (SUBR LV)
 F - FINAL

Form Approved,
 OMB No. 2040-0004

JEFFE

METALS MONITORING
 EFFLUENT

*** 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			
HARDNESS, TOTAL (AS CaCO3)	SAMPLE MEASUREMENT	*****	*****		*****	—	—	(19)	1	1/yr	CP
00900 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		ANNUAL	COMPOS
EFFLUENT GROSS VALUE											
CADMIUM, DISSOLVED (AS Cd)	SAMPLE MEASUREMENT	*****	*****		*****	—	—	(19)	1	1/yr	CP
01025 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		ANNUAL	COMPOS
EFFLUENT GROSS VALUE											
COPPER, DISSOLVED (AS Cu)	SAMPLE MEASUREMENT	*****	*****		*****	—	—	(19)	1	1/yr	CP
01040 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		ANNUAL	COMPOS
EFFLUENT GROSS VALUE											
LEAD, DISSOLVED (AS Pb)	SAMPLE MEASUREMENT	*****	*****		*****	—	—	(19)	1	1/yr	CP
01049 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		ANNUAL	COMPOS
EFFLUENT GROSS VALUE											
ZINC, DISSOLVED (AS Zn)	SAMPLE MEASUREMENT	*****	*****		*****	—	—	(19)	1	1/yr	CP
01090 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		ANNUAL	COMPOS
EFFLUENT GROSS VALUE											
ZINC TOTAL RECOVERABLE	SAMPLE MEASUREMENT	*****	*****		*****	0.060	0.060	(19)	0	1/yr	CP
01094 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		ANNUAL	COMPOS
EFFLUENT GROSS VALUE											
CADMIUM TOTAL RECOVERABLE	SAMPLE MEASUREMENT	*****	*****		*****	0.003	0.003	(19)	0	1/yr	CP
01113 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		ANNUAL	COMPOS
EFFLUENT GROSS VALUE											
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											
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE NUMBER		YEAR	MO	DAY	

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

NAME **TIMBERLAKE WQTC MSD**
 ADDRESS **C/O CEDAR CREEK WQTC**
6405 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 M
 DISCHARGE NUMBER

MINOR
 (SUBR LV)
 F - FINAL

Form Approved.
 OMB No. 2040-0004

JEFF

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	01	01	01	01	01

FROM

TO

METALS MONITORING
 EFFLUENT

*** NO DISCHARGE [] ***

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			
LEAD	SAMPLE MEASUREMENT	*****	*****		*****						
TOTAL RECOVERABLE	PERMIT REQUIREMENT	*****	*****	****	*****	0.005	0.005	17	0	1/4R	CP
01114 1 0 0						REPORT	REPORT				
EFFLUENT GROSS VALUE				****		MD AVG	DAILY MX	MG/L			
COPPER	SAMPLE MEASUREMENT	*****	*****		*****						
TOTAL RECOVERABLE	PERMIT REQUIREMENT	*****	*****	****	*****	0.023	0.023	17	0	1/4R	CP
01117 1 0 0						REPORT	REPORT				
EFFLUENT GROSS VALUE				****		MD AVG	DAILY MX	MG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

H. J. Schaefer, 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

[Signature]

TELEPHONE

AREA CODE: 502 NUMBER: 544-1600

DATE

YEAR: 10 MO: 1 DAY: 14

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

Timberlake

data

Date	Flow	INFLUENT					
		Concentration			Pounds		
		TSS	BOD	NH3	TSS	BOD	NH3
12/1/2009	0.058						
12/2/2009	0.07	66	116	17	38.531	67.721	9.925
12/3/2009	0.061						
12/4/2009	0.06						
12/5/2009	0.058						
12/6/2009	0.063						
12/7/2009	0.065						
12/8/2009	0.065						
12/9/2009	0.098	168	203	16	137.310	165.916	13.077
12/10/2009	0.055						
12/11/2009	0.061						
12/12/2009	0.076						
12/13/2009	0.083						
12/14/2009	0.071						
12/15/2009	0.067						
12/16/2009	0.054	194	172	32	87.370	77.462	14.412
12/17/2009	0.063						
12/18/2009	0.075						
12/19/2009	0.1						
12/20/2009	0.058						
12/21/2009	0.079						
12/22/2009	0.076						
12/23/2009	0.085	188	265	19	133.273	187.859	13.469
12/24/2009	0.094						
12/25/2009	0.089						
12/26/2009	0.083						
12/27/2009	0.076						
12/28/2009	0.75						
12/29/2009	0.075						
12/30/2009	0.081						
12/31/2009	0.089						
Average	0.095	154.00	189.00	21.00	99.12	124.74	12.72
Maximum	0.750	194.00	265.00	32.00	137.31	187.86	14.41