



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

October 14, 2011

Cheryl Edwards
DMR Coordinator
200 Fair Oaks Lane
Frankfort, Kentucky 40601

**Re: MSD Metro Operations
Timber Lake WQTC; KPDES No.: KY 0043087
Discharge Monitoring Reports for Sept. 2011.**

Dear Ms. Edwards:

Attached is the Discharge Monitoring Reports (DMRs) and the Monthly Operator Report (MOR) for the Timber Lake WQTC; KPDES No.: KY0043087 for the month of Sept. 2011.

There were no exceedences, overflows or bypasses to report for this month.

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

Sincerely,


Kevin Thompson
Process Supervisor, East Region

RM/ Timber Lake 9.11

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 TINDERLAKE WQTC MBO

ADDRESS 1040 CEDAR CREEK WQTC

1040 CEDAR CREEK RD

LOUISVILLE

KY 40211

FACILITY TINDERLAKE WQTC MBO

LOCATION PROSPECT

KY 40057

ATTN: DENNIS THOMASSEN, SR. NETAC OPS

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

KY0045067

PERMIT NUMBER

001

DISCHARGE NUMBER

MINOR

(SEWER LV)

F - FINAL

MUNICIPAL DISCHARGE

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			
OXYGEN, DISSOLVED	SAMPLE MEASUREMENT	*****	*****		7	*****	*****		e	1/1	GR
(DO)	PERMIT REQUIREMENT	*****	*****	***	INST MIN	*****	*****	MG/L			
EFFLUENT GROSS VALUE				****							
PH	SAMPLE MEASUREMENT	*****	*****		6.2	*****	7.4		e	1/1	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	MINIMUM	*****	MAXIMUM	SU			
SOLIDS, TOTAL	SAMPLE MEASUREMENT	272	463	(LB)		430	624		e	1/7	CP
SUSPENDED	PERMIT REQUIREMENT	REPORT	REPORT			REPORT	REPORT				
RAW SEW/INFLUENT		MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV	MG/L			
SOLIDS, TOTAL	SAMPLE MEASUREMENT	18.7	30.8	(LB)		21	29		e	1/7	CP
SUSPENDED	PERMIT REQUIREMENT	MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV	MG/L			
EFFLUENT GROSS VALUE											
NITROGEN, AMMONIA	SAMPLE MEASUREMENT	18	19	(LB)		29	32		e	1/7	CP
TOTAL (AS N)	PERMIT REQUIREMENT	REPORT	REPORT			REPORT	REPORT				
RAW SEW/INFLUENT		MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV	MG/L			
NITROGEN, AMMONIA	SAMPLE MEASUREMENT	0.5	1	(LB)		0.5	0.6		e	1/7	CP
TOTAL (AS N)	PERMIT REQUIREMENT	MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV	MG/L			
EFFLUENT GROSS VALUE											
PHOSPHORUS, TOTAL	SAMPLE MEASUREMENT					0.70	0.90		e	1/7	CP
(AS P)	PERMIT REQUIREMENT			***		MD AVG	MX WK AV	MG/L		MONTH	
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			
H. J. Schordein TK Executive Director						502 540-6000		11 10 10			
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE		NUMBER		YEAR MO DAY	
		Ken Thomas				502		540-6000		11 10 10	

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

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

NAME LINGERS LAKE WOTC MGD
ADDRESS C/O CEDAR CREEK WOTC
1405 CEDAR CREEK RD
LOUISVILLE KY 40211

FACILITY LINGERS LAKE WOTC MGD

LOCATION PROSPECT KY 40037

ATTN DENNIS THOMASSEN, SR. HETRO OPS

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

PERMIT NUMBER KY0042037

DISCHARGE NUMBER 001 2

MINOR

(SUPER LV)

F - FINAL

MUNICIPAL DISCHARGE

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			
FLOW IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	6.071	6.217	MGD					6	CN	CN
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	MGD						UDUS	
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT					20.010	20.010		6	1/1	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			****		30DA AVG	DAILY MX	MG/L			
SOLID FORM FOCAL GENERAL	SAMPLE MEASUREMENT					6	66		6	1/7	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			****		30DA GED	7 DA GED	100ML			
POD, AROMATICOUS	SAMPLE MEASUREMENT	288	347	MG/DY		460	588		6	1/7	CP
DEBAY, SOC	PERMIT REQUIREMENT	MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV	MG/L			
RAW SLW/INFLUENT	SAMPLE MEASUREMENT	4	7	MG/DY		5	6		6	1/7	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV	MG/L			
DEG C. PERCENT REMOVAL	SAMPLE MEASUREMENT				99				6	1/30	CA
PERCENT REMOVAL	PERMIT REQUIREMENT			****	MO MIN			PER-CENT		MONTH	
SOLIDS, SUSPENDED	SAMPLE MEASUREMENT				95				6	1/30	CA
PERCENT REMOVAL	PERMIT REQUIREMENT			****	MO MIN			PER-CENT		MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

H.J. Schaiden Jr.
Executive Director

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

AREA CODE

NUMBER

YEAR

MO

DAY

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

Timberlake

[illegible]

Timberlake

Date	Flow	INFLUENT					
		Concentration				Pounds	
		TSS	BOD	NH3	TSS	BOD	NH3
9/1/2011	0.062						
9/2/2011	0.057						
9/3/2011	0.068						
9/4/2011	0.078	624	319	25	403.432	206.242	16.163
9/5/2011	0.076						
9/6/2011	0.069						
9/7/2011	0.063						
9/8/2011	0.064						
9/9/2011	0.065						
9/10/2011	0.067						
9/11/2011	0.082	384	473	28	261.137	321.661	19.041
9/12/2011	0.064						
9/13/2011	0.056						
9/14/2011	0.056						
9/15/2011	0.06						
9/16/2011	0.047						
9/17/2011	0.055						
9/18/2011	0.071	344	588	29	202.807	346.658	17.097
9/19/2011	0.095						
9/20/2011	0.075						
9/21/2011	0.087						
9/22/2011	0.068						
9/23/2011	0.091						
9/24/2011	0.073						
9/25/2011	0.072	368	461	32	220.424	276.129	19.167
9/26/2011	0.217						
9/27/2011	0.074						
9/28/2011	0.063						
9/29/2011	0.059						
9/30/2011	0.058						
Average	0.071	430.00	460.25	28.50	271.95	287.67	17.87
Maximum	0.217	624.00	588.00	32.00	403.43	346.66	19.17