



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

August 13, 2012

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

**Re: MSD Metro Operations
Timber Lake WQTC; KPDES No.: KY 0043087
Discharge Monitoring Report for July 2012**

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 July 2012.

There were no bypasses or overflows to report.

There are exceedences for Escherichia Coli (E-coli) and Total Nitrogen. On August 16, 2012, MSD became aware that MSD had been submitting DMRs based on the previous NPDES Permit for this WQTC. Previously MSD requested and received approval to eliminate the WQTC polishing pond and therefore permit modifications became necessary. MSD did receive the modified permit for this WQTC effective on August 1, 2011. While most of the parameters remained the same there were two changes. Total Nitrogen was added as a parameter to report, fecal coliform was removed and E-coli was added.

MSD believes the changes were not noticed do the unique manner in which the permit was issued (as a modification as opposed to the normal re-application process). Additionally, KDOW continued to send DMR forms based on the previous permit until recently.

Effective immediately, MSD will start testing for the parameters of E-coli and Total Nitrogen to gain full permit compliance.

If you have any questions concerning the attached DMRs, please contact me at (502) 587-5832.

Sincerely,

Richard Mills
Process Supervisor of Metro Operations



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

RM/ Timber Lake 07/12

Enclosures

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

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

Form Approved
OMB No. 2040-0004

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

NAME: CEDAR CREEK WQTC
ADDRESS: 8405 CEDAR CREEK RD
LOUISVILLE, KY 40211
FACILITY: TIMBERLAKE WQTC MSD
LOCATION: TIMBER RIDGE DR HWY 42
PROSPECT, KY 40059

KY0043087
PERMIT NUMBER

001-2
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 40211
MINOR
(SUBR LV) JEFFE
MUNICIPAL DISCHARGE
External Outfall

ATTN: DENNIS THOMASSON, SR METRO OPS

MONITORING PERIOD			
MM/DD/YYYY			MM/DD/YYYY
FROM 07/01/2012		TO	07/31/2012

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	*****		0	1/1	GR
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	7 INST MIN	*****	*****	mg/L		Weekly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	8		0	1/1	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	4	10		*****	8	18		0	1/7	CP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	50 30DA AVG	75 DAILY MX	lb/d	*****	30 30DA AVG	45 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		2	*****	*****
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	0.3	0.3		*****	0.5	0.8		0	1/7	CP
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	3.3 30DA AVG	5 DAILY MX	lb/d	*****	2 30DA AVG	3 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
00610 1 2 Effluent Gross	PERMIT REQUIREMENT	8.3 30DA AVG	12.5 DAILY MX	lb/d	*****	5 30DA AVG	7.5 DAILY MX	mg/L		Weekly	COMPOS
Phosphorus, total (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.6	0.6		0	1/7	CP
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Weekly	COMPOS

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	
Greg C. Heitzman Interim Executive Director TYPED OR PRINTED		Richard Mills		502-540-6000	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
				MM/DD/YYYY	

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

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

Form Approved
OMB No. 2040-0004

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MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
07/01/2012	FROM	07/31/2012	TO

ATTN: DENNIS THOMASSON, SR METRO OPS

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.064	0.115		*****	*****	*****	*****	0	CN	CN
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg. Mon. 30DA AVG	Reg. Mon. INST MAX	MGD	*****	*****	*****	*****		Weekly	CONTIN
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	20.010	20.010		0	1/1	GR
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 30DA AVG	.019 DAILY MX	mg/L		Weekly	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		2	*****	*****
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	130 30DA GEO	240 7 DA GEO	#/100mL		Weekly	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	1.2	2		*****	2	3		0	1/7	CP
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	16.7 30DA AVG	25 DAILY MX	lb/d	*****	10 30DA AVG	15 DAILY MX	mg/L		Weekly	COMP24

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
Greg C. Heitzman Interim Executive Director		502-540-6000		08-20-2012
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
		Richard Mello		NUMBER
				MM/DD/YYYY

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

Timberlake

[illegible]