



September 18, 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 August 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 August 2012.

There were no exceedences, bypasses or overflows to report.

As stated in the previous month's cover letter, MSD discovered that we had new permits and DMR's on 8/16/21. We started Sampling for E-coli and Total Nitrogen on 8/23/12, at this Facility.

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

Sincerely,

A handwritten signature in cursive script that reads "Richard Mills".

Richard Mills
Process Supervisor of Metro Operations

RM/ Timber Lake 08/12

Enclosures

cc. T. Singleton
R. Shaw



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

DISCHARGE MONITORING REPORT (DMR)

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

ATTN: DENNIS THOMASSON, SR METRO OPS

KY0043087	001-2
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	08/01/2012	TO	08/31/2012

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	*****	*****	*****	8	*****	*****		0	1/1	GR
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	7 INST MIN	*****	*****	mg/L		Weekly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	8	*****	9		0	1/1	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	3	5		*****	7	11		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	*****	*****	*****	*****	29	29		0	1/31	CP
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	0.2	0.3		*****	0.5	0.6		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	*****	*****	*****	*****	0.5	0.8		0	5/31	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
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

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

DISCHARGE MONITORING REPORT (DMR)

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

ATTN: DENNIS THOMASSON, SR METRO OPS

KY0043087	001-2
PERMIT NUMBER	DISCHARGE NUMBER

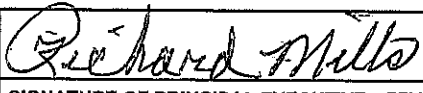
DMR Mailing ZIP CODE: 40211

MINOR
 (SUBR LV) JEFFE
 MUNICIPAL DISCHARGE
 External Outfall

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	08/01/2012	TO	08/31/2012

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.059	0.119		*****	*****	*****	*****	0	EN	CN
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. INST MAX	MGD	*****	*****	*****	*****		Weekly	INSTAN
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.010	<0.010		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	*****	*****	*****	*****	5	5		0	1/31	GR
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	0.9	1		*****	2	2		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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Greg C. Hertzman Inferior Executive Director TYPED OR PRINTED			502 541-6000	09-21-2012
			AREA Code	NUMBER
			MM/DD/YYYY	

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

Timberlake

Timberlake	Report for	Aug-12	Tot. Exc.=		0 (Influent data below.)						
Tot. Flow= 1.83		Concentrations			Pounds						
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.	E. Coli	Tot. N
8/1/12	0.054										
8/2/12	0.052	11	2	0.39		4.792	0.871	0.170	0.605		
8/3/12	0.119										
8/4/12	0.047										
8/5/12	0.051										
8/6/12	0.059										
8/7/12	0.056										
8/8/12	0.059										
8/9/12	0.053	5	2	0.56		2.196	0.878	0.246	0.290		
8/10/12	0.058										
8/11/12	0.060										
8/12/12	0.060										
8/13/12	0.069										
8/14/12	0.060										
8/15/12	0.054										
8/16/12	0.064	4	2	0.34		2.147	1.074	0.182	0.563		
8/17/12	0.063										
8/18/12	0.059										
8/19/12	0.058										
8/20/12	0.058										
8/21/12	0.057										
8/22/12	0.039										
8/23/12	0.056	6	2	0.5		2.802	0.934	0.233	0.745	5	29.31
8/24/12	0.056										
8/25/12	0.061										
8/26/12	0.065										
8/27/12	0.065										
8/28/12	0.057								0.404		
8/29/12	0.054										
8/30/12	0.047										
8/31/12	0.063										
Average	0.059	6.50	2.00	0.45	0.00	2.98	0.94	0.21	0.52	5	29.31
Maximum	0.119	11.00	2.00	0.56	0.00	4.79	1.07	0.25	0.75	5	29.31