

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



October 22, 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 September 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 September 2012.

There were no exceedences, bypasses or overflows to report.

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

Sincerely,

A handwritten signature in black ink that reads "Richard Mills". The signature is written in a cursive style with a large, looped "R" and "M".

Richard Mills
Process Supervisor of Metro Operations

RM/ Timber Lake 09/12

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)

DISCHARGE NUMBER

MINOR

(SUBR LV) JEFFE
MUNICIPAL DISCHARGE
External Outfall

MONITORING PERIOD

MM/DD/YYYY

TO 09/30/2012

No Discharge ☐

ATTN: DENNIS THOMASSON, SR METRO OPS

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	2	3		*****	5	7		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	*****	*****	*****	*****	25	28		0	1/7	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	0.5		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	0.7		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
<i>Greg C. Boitman</i> <i>Deputy Executive Director</i> TYPED OR PRINTED		<i>Richard Mills</i> SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	502-540-6000	10-22-2012
		AREA Code	NUMBER	MM/DD/YYYY

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

DISCHARGE MONITORING REPORT (DMR)

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	09/01/2012	TO	09/30/2012

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	0.068	0.130		*****	*****	*****	*****	0	CN	CN
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. INST MAX	MGD	*****	*****	*****	*****		Weekly	INSTAN
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	*****	*****	*****	*****	7	32		0	1/2	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	1.3	2		*****	3	3		0	1/2	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 TYPED OR PRINTED		502-540-6400 AREA Code NUMBER		10-22-2012 MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		Richard M. M... 502-540-6400		

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

[illegible]