

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



January 13, 2013

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 December of 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 December .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 cursive script that reads "Richard Mills".

Richard Mills  
Process Supervisor of Metro Operations

RM/ Timber Lake 12/12

Enclosures

CC T. Singleton  
R. Shaw



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

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

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              | 12/01/2012 | TO         | 12/31/2012 |

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 | *****               | *****            | ***** | 9                        | *****                 | *****                 |       | 0      | 1/2                   | GR          |
| 00300 1 0<br>Effluent Gross    | PERMIT REQUIREMENT | *****               | *****            | ***** | 7<br>INST MIN            | *****                 | *****                 | mg/L  |        | Weekly                | GRAB        |
| pH                             | SAMPLE MEASUREMENT | *****               | *****            | ***** | 7                        | *****                 | 9                     |       | 0      | 1/2                   | GR          |
| 00400 1 0<br>Effluent Gross    | PERMIT REQUIREMENT | *****               | *****            | ***** | 6<br>MINIMUM             | *****                 | 9<br>MAXIMUM          | SU    |        | Weekly                | GRAB        |
| Solids, total suspended        | SAMPLE MEASUREMENT | 7                   | 15               |       | *****                    | 8                     | 18                    |       | 0      | 1/2                   | CP          |
| 00530 1 0<br>Effluent Gross    | PERMIT REQUIREMENT | 50<br>30DA AVG      | 75<br>DAILY MX   | lb/d  | *****                    | 30<br>30DA AVG        | 45<br>DAILY MX        | mg/L  |        | Weekly                | COMP24      |
| Nitrogen, total                | SAMPLE MEASUREMENT | *****               | *****            | ***** | *****                    | 24                    | 32                    |       | 0      | 1/7                   | CP          |
| 00600 1 0<br>Effluent Gross    | PERMIT REQUIREMENT | *****               | *****            | ***** | *****                    | Req. Mon.<br>30DA AVG | Req. Mon.<br>DAILY MX | mg/L  |        | Weekly                | COMP24      |
| Nitrogen, ammonia total (as N) | SAMPLE MEASUREMENT |                     |                  |       | *****                    |                       |                       |       |        |                       |             |
| 00610 1 1<br>Effluent Gross    | PERMIT REQUIREMENT | 3.3<br>30DA AVG     | 5<br>DAILY MX    | lb/d  | *****                    | 2<br>30DA AVG         | 3<br>DAILY MX         | mg/L  |        | Weekly                | COMP24      |
| Nitrogen, ammonia total (as N) | SAMPLE MEASUREMENT | 0.5                 | 1.1              |       | *****                    | 0.5                   | 0.8                   |       | 0      | 1/7                   | CP          |
| 00610 1 2<br>Effluent Gross    | PERMIT REQUIREMENT | 8.3<br>30DA AVG     | 12.5<br>DAILY MX | lb/d  | *****                    | 5<br>30DA AVG         | 7.5<br>DAILY MX       | mg/L  |        | Weekly                | COMPOS      |
| Phosphorus, total (as P)       | SAMPLE MEASUREMENT | *****               | *****            | ***** | *****                    | 0.5                   | 0.9                   |       | 0      | 1/7                   | CP          |
| 00665 1 0<br>Effluent Gross    | PERMIT REQUIREMENT | *****               | *****            | ***** | *****                    | 1<br>30DA AVG         | 2<br>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 true 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)

Parameter 00610 - Use Season 1 for summer months (May, June, July, August, September, and October) and Season 2 for winter months (November, December, January, February March, and April); enter NODI=9 for the Season not needed.

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

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|               |                  |
|---------------|------------------|
| KY0043087     | 001-2            |
| PERMIT NUMBER | DISCHARGE NUMBER |

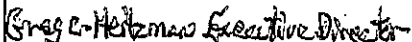
DMR Mailing ZIP CODE: 40211

MINOR  
(SUBR LV) JEFFE  
MUNICIPAL DISCHARGE  
External Outfall

| MONITORING PERIOD |    |            |  |
|-------------------|----|------------|--|
| MM/DD/YYYY        |    | MM/DD/YYYY |  |
| FROM 12/01/2012   | TO | 12/31/2012 |  |

No Discharge ☐

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|------------------------------------------|--------------------|-----------------------|-----------------------|-------|--------------------------|------------------|------------------|---------|--------|-----------------------|-------------|
|                                          |                    | VALUE                 | VALUE                 | UNITS | VALUE                    | VALUE            | VALUE            | UNITS   |        |                       |             |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 0.098                 | 0.164                 |       | *****                    | *****            | *****            | *****   | 0      | CN                    | CN          |
| 50050 1 0<br>Effluent Gross              | PERMIT REQUIREMENT | Req. Mon.<br>30DA AVG | Req. Mon.<br>INST MAX | MGD   | *****                    | *****            | *****            | *****   |        | Weekly                | CONTIN      |
| Chlorine, total residual                 | SAMPLE MEASUREMENT | *****                 | *****                 | ***** | *****                    | 40.010           | 40.010           |         | 0      | 1/1                   | GR          |
| 50060 1 0<br>Effluent Gross              | PERMIT REQUIREMENT | *****                 | *****                 | ***** | *****                    | .011<br>30DA AVG | .019<br>DAILY MX | mg/L    |        | Weekly                | GRAB        |
| E. coli                                  | SAMPLE MEASUREMENT | *****                 | *****                 | ***** | *****                    | 3                | 16               |         | 0      | 1/7                   | GR          |
| 51040 1 0<br>Effluent Gross              | PERMIT REQUIREMENT | *****                 | *****                 | ***** | *****                    | 130<br>30DA GEO  | 240<br>7 DA GEO  | #/100mL |        | Weekly                | GRAB        |
| BOD, carbonaceous, 05 day, 20 C          | SAMPLE MEASUREMENT | 5.0                   | 7                     |       | *****                    | 7                | 11               |         | 0      | 1/7                   | CP          |
| 80082 1 0<br>Effluent Gross              | PERMIT REQUIREMENT | 16.7<br>30DA AVG      | 25<br>DAILY MX        | lb/d  | *****                    | 10<br>30DA AVG   | 15<br>DAILY MX   | mg/L    |        | Weekly                | COMP24      |

|                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                       |                                 |                          |
|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER                                                                  | <small>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 persons 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.</small> | <br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE                       | DATE                     |
| <br>TYPED OR PRINTED |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                       | 502 5406000<br>AREA Code NUMBER | 01-13-2013<br>MM/DD/YYYY |

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[illegible]