



February 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 January 2013**

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 January 2013.

There were no bypasses.  
Also attached is a overflow report.

There is one exceedance for this month for CBOD. The CBOD result of the January 16, 2013 effluent composite sample was affected by an elevated pH. During routine process control checks, we identified that our influent pH was 12. We believe that the increase of pH affected the efficiency of our CBOD removal in our plant secondary system. Upon discovery of the elevated pH reading, we contacted our Industrial Waste Department personnel to investigate the source of the high pH. They were unable to find the source. Since discovery of this event, we have been conducting pH analysis of daily influent composite samples. We will continue to do so until we can identify the source of increased pH. However, since January 16, 2013, we have not had a elevated influent pH of this facility.

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

Sincerely, 

Richard Mills  
Process Supervisor of Metro Operations  
RM/ Timber Lake 01/13  
Enclosures  
CC: 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: 5504 TIMBER RIDGE RD  
PROSPECT, KY 40059

KY0043087	001-2
PERMIT NUMBER	DISCHARGE NUMBER

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

ATTN: KEVIN RIES

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
01/01/2013	FROM	01/31/2013	TO

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	*****	*****	*****	10	*****	*****		0	1/1	GR
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	7 INST MIN	*****	*****	mg/L		Weekly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	9		0	1/1	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	15	32		*****	19	36		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	*****	*****	*****	*****	21	22		0	1/7	CP
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	*****	*****	*****	*****	*****	*****				
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	1.0	3.5		*****	1	3.9		0	1/7	CP
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	1.5		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 ensure 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			
Greg Hertzman Executive Director		502 540 6000	02-21-2013

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)

Form Approved  
OMB No. 2040-0004

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LOCATION: 5504 TIMBER RIDGE RD  
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KY0043087	001-2
PERMIT NUMBER	DISCHARGE NUMBER

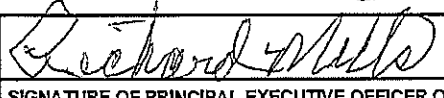
DMR Mailing ZIP CODE: 40211  
MINOR (SUBR LV) JEFFE  
MUNICIPAL DISCHARGE  
External Outfall

ATTN: KEVIN RIES

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM 01/01/2013	TO	01/31/2013	

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	0.098	0-133		*****	*****	*****	*****	0	en	en
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. 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	*****	*****	*****	*****	7	17		0	1/7	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	6-3	15		*****	8	17		1	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

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Greg Heitzman Executive Director TYPED OR PRINTED			502 540 6000	02-21-2013
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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.

Timberlake

Timberlake	Report for	Jan-13				Tot. Exc.=	1 VIOLATION				
Tot. Flow=	3.043	Concentrations					Pounds				
Date	Flow	TSS	BOD	NH3	ECOLI	TSS	BOD	NH3	Tot. Phos.	Tot. N	
1/1/13	0.106										
1/2/13	0.085	13	5	0.34		9.253	3.559	0.242	0.348	20.710	
1/3/13	0.117				7						
1/4/13	0.083										
1/5/13	0.103										
1/6/13	0.108										
1/7/13	0.087										
1/8/13	0.088										
1/9/13	0.089	14	4	0.22		10.417	2.976	0.164	0.364	20.910	
1/10/13	0.097				4						
1/11/13	0.110										
1/12/13	0.113										
1/13/13	0.082										
1/14/13	0.133										
1/15/13	0.094										
1/16/13	0.108	36	17	3.9		32.399	15.299	3.510	1.470	19.030	
1/17/13	0.100				13						
1/18/13	0.097										
1/19/13	0.110										
1/20/13	0.096										
1/21/13	0.093										
1/22/13	0.073										
1/23/13	0.085	13	5	0.34		9.192	3.535	0.240	0.441	21.910	
1/24/13	0.088				5						
1/25/13	0.092										
1/26/13	0.096										
1/27/13	0.114										
1/28/13	0.098										
1/29/13	0.076								0.100		
1/30/13	0.127										
1/31/13	0.094										
Average	0.098	19.00	7.75	1.20	6.53	15.32	6.34	1.04	0.54	20.64	
Maximum	0.133	36.00	17.00	3.90	13.00	32.40	15.30	3.51	1.47	21.91	
Exceed.	0	0	1	0	0	0	0	0	0	0	



Report Selections: Excluding PPI, CSO, Excluding LAT and SSL, Result: WUS, Act Code: DISDW, DISREV

**KPDES #** KY0043087     
 **Facility ID** MSD0293     
 **Water Quality Treatment Center** TIMBERLAKE     
 **Receiving Stream of Treatment Center** HARRODS CREEK     
 **Region** EAST

Facility Type	Facility ID	Facility Address	If Pump Station, Name of Pump Station:	Receiving Stream	Discharge to
SPL Sewer Treatment Plant	MSD0293	5504 TIMBER RIDGE DR		HARRODS CREEK	GROUND

<u>Activity Code / Description</u>	<u>WO #</u>	<u>Initiated</u>	<u>Initiated By</u>	<u>Assigned To</u>	<u>Disch Status</u>	<u>Event Date</u>	<u>Problem</u>	<u>Result</u>	<u>Completed</u>	<u>Condition</u>
DISDW: DRY WEATHER DISCHARGE	1626169	01/17/13 11:18 AM	SINGLETON	OPS BSHIFT EAST	REPAIRED - ISSUE RESOLVED	01/17/13	WTP PROCESS UPSET	UNAUTHORIZED DISCHARGE-WATER S	01/17/13 12:20 PM	

**Spot Inspections:**

Discharge Amount:	5,208 GAL
Cause:	HIGH PH ON THE INFLUENT OF 12.0
Clean Up:	NO CLEANUP
Control Zone:	NO CONTROL ZONE
Impact:	NO IMPACT OBSERVED
Repair:	NO REPAIRS MADE

**Notifications:**

01/17/13 01:00 AM	DISNOT	Email notification of unauthorized discharge sent to eppc.ert@ky.gov, Sayre.Dennis@epamail.epa.gov, Charlie.Roth@ky.gov
01/17/13 01:00 AM	DISSNO	Supplemental Email notification of unauthorized discharge has been sent to eppc.ert@ky.gov, Sayre.Dennis@epamail.epa.gov, Charlie.Roth@ky.gov