



**MSD**

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

February 23, 2007

Ms. Kathy Thurman  
Kentucky Division of Water  
14 Reilly Road  
Frankfort, Kentucky 40601

**Re: MSD Metro Operations  
Timberlake WTP; KPDES No.: KY0043087  
Discharge Monitoring Reports – January 2007**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Timberlake WTP, KPDES No.: KY0043087 for the month of January 2007.

If you have any questions concerning the attached DMRs, please contact me at (502)241-9093.

Sincerely,

John Kessel  
Process Supervisor, East Region

JK/Timberlake 0107

Enclosures

cc: M. Mudd (DOW Louisville)  
E. Brady  
T. Singleton  
P. Burgin  
R. Shaw



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

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

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

MINOR  
(SUBR LV)

JEFFE

NAME MSD TIMBERLAKE STP  
ADDRESS C/O LOUISVILLE/JEFF CO MSD  
4522 ALDENQUIN PKWY  
LOUISVILLE KY 40211-2497

MY0043087  
PERMIT NUMBER

001 E  
DISCHARGE NUMBER

FACILITY MSD TIMBERLAKE STP  
LOCATION PROSPECT KY 40059

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	01	01		07	01	31

F - FINAL  
MUNICIPAL DISCHARGE  
EFFLUENT

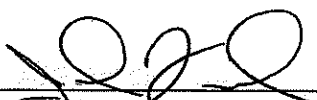
\*\*\* NO DISCHARGE 1 1 \*\*\*

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DO)	00300 1 0 0	*****	*****		7.1	*****	*****	( 19)	0	1/7	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		WEEKLY	GRAB
PH	00400 1 0 0	*****	*****		6.8	*****	6.9	( 12)	0	1/7	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	50		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	00500 5 0 0	110.38	123.30	( 25)	*****	198.50	224.00	( 19)	0	1/7	Grab
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		WEEKLY	COMPOS
SOLIDS, TOTAL SUSPENDED	00600 1 0 0	6.46	7.51	( 26)	*****	11.50	12.00	( 19)	0	1/7	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	50.0 MD AVG	75.0 MX WK AV	LBS/DY	*****	30 MD AVG	45 MX WK AV	MG/L		WEEKLY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	00610 2 0 0	11.93	13.38	( 26)	*****	21.40	24.30	( 19)	0	1/7	Grab
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		WEEKLY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	00610 1 2 0	.05	.09	( 26)	*****	.10	.17	( 19)	0	1/7	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	5 MD AVG	12 MX WK AV	LBS/DY	*****	5 MD AVG	7.5 MX WK AV	MG/L		WEEKLY	COMPOS
PHOSPHORUS, TOTAL (AS P)	00620 1 0 0	*****	*****		*****	3.54	3.56	( 19)	0	2/31	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		WICE/MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
H.J. Schardein Jr  
Exec. Director  
TYPED OR PRINTED

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 562-540-6000  
DATE 07 02 19  
AREA CODE NUMBER YEAR MO DAY

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

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

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

NAME MSD TIMBERLAKE STP  
ADDRESS C/O LOUISVILLE/JEFF CO MSD  
4522 ALBONQUIN PKWY  
LOUISVILLE KY 40211-2497  
FACILITY MSD TIMBERLAKE STP  
LOCATION PROSPECT KY 40059  
ATTN: ALEX E. NOVAK, OPER MGR

KY0043087  
PERMIT NUMBER

001 2  
DISCHARGE NUMBER

MINOR (SUBR LV)  
F - FINAL JEFFE  
MUNICIPAL DISCHARGE  
EFFLUENT

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	01	01		07	01	31

\*\*\* NO DISCHARGE 1 \*\*\*  
NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	083	152	(03)	*****	*****	*****		0	C/N	C/N	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	MGD	*****	*****	*****	****		CONTINUOUS	
CHLORINE, TOTAL RESIDUAL	*****	*****		*****	<0.010	<0.010	(19)	0	1/7	Grab	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	MG/L	0.011	0.017	30DA AVG	DAILY MX	WEEKLY	GRAB	
COLIFORM, FECAL GENERAL	*****	*****		*****	1.00	1.00	(13)	0	1/7	Grab	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	100ML	200	400	30DA SED	7 DA SED	WEEKLY	GRAB	
BOD, CARBONACEOUS 5 DAY, 20C	101.34	111.96	(26)	*****	181.00	198.00	(19)	0	1/7	Comp	
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT NO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT NO AVG	REPORT MX WK AV	MG/L	WEEKLY	COMPOS	
BOD, CARBONACEOUS 5 DAY, 20C	1.11	1.55	(26)	*****	2.00	3.00	(19)	0	1/7	Comp	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	17	25	LBS/DY	*****	10	15	MG/L	WEEKLY	COMPOS	
BOD, CARB-5 DAY, 20C	*****	*****		99%	*****	*****	(23)	0	1/31	Cal	
DEG C. PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	PERCENT	85	*****	*****	PERCENT	ONCE/MONTH	CALCTD	
SOLIDS, SUSPENDED	*****	*****		94%	*****	*****	(23)	0	1/31	Cal	
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	PERCENT	85	*****	*****	PERCENT	ONCE/MONTH	CALCTD	

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TELEPHONE DATE  
502 540-6600 07 02 19  
AREA CODE NUMBER YEAR MO DAY

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