



**MSD**

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

March 20, 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 – March 2007**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Timberlake WTP, KPDES No.: KY0043087 for the month of March 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 0307

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)

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

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

KY0043087 0012  
PERMIT NUMBER DISCHARGE NUMBER

MINOR (SUBR LV)  
F - FINAL  
MUNICIPAL DISCHARGE EFFLUENT  
\*\*\* NO DISCHARGE I  \*\*\*

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	05	04		07	05	01

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****		7.2	*****	*****	( 17)	0	1/7	Grab
00300 1 0 0 EFFLUENT GROSS VALUE PH	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		WEEKLY	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE PH	SAMPLE MEASUREMENT	*****	*****		6.8	*****	6.9	( 12)	0	1/7	Grab
00400 1 0 0 EFFLUENT GROSS VALUE PH	PERMIT REQUIREMENT	*****	*****	****	5.0 MINIMUM	*****	7.0 MAXIMUM	SU		WEEKLY	GRAB
00530 0 0 0 RAW SEW/INFLUENT SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	156.26	226.73	( 26)	*****	262.50	394.0	( 17)	0	1/7	Comp
00530 0 0 0 RAW SEW/INFLUENT SOLIDS, TOTAL SUSPENDED	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		WEEKLY	COMPOS
00530 1 0 0 EFFLUENT GROSS VALUE PH	SAMPLE MEASUREMENT	13.52	24.74	( 26)	*****	22.75	43.0	( 17)	0	1/7	Comp
00530 1 0 0 EFFLUENT GROSS VALUE PH	PERMIT REQUIREMENT	50.0 MD AVG	75.0 MX WK AV	LBS/DY	*****	30 MD AVG	45 MX WK AV	MG/L		WEEKLY	COMPOS
00610 0 0 0 RAW SEW/INFLUENT NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	11.10	15.56	( 26)	*****	18.51	26.80	( 17)	0	1/7	Comp
00610 0 0 0 RAW SEW/INFLUENT NITROGEN, AMMONIA TOTAL (AS N)	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		WEEKLY	COMPOS
00610 1 2 0 EFFLUENT GROSS VALUE PH	SAMPLE MEASUREMENT	0.07	0.12	( 26)	*****	0.11	0.17	( 17)	0	1/7	Comp
00610 1 2 0 EFFLUENT GROSS VALUE PH	PERMIT REQUIREMENT	5 MD AVG	12 MX WK AV	LBS/DY	*****	5 MD AVG	15 MX WK AV	MG/L		WEEKLY	COMPOS
00665 1 0 0 EFFLUENT GROSS VALUE PH	SAMPLE MEASUREMENT	*****	*****		*****	3.63	4.12	( 17)	0	2/31	Comp
00665 1 0 0 EFFLUENT GROSS VALUE PH	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		WEEKLY	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER H.S. Schudwin 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		DATE		
			AREA CODE	NUMBER	YEAR	MO	DAY
			502	241-9693	07	04	18

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

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

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

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

KY0043087  
 001 2  
 PERMIT NUMBER DISCHARGE NUMBER

MINOR  
 (SUBR LV)  
 F - FINAL  
 MUNICIPAL DISCHARGE  
 EFFLUENT  
 \*\*\* NO DISCHARGE [ ] \*\*\*

JEFFA

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	05	01	07	05	01

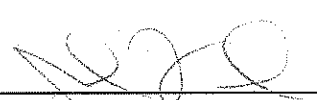
FROM TO

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.074	0.124	(MGD)	*****	*****	*****		0	1/2	1/2
30050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	MGD	*****	*****	*****	****		CONTIN	CONTIN
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	(17)	0	1/7	G.b
30060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.011 30DA AVG	0.019 DAILY MX	MG/L		WEEKLY GRAB	
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	1.57	3.0	(13)	0	1/7	G.b
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	200 30DA GED	400 7 DA GED	100ML		WEEKLY GRAB	
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	137.45	194.51	(26)	*****	236.75	338.0	(17)	0	1/7	Loop
30082 6 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		WEEKLY COMPLE	
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	3.41	6.33	(26)	*****	5.75	11.0	(17)	0	1/7	Loop
30082 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	17 MD AVG	25 MX WK AV	LBS/DY	*****	10 MD AVG	15 MX WK AV	MG/L		WEEKLY COMPLE	
BOD, CARB-5 DAY, 20 DEG C. PERCENT REMVL	SAMPLE MEASUREMENT	*****	*****		*****	98%	*****	(23)	0	1/31	Cal
30091 8 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	*****	85 MD MIN	*****	PER-CENT		ONCE/ MONTH	
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		*****	91%	*****	(23)	0	1/31	Cal
31011 8 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	*****	85 MD MIN	*****	PER-CENT		ONCE/ MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 H.S. Schardew  
 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 DATE  
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