



MSD

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

February 25, 2008

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 2008**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Timberlake WTP, KPDES No.: KY0043087 for the month of January 2008.

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 0108

Enclosures

cc: C. Roth (DOW)
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

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

Form Approved.
 OMB No. 2040-0004

ADDRESS C/O CEDAR CREEK STP
 8405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY MSD TIMBERLAKE STP
 LOCATION PROSPECT KY 40057
 ATTN: DENNIS THOMASSON, SR METRO OPS

KY0043087
 PERMIT NUMBER

001 2
 DISCHARGE NUMBER

MINOR
 (SUBR LV)
 F - FINAL
 MUNICIPAL DISCHARGE
 EFFLUENT

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	01	01		08	01	31

*** NO DISCHARGE [] ***

NOTE: Read instructions before completing this form.

PARAMETER	X	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	*****	*****		7.6	*****	*****	(19)	0	1/7	Grab
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	7 INST MIN	*****	*****	MG/L			WEEKLY GRAB
PH	SAMPLE MEASUREMENT	*****	*****		6.7	*****	6.8	(12)	0	1/7	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	6.0 MINIMUM	*****	9.0 MAXIMUM	SU			WEEKLY GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	100.51	107.29	(26)	*****	198.00	262.00	(19)	0	1/7	Comp
00530 0 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 COMPOS
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	8.59	10.68	(26)	*****	17.0	22.0	(19)	0	1/7	Comp
00530 1 0 0 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)	SAMPLE MEASUREMENT	15.21	21.79	(26)	*****	29.43	39.00	(19)	0	1/7	Comp
00610 0 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 COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	2.26	2.51	(26)	*****	4.34	4.70	(19)	0	1/7	Comp
00610 1 2 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	8 MD AVG	12 MX WK AV	LBS/DY	*****	5 MD AVG	7.5 MX WK AV	MG/L			WEEKLY COMPOS
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	3.58	3.65	(19)	0	2/3	Comp
00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MD AVG	REPORT MX WK AV	MG/L			WICE/COMPOS MONTH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Exec Director H.T. Schaefer 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
			241-9093	08	02	21

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

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

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

Form Approved.
 OMB No. 2040-0004

ADDRESS C/O CEDAR CREEK STP
 8405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY MSD TIMBERLAKE STP
 LOCATION PROSPECT KY 40059
 ATTN: DENNIS THOMASSEN, SR METRO OPS

KY0043087
 PERMIT NUMBER

001 2
 DISCHARGE NUMBER

MINOR
 (SUDBR LV)
 F - FINAL
 MUNICIPAL DISCHARGE
 EFFLUENT

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	01	01		08	01	31

*** 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			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	0.079	0.140	(03)	*****	*****	*****			0	4x	4x
50050 1 0 0 EFFLUENT GROSS VALUE	REPORT 3QDA AVG	REPORT DAILY MX	MGD	*****	*****	*****	****			CONTIN	CONTIN
CHLORINE, TOTAL RESIDUAL	*****	*****		*****	<0.010	<0.010	(19)		0	1/7	Grab
50060 1 0 0 EFFLUENT GROSS VALUE	*****	*****	****	*****	0.011 3QDA AVG	0.019 DAILY MX	MG/L			WEEKLY	GRAB
COLIFORM, FECAL GENERAL	*****	*****		*****	1.0	1.0	(13)		0	1/7	Grab
74055 1 0 0 EFFLUENT GROSS VALUE	*****	*****	****	*****	200 3QDA GED	400 7 DA GED	#/ 100ML			WEEKLY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C	100.63	137.53	(26)	*****	196.25	246.00	(17)		0	1/7	Comp
80082 9 0 0 RAW SEW/INFLUENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L			WEEKLY	COMPOS
BOD, CARBONACEOUS 05 DAY, 20C	1.83	2.24	(26)	*****	3.50	4.00	(19)		0	1/7	Comp
80082 1 0 0 EFFLUENT GROSS VALUE	17 MO AVG	25 MX WK AV	LBS/DY	*****	10 MO AVG	15 MX WK AV	MG/L			WEEKLY	COMPOS
BOD, CARB-5 DAY, 20 DEG C. PERCENT REMVL	*****	*****		98%	*****	*****	(23)		0	2/31	Cal
80091 K 0 0 PERCENT REMOVAL	*****	*****	****	85 MO MIN	*****	*****	PER- CENT			ONCE/ MONTH	CALCUL
SOLIDS, SUSPENDED PERCENT REMOVAL	*****	*****		91%	*****	*****	(23)		0	2/31	Cal
81011 A 0 0 PERCENT REMOVAL	*****	*****	****	85 MO MIN	*****	*****	PER- CENT			ONCE/ MONTH	CALCUL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Exec Director
 H.J. Schadel
 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
 502 241-9653
 DATE
 08 02 21

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