



MSD

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

January 20, 2009

Ms. Carolena Bentley
DMR Coordinator
200 Fair Oaks Lane
Frankfort, Kentucky 40601

**Re: MSD Metro Operations
Timberlake WTP; KPDES No.: KY0043087
Discharge Monitoring Reports – December 2008**

Dear Ms. Bentley,

Attached is the Discharge Monitoring Reports (DMRs) and the Monthly operator report (MOR) for the Timberlake WTP, KPDES No.: KY0043087 for the month of December 2008.

Also included are the metal analysis for December.

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

Sincerely,

D.J. Rheinlaender
Process Supervisor, East Region

DJR/Timberlake 1208

Enclosures

cc: C. Roth (DOW)
T. Singleton
R. Shaw



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

NAME MSD TIMBERLAKE STP
 ADDRESS C/O CEDAR CREEK STP
 8405 CEDAR CREEK RD
 LOUISVILLE KY 40211

FACILITY MSD TIMBERLAKE STP

LOCATION PROSPECT KY 40059

ATTN: DENNIS THOMASSON, SR METRO OPS

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

KY0043087
 PERMIT NUMBER

001 2
 DISCHARGE NUMBER

MINOR
 (SUBR LV)
 F - FINAL

JEFF

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	12	01		08	12	31

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 EFFLUENT GROSS VALUE	*****	*****	*****	(19)	7.6	*****	*****	(19)	0	1/7	Grab
	PERMIT REQUIREMENT	*****	*****	*****	7	*****	*****	INST MIN		WEEKLY	GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	(12)	6.7	*****	6.8	(12)	0	1/7	Grab
	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	9.0	MINIMUM MAXIMUM		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 0 0 0 RAW SEW/INFLUENT	*****	*****	*****	(25)	*****	*****	*****	(19)	0	1/7	Comp
	PERMIT REQUIREMENT	REPORT	REPORT	*****	*****	REPORT	REPORT	REPORT		WEEKLY	COMPOS
		MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV	MG/L			
SOLIDS, TOTAL SUSPENDED 00550 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	(25)	*****	*****	*****	(19)	0	1/7	Comp
	PERMIT REQUIREMENT	50.0	75.0	*****	*****	30	45	*****		WEEKLY	COMPOS
		MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV	MG/L			
NITROGEN, AMMONIA TOTAL (AS N) 00610 0 0 0 RAW SEW/INFLUENT	*****	*****	*****	(25)	*****	*****	*****	(19)	0	1/7	Comp
	PERMIT REQUIREMENT	REPORT	REPORT	*****	*****	REPORT	REPORT	REPORT		WEEKLY	COMPOS
		MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV	MG/L			
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 2 0 EFFLUENT GROSS VALUE	*****	*****	*****	(25)	*****	*****	*****	(19)	0	1/7	Comp
	PERMIT REQUIREMENT	8	12	*****	*****	5	7.5	*****		WEEKLY	COMPOS
		MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV	MG/L			
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	(19)	*****	*****	*****	(19)	0	1/31	Comp
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT	*****		WICE/MONTH	COMPOS
		MO AVG	MX WK AV	MG/L		MO AVG	MX WK AV	MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 D. D. D.
 H. J. 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
 502 546-4100 09 01 20

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

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

KY0043087
 PERMIT NUMBER

001 2
 DISCHARGE NUMBER

MINOR (SUBR LV)
 F - FINAL
 MUNICIPAL DISCHARGE EFFLUENT
 *** NO DISCHARGE 1-1-88 ***
 NOTE: Read Instructions before completing this form.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	12	01		08	12	31

PARAMETER	X	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				(03)	*****	*****	*****				
30050 1 0 0	SAMPLE MEASUREMENT	0.079	0.140		*****	*****	*****				
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	MGD	*****	*****	*****	****			CONTIN
CHLORINE, TOTAL RESIDUAL		*****	*****		*****	*****	*****	(19)			
50060 1 0 0	SAMPLE MEASUREMENT				*****	50.010	50.010			1/9	Cont
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.011	0.019	MG/L			WEEKLY GRAB
COLIFORM, FECAL GENERAL		*****	*****		*****	*****	*****	(13)			
74055 1 0 0	SAMPLE MEASUREMENT				*****	1	1			1/9	Cont
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	100ML			WEEKLY GRAB
BOD, CARBONACEOUS 05 DAY, 20C		*****	*****	(26)	*****	*****	*****	(19)			
50082 0 0 0	SAMPLE MEASUREMENT	118	164		*****	224	285			1/9	Cont
RAW SEW/INFLUENT	PERMIT REQUIREMENT	MD AVG	MX WK AV	LBS/DY	*****	REPORT	REPORT	MG/L			WEEKLY COMPOS
BOD, CARBONACEOUS 05 DAY, 20C		*****	*****	(26)	*****	*****	*****	(19)			
50082 1 0 0	SAMPLE MEASUREMENT	3	4		*****	6	7			1/9	Cont
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	17	25		*****	10	15	MG/L			WEEKLY COMPOS
BOD, CARB-5 DAY, 20 DEG C, PERCENT REMVL		*****	*****		*****	*****	*****	(23)			
50091 K 0 0	SAMPLE MEASUREMENT				*****	88%	*****			1/31	Cont
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	*****	85	*****	PER-CENT			ONCE / MONTH
SOLIDS, SUSPENDED PERCENT REMOVAL		*****	*****		*****	*****	*****	(23)			
51011 K 0 0	SAMPLE MEASUREMENT				*****	95%	*****			1/31	Cont
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	*****	85	*****	PER-CENT			ONCE / MONTH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER E.L. Ditt H.L. Robinson 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

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 CEDAR CREEK STP
 3405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY MSD TIMBERLAKE STP
 LOCATION PROSPECT KY 40059
 ATTN: DENNIS THOMASSON, SR METRO OPS

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

KY0043087
 PERMIT NUMBER

001 M
 DISCHARGE NUMBER

MINOR
 (SUBR LV)
 F - FINAL

JEFF

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
05	01	01		05	12	31

METALS MONITORING
 EFFLUENT

*** NO DISCHARGE () ***

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			
HARDNESS, TOTAL (AS CaCO3) 00900 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	194	194	(19)	0	1/yr	ANNUAL COMPOS
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L			
CADMIUM, DISSOLVED (AS CD) 01025 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	6.0000	6.0000	(19)	0	1/yr	ANNUAL COMPOS
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L			
COPPER, DISSOLVED (AS CU) 01040 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	0.030	0.030	(19)	0	1/yr	ANNUAL COMPOS
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L			
LEAD, DISSOLVED (AS PB) 01049 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	0.005	0.005	(19)	0	1/yr	ANNUAL COMPOS
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L			
ZINC, DISSOLVED (AS ZN) 01090 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	0.058	0.058	(19)	0	1/yr	ANNUAL COMPOS
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L			
ZINC TOTAL RECOVERABLE 01094 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	0.058	0.058	(19)	0	1/yr	ANNUAL COMPOS
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L			
CADMIUM TOTAL RECOVERABLE 01113 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	0.0016	0.0016	(19)	0	1/yr	ANNUAL COMPOS
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 [Signature]
 TYPED OR PRINTED

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[Signature]
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
502	584-6111	09	01	20

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 CEDAR CREEK STP
 6405 CEDAR CREEK RD
 LOUISVILLE KY 40211

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

KY0043087
 PERMIT NUMBER

001 M
 DISCHARGE NUMBER

MINOR
 (SUBR LV)
 F - FINAL

Form Approved
 OMB No. 2040-0004

JEFFS

FACILITY: MSD TIMBERLAKE STP
 LOCATION: PROSPECT KY 40039
 ATTN: DENNIS THOMASSON, SR METRO OPS

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
08	01	01	08	12	01

FROM

TO

METALS MONITORING
 EFFLUENT

*** NO DISCHARGE () ***

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PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
LEAD TOTAL RECOVERABLE 01114 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.008	0.005	(19)	0	1/yr	COMPOS
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT NO AVG	REPORT DAILY MX	MG/L		ANNUAL	COMPOS
COPPER TOTAL RECOVERABLE 01119 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.030	0.031	(19)	0	1/yr	COMPOS
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT NO AVG	REPORT DAILY MX	MG/L		ANNUAL	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER
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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: _____ DATE: _____
 AREA CODE: _____ NUMBER: _____ YEAR: _____ MO: _____ DAY: _____

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

Timberlake

Timberlake Tot. Flow= Date	Report for 2.434 Flow	Dec-08 Concentrations				Tot. Exc.=	0 (Influent data below.) Pounds			
	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.		
12/1/08	0.066									
12/2/08	0.075									
12/3/08	0.049	5	3	1.5	1	2.043	1.226	0.613	0.301	
12/4/08	0.063									
12/5/08	0.059									
12/6/08	0.072									
12/7/08	0.101									
12/8/08	0.091									
12/9/08	0.107									
12/10/08	0.064	13	7	1.9	1	6.939	3.736	1.014	0.506	
12/11/08	0.135									
12/12/08	0.102									
12/13/08	0.089									
12/14/08	0.06									
12/15/08	0.14									
12/16/08	0.068									
12/17/08	0.069	13	6	1	1	7.481	3.453	0.575	0.548	
12/18/08	0.077									
12/19/08	0.078									
12/20/08	0.078									
12/21/08	0.072									
12/22/08	0.085				1					
12/23/08	0.067	28	6	0.73		15.646	3.353	0.408	0.705	
12/24/08	0.067									
12/25/08	0.059									
12/26/08	0.086									
12/27/08	0.101									
12/28/08	0.082									
12/29/08	0.066									
12/30/08	0.044									
12/31/08	0.062									

Average	0.079	14.75	5.50	1.28	1.00	8.03	2.94	0.65	0.52
Maximum	0.140	28.00	7.00	1.90	1.00	15.65	3.74	1.01	0.71
Exceed.	0	0	0	0	0	0	0	0	0
		0	0	0	0	0	0	0	0
		0	0	0	0	0	0	0	0

Minimum	0.044	MIN	MAX
	DO (min)		
	pH		
	TRC		
	Avg	Max	
	T. Phos	0	0

data
data
data

Timberlake

data

Date	Flow	INFLUENT			Pounds		
		Concentration TSS	BOD	NH3	TSS	BOD	NH3
12/1/2008	0.066						
12/2/2008	0.075						
12/3/2008	0.049	220	202	37	89.905	82.549	15.120
12/4/2008	0.063						
12/5/2008	0.059						
12/6/2008	0.072						
12/7/2008	0.101						
12/8/2008	0.091						
12/9/2008	0.107						
12/10/2008	0.064	350	184	27	186.816	98.212	14.412
12/11/2008	0.135						
12/12/2008	0.102						
12/13/2008	0.089						
12/14/2008	0.06						
12/15/2008	0.14						
12/16/2008	0.068						
12/17/2008	0.069	262	285	26	150.771	164.006	14.962
12/18/2008	0.077						
12/19/2008	0.078						
12/20/2008	0.078						
12/21/2008	0.072						
12/22/2008	0.085						
12/23/2008	0.067	252	226	25	140.813	126.284	13.970
12/24/2008	0.067						
12/25/2008	0.059						
12/26/2008	0.086						
12/27/2008	0.101						
12/28/2008	0.082						
12/29/2008	0.066						
12/30/2008	0.044						
12/31/2008							
Average	0.079	271.00	224.25	28.75	142.08	117.76	14.62
Maximum	0.140	350.00	285.00	37.00	186.82	164.01	15.12

Timberlake

TSS Rem BOD Rem

0.977273 0.985149

0.962857 0.961957

0.950382 0.978947

0.888889 0.973451

<hr/> <hr/>	
95%	98%
0	0
0	0