

MSD

Metropolitan Sewer District

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

July 22 , 2009

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

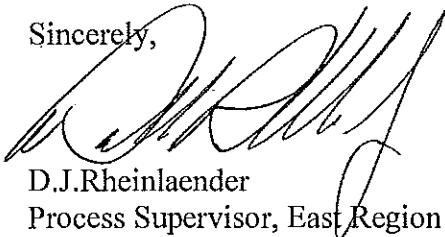
**Re: MSD Metro Operations
Timberlake WTP; KPDES No.: KY0043087
Discharge Monitoring Reports – June 2009**

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 June 2009.

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 0609

Enclosures

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



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

NAME MSO TIMBERLAKE STP
ADDRESS 0/D CEDAR CREEK STP
(MOS CEDAR CREEK RD
LOUISVILLE KY 40211)
FACILITY MSO TIMBERLAKE STP
LOCATION PROSPECT KY 40059
ATTN DENNIS THOMASSEN, SR METRO OPS

KY0043087
PERMIT NUMBER

0012
DISCHARGE NUMBER

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

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY

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)		*****	*****		7	*****	*****	(17)	0	1/7	CR
00300 : 0 0 EFFLUENT GROSS VALUE		*****	*****	***	INST MIN	*****	*****	MG/L		WEEKLY	CR
PH		*****	*****		6.3	*****	*****	(12)	0	1/7	CR
00400 : 0 0 EFFLUENT GROSS VALUE		*****	*****	***	B.O. MINIMUM	*****	7.0 MAXIMUM	SU		WEEKLY	CR
SOLIDS, TOTAL SUSPENDED		*****	*****	(20)	*****	*****	*****	(17)	0	1/7	CR
00500 : 0 0 RAW SEW/INFLUENT		*****	*****	***	*****	*****	*****	MG/L		WEEKLY	CR
SOLIDS, TOTAL SUSPENDED		*****	*****	(20)	*****	*****	*****	(17)	0	4/30	CR
00500 : 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	*****	MG/L		WEEKLY	CR
NITROGEN, AMMONIA TOTAL (AS N)		*****	*****	(20)	*****	*****	*****	(17)	0	1/7	CR
00610 : 0 0 RAW SEW/INFLUENT		*****	*****	***	*****	*****	*****	MG/L		WEEKLY	CR
NITROGEN, AMMONIA TOTAL (AS N)		*****	*****	(20)	*****	*****	*****	(17)	0	1/7	CR
00610 : 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	*****	MG/L		WEEKLY	CR
PHOSPHORUS, TOTAL (AS P)		*****	*****	(20)	*****	*****	*****	(17)	0	1/7	CR
00645 : 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	*****	MG/L		WEEKLY	CR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER EXC. 101 A.J. Woodson, Jr. 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

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

NAME MSD TIMBERLAKE STP
ADDRESS 676 CEDAR CREEK STP
8405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY MSD TIMBERLAKE STP
LOCATION PROSPECT KY 40057
ATTN: DEANNE THOMASSON, SR METRO OPS

KY0043087
PERMIT NUMBER

001 2
DISCHARGE NUMBER

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

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

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			
FLOW IN CONDUIT OR THRU TREATMENT PLANT		0.088	0.189	(GPD)	*****	*****	*****		0	ON	ON
80060 0 0		REPORT	REPORT		*****	*****	*****	****		ON	ON
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	MGD				****		WEEKLY	CONTIN
CHLORINE, TOTAL RESIDUAL		*****	*****		*****	41.010	41.010	(LBS)	0	1/7	GR
80060 0 0		*****	*****	***	*****	0.011	0.017			WEEKLY	GR
EFFLUENT GROSS VALUE		*****	*****	****	*****	30DA AVG	DAILY MX	MG/L			
COLORIM, PCHL GENERAL		*****	*****		*****	1	1	(PCU)	0	1/7	GR
74055 0 0		*****	*****	***	*****	200	400	PCU		WEEKLY	GR
EFFLUENT GROSS VALUE		*****	*****	****	*****	30DA GEO	7 DA GEO	100ML			
RED. AMMONIACALOUS		159	248	(LB)	*****	199	229	(LBS/DY)	0	1/7	CP
05 DAY, 200		REPORT	REPORT		*****	REPORT	REPORT			WEEKLY	CONTIN
80062 0 0		MO AVG	MX WK AV	LBS/DY	*****	MO AVG	MX WK AV	MG/L		WEEKLY	CONTIN
RAW SEW/INFLUENT		3	5	(LB)	*****	5	8	(LBS/DY)	0	1/7	CP
80082 1 0 0		17	25		*****	10	15			WEEKLY	CONTIN
EFFLUENT GROSS VALUE		MO AVG	MX WK AV	LBS/DY	*****	MO AVG	MX WK AV	MG/L			
RED. CARBONACEOUS		*****	*****		*****	98		(%)	0	1/30	CA
05 DAY, 20		*****	*****	***	*****	85	*****	PER-		WEEKLY	CONTIN
DEG C, PERCENT REMV		*****	*****	****	*****	MO MIN	*****	CENT		MONTH	
80091 0 0 0		*****	*****	***	*****	89	*****	PER-		MONTH	
PERCENT REMOVAL		*****	*****	****	*****	MO MIN	*****	CENT		MONTH	
SOLIDS, SUSPENDED		*****	*****		*****	89	*****	(LB)	0	1/30	CA
PERCENT REMOVAL		*****	*****	***	*****	85	*****	PER-		MONTH	
81031 0 0 0		*****	*****	****	*****	MO MIN	*****	CENT		MONTH	
PERCENT REMOVAL		*****	*****	****	*****	MO MIN	*****	CENT		MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H. J. Schardin Jr
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: 502 546 6110
DATE: 07 17 19
AREA CODE: NUMBER: YEAR: MO: DAY:

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

Timberlake

data

Date	Flow	INFLUENT Concentration			Pounds		
		TSS	BOD	NH3	TSS	BOD	NH3
6/1/2009	0.072						
6/2/2009	0.074						
6/3/2009	0.079	204	171	14	134.407	112.665	9.224
6/4/2009	0.189						
6/5/2009	0.076						
6/6/2009	0.069						
6/7/2009	0.07						
6/8/2009	0.071						
6/9/2009	0.077						
6/10/2009	0.13	266	229	28	288.397	248.282	30.358
6/11/2009	0.134						
6/12/2009	0.134						
6/13/2009	0.077						
6/14/2009	0.078						
6/15/2009	0.076						
6/16/2009	0.113						
6/17/2009	0.092	480	212	24	368.294	162.663	18.415
6/18/2009	0.092						
6/19/2009	0.094						
6/20/2009	0.088						
6/21/2009	0.08						
6/22/2009	0.089						
6/23/2009	0.074						
6/24/2009	0.074	118	182	26	72.825	112.323	16.046
6/25/2009	0.074						
6/26/2009	0.105	118			103.333		
6/27/2009	0.068						
6/28/2009	0.07						
6/29/2009	0.067						
6/30/2009	0.068						
7/1/2009							
Average	0.088	237.20	198.50	23.00	193.45	158.98	18.51
Maximum	0.189	480.00	229.00	28.00	368.29	248.28	30.36

