



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

August 24, 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 – July 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 July 2009.

If you have any questions concerning the attached DMRs please contact me at (502)587-5856.

Sincerely,

A handwritten signature in black ink, appearing to read "D.J. Rheinlaender", with a stylized flourish at the end.

D.J. Rheinlaender  
Process Supervisor, East Region

DJR/Timberlake 0709

Enclosures

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



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

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

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

JEFFE

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

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

KY0042087  
PERMIT NUMBER

001 2  
DISCHARGE NUMBER

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

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)	*****	*****			7	*****	*****	( 19)	0	1/7	GR
DO0000 1 0 0	PERMIT REQUIREMENT	*****	*****	****	7	*****	*****	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE				****	INST MIN						
PH	*****	*****			6.4	*****	*****	( 12)	0	1/7	GR
PH0000 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0	GU		WEEKLY	GRAB
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM				
SOLIDS, TOTAL SUSPENDED	*****	*****	( 26)		*****	*****	*****	( 19)	0	1/7	CP
SS0500 0 0 0	PERMIT REQUIREMENT	REPORT	REPORT	LB/0Y	*****	REPORT	REPORT	MG/L		WEEKLY	COMPOS
RAW SEW/INFLUENT		MO AVG	MX WK AV			MO AVG	MX WK AV				
SOLIDS, TOTAL SUSPENDED	*****	*****	( 26)		*****	*****	*****	( 19)	0	1/7	CP
SS0500 1 0 0	PERMIT REQUIREMENT	50.0	75.0	LB/0Y	*****	30	45	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE		MO AVG	MX WK AV			MO AVG	MX WK AV				
NITROGEN, AMMONIA TOTAL (AS N)	*****	*****	( 26)		*****	*****	*****	( 19)	0	1/7	CP
NS0510 0 0 0	PERMIT REQUIREMENT	REPORT	REPORT	LB/0Y	*****	REPORT	REPORT	MG/L		WEEKLY	COMPOS
RAW SEW/INFLUENT		MO AVG	MX WK AV			MO AVG	MX WK AV				
NITROGEN, AMMONIA TOTAL (AS N)	*****	*****	( 26)		*****	*****	*****	( 19)	0	1/7	CP
NS0510 1 1 0	PERMIT REQUIREMENT	3	5	LB/0Y	*****	2	3	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE		MO AVG	MX WK AV			MO AVG	MX WK AV				
PHOSPHORUS, TOTAL (AS P)	*****	*****			*****	*****	*****	( 19)	0	5/31	CP
PS0565 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L		WIDE/	COMPOS
EFFLUENT GROSS VALUE				****		MO AVG	MX WK AV			MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
*Exec. Dir*  
*H. J. Scherwin, 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]*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: *502 584 4400*  
DATE: *09 08 17*  
AREA CODE: *502* NUMBER: *584 4400* YEAR: *09* MO: *08* DAY: *17*

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

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

MINOR  
(SUBR LV)  
F - FINAL  
MUNICIPAL DISCHARGE  
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**LOUISVILLE KY 40211**  
FACILITY: **TIMBERLAKE WQTC MSD**  
LOCATION: **PROSPECT KY 40059**  
ATTN: **DENNIS THOMASSON, SR METRO OPS**

KY0043087  
PERMIT NUMBER

001 2  
DISCHARGE NUMBER

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

FROM

TO

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			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.084	0.200	( CFS )	*****	*****	*****		0	ON	ON
EFFLUENT GROSS VALUE		REPORT	REPORT	30DA AVG DAILY MX	*****	*****	*****	****		CONTINUOUS	CONTINUOUS
CHLORINE, TOTAL RESIDUAL		*****	*****		*****	0.010	0.010	( 19 )	0	1/7	GR
EFFLUENT GROSS VALUE		*****	*****	****	*****	0.011	0.019	MG/L		WEEKLY	WEEKLY
EFFLUENT GROSS VALUE		*****	*****	****	*****	30DA AVG	DAILY MX	MG/L		WEEKLY	WEEKLY
COLIFORM, FECAL GENERAL		*****	*****		*****	1	1	( 13 )	0	1/7	GR
EFFLUENT GROSS VALUE		*****	*****	****	*****	200	400	MG/L		WEEKLY	WEEKLY
EFFLUENT GROSS VALUE		*****	*****	****	*****	30DA GED	7 DA GED	100ML		WEEKLY	WEEKLY
500, CARBONACEOUS 05 DAY, 20C		163	211	( 25 )	*****	261	345	( 19 )	0	1/7	CP
EFFLUENT GROSS VALUE		REPORT	REPORT	MO AVG MX WK AV	*****	REPORT	REPORT	MG/L		WEEKLY	COMPOS
RAW SEW/INFLUENT		17	25	( 25 )	*****	4	5	( 19 )	0	1/7	CP
EFFLUENT GROSS VALUE		17	25	MG/DY	*****	10	15	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE		*****	*****	****	*****	*****	*****	( 23 )	0	1/31	CA
500, CARBONACEOUS 05 DAY, 20C		*****	*****		*****	*****	*****	PER-		ONCE / MONTH	ONCE / MONTH
PERCENT REMOVAL		*****	*****	****	*****	*****	*****	PER-		ONCE / MONTH	ONCE / MONTH
PERCENT REMOVAL		*****	*****	****	*****	*****	*****	PER-		ONCE / MONTH	ONCE / MONTH
PERCENT REMOVAL		*****	*****	****	*****	*****	*****	PER-		ONCE / MONTH	ONCE / MONTH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
*Exec Dir*  
**H. J. Sharden Jr**  
TYPED OR PRINTED

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*[Signature]*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 502 546 6000  
DATE: 09 08 17  
AREA CODE NUMBER YEAR MO DAY

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



Timberlake

data

Date	Flow	Concentration			Pounds		
		TSS	BOD	NH3	TSS	BOD	NH3
7/1/2009	0.066	272	345	25	149.720	189.902	13.761
7/2/2009	0.063						
7/3/2009	0.071						
7/4/2009	0.066						
7/5/2009	0.075						
7/6/2009	0.068						
7/7/2009	0.059						
7/8/2009	0.057	200	226	40	95.076	107.436	19.015
7/9/2009	0.064						
7/10/2009	0.065						
7/11/2009	0.068						
7/12/2009	0.068						
7/13/2009	0.062						
7/14/2009	0.058						
7/15/2009	0.069	436	249	21	250.901	143.290	12.085
7/16/2009	0.064						
7/17/2009	0.068						
7/18/2009	0.061						
7/19/2009	0.069						
7/20/2009	0.066						
7/21/2009	0.064						
7/22/2009	0.114	152	222	23	144.516	211.069	21.867
7/23/2009	0.075						
7/24/2009	0.065						
7/25/2009	0.118						
7/26/2009	0.125						
7/27/2009	0.068						
7/28/2009	0.078						
7/29/2009	0.191						
7/30/2009	0.195						
7/31/2009	0.2						
Average	0.084	265.00	260.50	27.25	160.05	162.92	16.68
Maximum	0.200	436.00	345.00	40.00	250.90	211.07	21.87