



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

May 23, 2010

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

Re: **MSD Metro Operations**  
**Timberlake WQTC; KPDES No.: KY0043087**  
**Discharge Monitoring Reports – April 2010**

Dear Ms. Bentley

Attached are the Discharge Monitoring Reports (DMRs) and the Monthly Operator Report (MOR) for the Timberlake WQTC, KPDES No.: KY0043087 for the month of April 2010.

There are no exceedences, overflow reports or bypass reports for this month.

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

Sincerely,

D.J. Rheinlaender  
Process Supervisor, East Region

DJR/Timberlake 0410

Enclosures

cc: C. Roth (DOW Louisville)  
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

JEFFE

\*\*\* NO DISCHARGE 1-1 \*\*\*

NOTE: Read Instructions before completing this form.

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 40059**  
ATTN: **DENNIS THOMASSON, SR METRO OPS**

KY0043087		001 2				
PERMIT NUMBER		DISCHARGE NUMBER				
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
10	04	01		10	04	30

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	*****	*****		7	*****	*****	( 19 )	0	6/30	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		WEEKLY	GRAB
PH	00400 1 0 0	*****	*****		7.1	*****	8.1	( 12 )	0	6/30	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	00530 0 0 0	54	76	( 26 )	*****	100	144	( 19 )	0	1/7	CP
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	00530 1 0 0	8.3	15.9	( 26 )	*****	14	21	( 19 )	0	1/7	CP
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)	00610 0 0 0	13	16	( 26 )	*****	24	32	( 19 )	0	1/7	CP
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)	00610 1 2 0	0.5	0.9	( 26 )	*****	0.9	1.3	( 19 )	0	1/7	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MD AVG	MX WK AV	LBS/DY	*****	MD AVG	MX WK AV	MG/L		WEEKLY	COMPOS
PHOSPHORUS, TOTAL (AS P)	00665 1 0 0	*****	*****		*****	0.39	0.44	( 19 )	0	1/7	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		WICE/COMPOS MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
*exec. Dir*  
*H.O. Subudhin*  
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	DATE		
	YEAR	MO	DAY
504 546 4400	10	5	17

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

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

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

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 ( ) \*\*\*

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
10	04	01		10	04	05

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	0.068	0.120	( 03)	*****	*****	*****		0	C/N	C/N	
50050 1 0 0	PERMIT REQUIREMENT	30DA AVG	DAILY MX	MGD	*****	*****	*****	****		CONTINUOUS	
EFFLUENT GROSS VALUE								****		UDUS	
CHLORINE, TOTAL RESIDUAL	50060 1 0 0	*****	*****	*****	*****	50.010	50.010	( 19)	0	6/30	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.011	0.019		0	WEEKLY	GRAB
						30DA AVG	DAILY MX	MG/L			
COLIFORM, FECAL GENERAL	74055 1 0 0	*****	*****	*****	*****	1	1	( 13)	0	1/7	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	#/	0	WEEKLY	GRAB
						30DA GEO	7 DA GEO	100ML			
BOD, CARBONACEOUS 05 DAY, 20C	80082 0 0 0	131	206	( 26)	*****	241	393	( 19)	0	1/7	CP
RAW SEW/INFLUENT	PERMIT REQUIREMENT	MO AVG	MX WK AV	LBS/DY	*****	REPORT	REPORT		0	WEEKLY	COMPOS
						MO AVG	MX WK AV	MG/L			
BOD, CARBONACEOUS 05 DAY, 20C	80082 1 0 0	2	3	( 26)	*****	4	6	( 19)	0	1/7	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	17	25		*****	10	15		0	WEEKLY	COMPOS
		MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV	MG/L			
BOD, CARB-5 DAY, 20 DEG C, PERCENT REMVL	80091 K 0 0	*****	*****	*****	*****	98	*****	( 23)	0	1/30	CA
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	*****	85	*****		0	ONCE/	CALCUL
						MO MIN	*****			MONTH	
SOLIDS, SUSPENDED PERCENT REMOVAL	81011 K 0 0	*****	*****	*****	*****	86	*****	( 23)	0	1/30	CA
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	*****	85	*****		0	ONCE/	CALCUL
						MO MIN	*****			MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Exec. Dir  
 [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  
 502 240 4115 10 5 17

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

Timberlake

data

INFLUENT

Date	Flow	Concentration			Pounds		
		TSS	BOD	NH3	TSS	BOD	NH3
4/1/2010	0.061	116	213	20.72	59.014	108.362	10.541
4/2/2010	0.073						
4/3/2010	0.076						
4/4/2010	0.069						
4/5/2010	0.065						
4/6/2010	0.043						
4/7/2010	0.064						
4/8/2010	0.091	54	133	16.35	40.983	100.939	12.409
4/9/2010	0.056						
4/10/2010	0.061						
4/11/2010	0.071						
4/12/2010	0.069						
4/13/2010	0.056						
4/14/2010	0.049						
4/15/2010	0.058	84	226	32.48	40.632	109.321	15.711
4/16/2010	0.068						
4/17/2010	0.065						
4/18/2010	0.062						
4/19/2010	0.058						
4/20/2010	0.05						
4/21/2010	0.049						
4/22/2010	0.063	144	393	25.87	75.660	206.490	13.593
4/23/2010	0.072						
4/24/2010	0.12						
4/25/2010	0.11						
4/26/2010	0.079						
4/27/2010	0.081						
4/28/2010	0.064						
4/29/2010	0.066						
4/30/2010	0.073						
5/1/2010							
Average	0.068	99.50	241.25	23.86	54.07	131.28	13.06
Maximum	0.120	144.00	393.00	32.48	75.66	206.49	15.71

