



Louisville and Jefferson County Metropolitan Sewer District  
700 West Liberty Street  
Louisville Kentucky 40203-1911  
502-540-6000  
[www.msdlouky.org](http://www.msdlouky.org)

February 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 – January 2010**

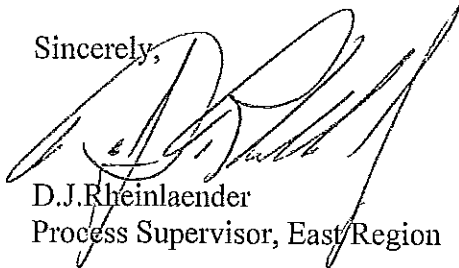
Dear Ms. Bentley

Attached are the Discharge Monitoring Reports (DMRs) and the Monthly Operator Report (MOR) for the Timberlake WQTC, KPDES No.: KY0043087 for the month of January 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 0210

Enclosures

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



*Beneficial Use of Louisville's Biosolids*  
[www.louisvillegreen.com](http://www.louisvillegreen.com)

ADDRESS TIMEPLAKE WGTG MND  
 C/O CEDAR CREEK WGTG  
 6000 CEDAR CREEK RD  
 LOUISVILLE KY 40211  
 FACILITY TIMEPLAKE WGTG MND  
 LOCATION PROSPECT KY 40059

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
10	01	01	TO	10	01	31

FROM

MINOR (SUBP LV)  
 F - FINAL  
 MUNICIPAL DISCHARGE 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			
EFFLUENT GROSS VALUE	*****	*****	*****	*****	8	*****	*****	( 19)	0	1/2	GR
PERMIT REQUIREMENT	*****	*****	*****	*****	INST MIN	*****	*****	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE	*****	*****	*****	*****	6.3	*****	8.1	( 12)	0	1/2	GR
PERMIT REQUIREMENT	*****	*****	*****	*****	5.0	*****	9.0	MG/L		WEEKLY	GRAB
SUSPENDED SOLIDS TOTAL	*****	*****	*****	*****	*****	*****	*****	( 19)	0	1/2	CP
PERMIT REQUIREMENT	REPORT	REPORT	*****	*****	*****	REPORT	REPORT	MG/L		WEEKLY	COMPOS
RAI REMAINEFFLUENT	*****	*****	*****	*****	*****	*****	*****	MG/L		WEEKLY	COMPOS
SUSPENDED SOLIDS TOTAL	*****	*****	*****	*****	*****	*****	*****	( 19)	0	1/2	CP
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	MG/L		WEEKLY	COMPOS
AMMONIA TOTAL (AS N)	*****	*****	*****	*****	*****	*****	*****	( 19)	0	1/2	CP
PERMIT REQUIREMENT	REPORT	REPORT	*****	*****	*****	REPORT	REPORT	MG/L		WEEKLY	COMPOS
RAI REMAINEFFLUENT	*****	*****	*****	*****	*****	*****	*****	MG/L		WEEKLY	COMPOS
AMMONIA TOTAL (AS N)	*****	*****	*****	*****	*****	*****	*****	( 19)	0	1/2	CP
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	MG/L		WEEKLY	COMPOS
PHOSPHORUS TOTAL (AS P)	*****	*****	*****	*****	*****	*****	*****	( 19)	0	5/30	CP
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	MG/L		WEEKLY	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 EXECUTIVE  
 HT, S. J. 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 DAY

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

NAME: CEDAR CREEK WGTG PSD  
 ADDRESS: 640 CEDAR CREEK WGTG  
 4917 CEDAR CREEK RD  
 LOUISVILLE KY 40211  
 FACILITY: CEDAR CREEK WGTG PSD  
 LOCATION: PROSPECT KY 40059  
 UNIT: THOMAS THOMASON, SR METRO OFF

PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
FROM	TO
YEAR MO DAY	YEAR MO DAY
10 01 01	10 01 31

MINOR (SUBS LV)  
 F - FINAL  
 MUNICIPAL DISCHARGE 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			
FLOW (MG/L) THROUGH TREATMENT PLANT	0.079	0.150	( 03 )	*****	*****	*****		0	1/2	CP	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	MGD	*****	*****	*****			CONTINUOUS	
RESIDUAL	0.011	0.019	( 19 )	*****	*****	*****		0	1/7	GR	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	MG/L	*****	*****	*****			WEEKLY GRAB	
GENERAL	1	1	( 10 )	*****	*****	*****		0	1/7	GR	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA GED	7 DA GED	MG/L	*****	*****	*****			WEEKLY GRAB	
5 DAY, 200	198	246	( 26 )	*****	*****	*****		0	1/7	CP	
RAW EFFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	*****	*****			WEEKLY COMPOSE	
5 DAY, 200	2	2	( 26 )	*****	*****	*****		0	1/7	CP	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	17 MO AVG	25 MX WK AV	LBS/DY	*****	*****	*****			WEEKLY COMPOSE	
5 DAY, 200	99	99	( 26 )	*****	*****	*****		0	1/30	Cal	
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			ONCE / CALCTD MONTH	
5 DAY, 200	94	94	( 26 )	*****	*****	*****		0	1/30	Cal	
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			ONCE / CALCTD MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Exec Dir H. J. Schacht, 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	DAY
			344-6266	10	02	26

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

Timberlake

data

Date	Flow	Concentration			INFLUENT		
		TSS	BOD	NH3	TSS	Pounds	
					BOD	NH3	
1/1/2010	0.064						
1/2/2010	0.063						
1/3/2010	0.065						
1/4/2010	0.061						
1/5/2010	0.059	214	383	23	105.301	188.459	11.317
1/6/2010	0.062						
1/7/2010	0.07						
1/8/2010	0.062						
1/9/2010	0.067						
1/10/2010	0.071						
1/11/2010	0.077						
1/12/2010	0.065	170	318	15	92.157	172.388	8.132
1/13/2010	0.066						
1/14/2010	0.074						
1/15/2010	0.075						
1/16/2010	0.08						
1/17/2010	0.082						
1/18/2010	0.078						
1/19/2010	0.07						
1/20/2010	0.079	150	374	22	98.829	246.414	14.495
1/21/2010	0.126						
1/22/2010	0.108						
1/23/2010	0.102						
1/24/2010	0.15						
1/25/2010	0.123						
1/26/2010	0.081	158	271	64	106.735	183.071	43.235
1/27/2010	0.073						
1/28/2010	0.068						
1/29/2010	0.067						
1/30/2010	0.075						
1/31/2010	0.074						
Average	0.079	173.00	336.50	31.00	100.76	197.58	19.29
Maximum	0.150	214.00	383.00	64.00	106.74	246.41	43.23

