



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

November 20, 2012

Cheryl Edwards
DMR Coordinator
200 Fair Oaks Lane
Frankfort, Kentucky 40601

**Re: MSD Metro Operations
Timber Lake WQTC; KPDES No.: KY 0043087
Discharge Monitoring Report for October 2012**

Dear Ms. Edwards:

Attached is the Discharge Monitoring Reports (DMRs) and the Monthly Operator Report (MOR) for the Timber Lake WQTC; KPDES No.: KY0043087 for the month of October 2012.

There were no exceedences, bypasses or overflows to report.

If you have any questions concerning the attached DMRs, please contact me at (502) 587-5832.

Sincerely,


Richard Mills
Process Supervisor of Metro Operations

RM/ Timber Lake 10/12

Enclosures

CC T. Singleton
R. Shaw



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

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

Form Approved
OMB No. 2040-0004

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

NAME: CEDAR CREEK WQTC
ADDRESS: 8405 CEDAR CREEK RD
LOUISVILLE, KY 40211
FACILITY: TIMBERLAKE WQTC MSD
LOCATION: TIMBER RIDGE DR HWY 42
PROSPECT, KY 40059

KY0043087	001-2
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 40211
MINOR (SUBR LV) JEFFE
MUNICIPAL DISCHARGE
External Outfall

ATTN: DENNIS THOMASSON, SR METRO OPS

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 10/01/2012	TO 10/31/2012

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	*****	8	*****	*****		0	1/1	GR
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	7 INST MIN	*****	*****	mg/L		Weekly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	9		0	1/1	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	6	8		*****	8	11		0	1/7	CP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	50 30DA AVG	75 DAILY MX	lb/d	*****	30 30DA AVG	45 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, total	SAMPLE MEASUREMENT	*****	*****	*****	*****	29	36		0	1/7	CP
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT				*****						
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	3.3 30DA AVG	5 DAILY MX	lb/d	*****	2 30DA AVG	3 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	0.4	0.5		*****	0.5	0.7		0	1/7	CP
00610 1 2 Effluent Gross	PERMIT REQUIREMENT	8.3 30DA AVG	12.5 DAILY MX	lb/d	*****	5 30DA AVG	7.5 DAILY MX	mg/L		Weekly	COMPOS
Phosphorus, total (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.6	0.9		0	5/31	CP
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Weekly	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Greg C. Heitzman, Interim Executive Director</i> 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 ensure 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.	TELEPHONE 502-540-6000	DATE 11-20-2012

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

Parameter 00610 - Use Season 1 for summer months (May, June, July, August, September, and October) and Season 2 for winter months (November, December, January, February March, and April); enter NODI=9 for the Season not needed.

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ATTN: DENNIS THOMASSON, SR METRO OPS

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.095	0.135		*****	*****	*****	*****	0	CN	CN
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. INST MAX	MGD	*****	*****	*****	*****		Weekly	CONTIN
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.010	<0.010		0	1/6	GR
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 30DA AVG	.019 DAILY MX	mg/L		Weekly	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	22	43		0	1/7	GR
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	130 30DA GEO	240 7 DA GEO	#/100mL		Weekly	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	2.6	3		*****	4	4		0	1/7	CP
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	16.7 30DA AVG	25 DAILY MX	lb/d	*****	10 30DA AVG	15 DAILY MX	mg/L		Weekly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Greg C. Hertzman</i> Interim Executive Director	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.	<i>Richard Miller</i>	TELEPHONE	DATE
			502-548-6000	11-20-2012
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Parameter 00610 - Use Season 1 for summer months (May, June, July, August, September, and October) and Season 2 for winter months (November, December, January, February March, and April); enter NODI=9 for the Season not needed.

Timberlake

Date	Tot. Flow= Flow	Concentrations				Pounds				
		TSS	BOD	NH3	ECOLI	TSS	BOD	NH3	Tot. Phos.	Tot. N
10/1/12	0.072									
10/2/12	0.071	6	3	0.45		3.553	1.776	0.266	0.732	35.910
10/3/12	0.054				19					
10/4/12	0.087									
10/5/12	0.080									
10/6/12	0.117									
10/7/12	0.119									
10/8/12	0.108									
10/9/12	0.102	7	3	0.28		5.955	2.552	0.238	0.605	27.610
10/10/12	0.106				11					
10/11/12	0.122									
10/12/12	0.110									
10/13/12	0.120									
10/14/12	0.135									
10/15/12	0.116									
10/16/12	0.102	9	4	0.62		7.656	3.403	0.527	0.636	26.210
10/17/12	0.104				26					
10/18/12	0.089									
10/19/12	0.078									
10/20/12	0.093									
10/21/12	0.091									
10/22/12	0.081									
10/23/12	0.083	11	4	0.73		7.614	2.769	0.505	0.901	27.410
10/24/12	0.089				43					
10/25/12	0.076									
10/26/12	0.097									
10/27/12	0.101									
10/28/12	0.103									
10/29/12	0.071									
10/30/12	0.083								0.100	
10/31/12	0.077									
Average	0.095	8.25	3.50	0.52	21.99	6.19	2.63	0.38	0.59	29.29
Maximum	0.135	11.00	4.00	0.73	43.00	7.66	3.40	0.53	0.90	35.91