



MSD

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

August 23, 2007

Ms. Kathy Thurman
Kentucky Division of Water
14 Reilly Road
Frankfort, Kentucky 40601

**Re: MSD Metro Operations
Glenview Acres WTP; KPDES No.: KY0022462
Discharge Monitoring Reports – July 2007**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Glenview Acres WTP; KPDES No.: KY0022462 for the month of July 2007.

If you have any questions concerning the attached DMRs, please contact me at (502)241-9093.

Sincerely,

John Kessel
Process Supervisor, East Region

JMK/Glenview Acres 0707

Enclosures

cc: M. Mudd (DOW Louisville)
E. Brady
T. Singleton
P. Burgin
R. Shaw



Beneficial Use of Louisville's Biosolids
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME GLENVIEW ACRES STP MSD
 ADDRESS C/O CEDAR CREEK STP
 8405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY GLENVIEW ACRES STP MSD
 LOCATION LOUISVILLE KY 40222
 ATTN: DENNIS THOMASSON

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

KY0022462
 PERMIT NUMBER
 001 Z
 DISCHARGE NUMBER

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

JEFFE

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

NOTE: Read Instructions before completing this form.

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			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****		7.8	*****	*****	(17)	0	1/31	Grab
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	INST MIN	*****	*****	MG/L		MONTH	
PH	SAMPLE MEASUREMENT	*****	*****		6.9	*****	6.9	(12)	0	1/31	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	MINIMUM	*****	MAXIMUM	5U		MONTH	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	0.60	0.60	(20)	*****	9.0	9.0	(17)	0	1/31	Grab
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	3.00 30DA AVG	5.00 DAILY MX	LBS/DY	*****	30 30DA AVG	30 DAILY MX	MG/L		MONTH	
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.01	0.01	(20)	*****	0.17	0.17	(17)	0	1/31	Grab
00610 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.40 30DA AVG	0.80 DAILY MX	LBS/DY	*****	4 30DA AVG	5 DAILY MX	MG/L		MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.007	0.008	(03)	*****	*****	*****		0	7/7	I.L.
00050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	*****	*****	*****	***		DAYS	
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	2.0	2.0	(15)	0	1/31	Grab
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	200 30DA GEO	400 7 DA GEO	100ML		MONTH	
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	0.13	0.13	(20)	*****	2.0	2.0	(17)	0	1/31	Grab
00082 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	3.00 30DA AVG	5.00 DAILY MX	LBS/DY	*****	30 30DA AVG	50 DAILY MX	MG/L		MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 H.S. Schindler
 Exec. Director
 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 300 241.9093
 DATE 07 08 21
 AREA CODE NUMBER YEAR MO DAY

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