



MSD

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

February 25, 2008

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

**Re: MSD Metro Operations
Glenview Bluff WTP
KPDES No.: KY0044261
Discharge Monitoring Reports – January 2008**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Glenview Bluff WTP, KPDES No.: KY0044261 for the First Quarter of 2008.

If you have any questions concerning the attached DMRs, please contact me at (502)540-6035.

Sincerely,

John Kessel
Process Supervisor, East Region

JMK/Glenview Bluff 0108

Enclosures

cc: C. Roth (DOW Louisville)
E. Brady
T. Singleton
P. Burgin
R. Shaw



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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
 NAME GLENVIEW BLUFF STP MSD

ADDRESS C/O CEDAR CREEK STP
 8405 CEDAR CREEK RD
 LOUISVILLE KY 40211

FACILITY GLENVIEW BLUFF STP MSD
 LOCATION LOUISVILLE KY 40222

ATTN: DENNIS THOMASSON, SR METRO OPS

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

KY0044261
 PERMIT NUMBER

001 1
 DISCHARGE NUMBER

MINOR
 (SUBR LV)
 F - FINAL

Form Approved.
 OMB No. 2040-0094

JEFPE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	01	01		08	03	31

SANITARY WASTEWATER
 EFFLUENT

*** NO DISCHARGE 1 ***

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)		*****	*****		7.5	*****	*****	(17)	0	1/91	Grab
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		QTRLY	GRAB
PH		*****	*****		6.8	*****	6.8	(12)	0	1/91	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	9.0 MAXIMUM	5U		QTRLY	GRAB
SOLIDS, TOTAL SUSPENDED		0.15	0.15	(24)	*****	6.0	6.0	(17)	0	1/91	Comp
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30 30DA AVG	60 DAILY MX	MG/L		QTRLY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)		0.01	0.01	(26)	*****	0.22	0.22	(17)	0	1/91	Comp
00610 1 2 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	10 30DA AVG	20 DAILY MX	MG/L		QTRLY	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.003	0.008	(03)	*****	*****	*****	*****	0	1/7	Inst
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	*****		WEEKLY	INSTAN
COLIFORM, FECAL GENERAL		*****	*****		*****	1.0	1.0	(13)	0	1/91	Grab
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	200 30DA GED	400 7 DA GED	#/ 100ML		QTRLY	GRAB
BOD, CARBONACEOUS 5 DAY, 20C		0.08	0.08	(24)	*****	3.0	3.0	(17)	0	1/91	Comp
80082 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30 30DA AVG	60 DAILY MX	MG/L		QTRLY	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Exec Director
 H.F. Schaefer
 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
 202 241-9093
 DATE
 08 02 21

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