



MSD

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

November 21, 2008

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

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

Dear Ms. Thurman:

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

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 Bluff 1008

Enclosures

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



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www.louisvillegreen.com*

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

MINOR
(GUSR LV)
F - FINAL
SANITARY WASTEWATER
EFFLUENT

JEFF

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

KY0044261
PERMIT NUMBER

001 1
DISCHARGE NUMBER

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 08 | 10 | 01 | | 08 | 12 | 31 |

*** NO DISCHARGE ***
NOTE: Read Instructions before completing this form.

| PARAMETER | X | 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 | ***** | ***** | | 7.6 | ***** | ***** | (19) | 0 | 1/92 | Grab |
| 00300 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | 7 INST MIN | ***** | ***** | MG/L | | STRLY | GRAB |
| PH | SAMPLE MEASUREMENT | ***** | ***** | | 7.0 | ***** | 7.0 | (12) | 0 | 1/92 | Grab |
| 00400 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | 6.0 MINIMUM | ***** | 9.0 MAXIMUM | SU | | STRLY | GRAB |
| SOLIDS, TOTAL SUSPENDED | SAMPLE MEASUREMENT | 0.10 | 0.10 | (26) | ***** | 5.0 | 5.0 | (19) | 0 | 1/92 | Comp |
| 00530 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | 2.50 30DA AVG | 5.00 DAILY MX | LBS/DY | ***** | 30 30DA AVG | 60 DAILY MX | MG/L | | STRLY | COMPOS |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Exec Dir
H.J. Schardin 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
500 546-6000
AREA CODE NUMBER
DATE
08 11 25
YEAR MO DAY

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

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

MINOR
(SUBR LV)
7 - FINAL
SANITARY WASTEWATER
EFFLUENT

JEFFE

*** NO DISCHARGE 1-1 ***

NOTE: Read Instructions before completing this form.

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

KY0044261
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MONITORING PERIOD

| | | | | | | | |
|------|------|----|-----|----|------|----|-----|
| FROM | YEAR | MO | DAY | TO | YEAR | MO | DAY |
| | 05 | 10 | 01 | | 05 | 12 | 31 |

| 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 | | | |
| FLOW IN CONDUIT OR THRU TREATMENT PLANT | 0.003 | 0.003 | (03) | ***** | ***** | ***** | | 0 | 1/4 | Inst. | |
| 50050 1 0 0 EFFLUENT GROSS VALUE | REPORT 30DA AVG | REPORT INST MAX | MGD | ***** | ***** | ***** | **** | | WEEKLY | INSTAN | |
| COLIFORM, FECAL GENERAL | ***** | ***** | | ***** | 1.0 | 1.0 | (13) | 0 | 1/92 | Grab | |
| 74055 1 0 0 EFFLUENT GROSS VALUE | ***** | ***** | *** | ***** | 200 | 400 | #/ | | STRLY | GRAB | |
| 30062 1 0 0 EFFLUENT GROSS VALUE | 30DA AVG | 7 DA GED | 100ML | ***** | 3.0 | 3.0 | (17) | 0 | 1/92 | Comp | |
| BOD, CARBONACEOUS 05 DAY, 20C | 0.10 | 0.10 | (26) | ***** | 30 | 60 | | | STRLY | COMPOS | |
| 50062 1 0 0 EFFLUENT GROSS VALUE | 2.50 | 5.00 | LBS/DY | ***** | 30DA AVG | DAILY MX | MG/L | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

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Suec Dir
Schaub Jr
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
502 340-1000
AREA CODE NUMBER
DATE
08 11 95
YEAR MO DAY

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

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

MINOR
(SUBR LV)
F - FINAL
SANITARY WASTEWATER
EFFLUENT

JEFFE

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

KY0044261
PERMIT NUMBER

001 1
DISCHARGE NUMBER

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 08 | 10 | 01 | | 08 | 10 | 31 |

FROM

TO

*** NO DISCHARGE 1 1 ***

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 | | | |
| NITROGEN, AMMONIA TOTAL (AS N) 00610 1 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT 0.003 | 0.003 | 0.003 | (26) | ***** | 0.10 | 0.10 | (19) | 0 | 1/92 | Comp |
| | PERMIT REQUIREMENT | 0.33 30DA AVG | 0.66 DAILY MX | LBS/DY | ***** | 4 30DA AVG | 5 DAILY MX | MG/L | | STRLY | COMPOS |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Exec Dir
H.J. Schadein Jr
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
502 540-6000
DATE
08 11 25
AREA CODE NUMBER YEAR MO DAY

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

| Glenview Bluff | | Report for | Oct-08 | | | Tot. Exc.= | | 0 | |
|----------------|-------|------------|--------|----------------|-------|------------|--------|-------|--|
| Tot. Flow= | | 0.078 | | Concentrations | | | Pounds | | |
| Date | Flow | TSS | BOD | NH3 | Fecal | TSS | BOD | NH3 | |
| 10/1/08 | 0.003 | | | | | | | | |
| 10/2/08 | 0.003 | | | | | | | | |
| 10/3/08 | 0.003 | | | | | | | | |
| 10/4/08 | 0.003 | | | | | | | | |
| 10/5/08 | 0.003 | | | | | | | | |
| 10/6/08 | 0.003 | | | | | | | | |
| 10/7/08 | 0.003 | | | | | | | | |
| 10/8/08 | 0.003 | | | | | | | | |
| 10/9/08 | 0.003 | | | | | | | | |
| 10/10/08 | 0.002 | | | | | | | | |
| 10/11/08 | 0.002 | | | | | | | | |
| 10/12/08 | 0.002 | | | | | | | | |
| 10/13/08 | 0.002 | | | | | | | | |
| 10/14/08 | 0.003 | 5 | 3 | 0.11 | 1 | 0.125 | 0.075 | 0.003 | |
| 10/15/08 | 0.003 | | | | | | | | |
| 10/16/08 | 0.003 | | | | | | | | |
| 10/17/08 | 0.002 | | | | | | | | |
| 10/18/08 | 0.002 | | | | | | | | |
| 10/19/08 | 0.002 | | | | | | | | |
| 10/20/08 | 0.002 | | | | | | | | |
| 10/21/08 | 0.002 | | | | | | | | |
| 10/22/08 | 0.002 | | | | | | | | |
| 10/23/08 | 0.002 | | | | | | | | |
| 10/24/08 | 0.003 | | | | | | | | |
| 10/25/08 | 0.003 | | | | | | | | |
| 10/26/08 | 0.003 | | | | | | | | |
| 10/27/08 | 0.002 | | | | | | | | |
| 10/28/08 | 0.002 | | | | | | | | |
| 10/29/08 | 0.002 | | | | | | | | |
| 10/30/08 | 0.002 | | | | | | | | |
| 10/31/08 | | | | | | | | | |
| Average | 0.003 | 5.00 | 3.00 | 0.11 | 1.00 | 0.13 | 0.08 | 0.003 | |
| Maximum | 0.003 | 5.00 | 3.00 | 0.11 | 1.00 | 0.13 | 0.08 | 0.003 | |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |

Minimum 0.002 MIN MAX
DO (min)
pH

This plant has a summer ammonia limit of 4/8 mg/L and 0.33/0.66 pounds
This plant has a winter ammonia limit of 10/20 mg/L and 0.83/1.67 pounds
Winter limits are from November - April, Summer is from May - October

GLENVIEW BLUFF STP MSD
 C/O ERIC G. BRADY
 4522 ALGONQUIN PKY
 LOUISVILLE KY 40211-2407
 GLENVIEW BLUFF STP MSD
 LOUISVILLE KY 40222
 ATTN: H. J. SCHARDI

KY004426-001 1

Tot. Phos.

| | Quantity or Loading | | | Quality or Cc | |
|--|---------------------|---------|--------|------------------|----------|
| | Average | Maximum | Units | Minimum | Average |
| OXYGEN, DISSOLVEI (DO) | ***** | ***** | *** | 0 | ***** |
| 00300 1 0 0 | ***** | ***** | *** | 7 | ***** |
| EFFLUENT GROSS VALUE pH | ***** | ***** | *** | INST MIN 0 | ***** |
| 00400 1 0 0 | ***** | ***** | *** | 6.0 | ***** |
| EFFLUENT GROSS VALUE SOLIDS, TOTAL SUSPENDED | | | (26) | MINIMUM ***** | |
| 00530 1 0 0 | 2.5 | 5.0 | LBS/DY | ***** | 30 |
| EFFLUENT GROSS V30DA AVG DAILY MX NITROGEN, AMMONIA TOTAL (AS N) | | | (26) | ***** | 30DA AVG |
| 00610 1 1 0 | 0.83 | 1.67 | LBS/DY | ***** | 10 |
| EFFLUENT GROSS V30DA AVG DAILY MX FLOW, IN CONDUIT OR THRU TREATMENT PLANT | | | (03) | ***** | ***** |
| 50050 1 0 0 | REPORT | REPORT | MGD | ***** | ***** |
| EFFLUENT GROSS V30DA AVG INST MAX COLIFORM, FECAL GENERAL | ***** | ***** | *** | ***** | |
| 74055 1 0 0 | ***** | ***** | *** | ***** | 200 |
| EFFLUENT GROSS VALUE BOD, CARBONACEOUS 05 DAY, 20 C | | | (26) | ***** | 30DA GEO |
| 80082 1 0 0 | 2.50 | 5.0 | LBS/DY | ***** | 30 |
| EFFLUENT GROSS V30DA AVG DAILY MX | | | | | 30DA AVG |

3.61

3.61

3.61

MINOR
 (SUBR LV)
 F - FINAL JEFFE
 SANITARY WASTEWATER
 EFFLUENT

| Concentration | Units | No. Ex. | Freq. Of Analysis | Sample Type |
|-------------------------|------------------|---------|-------------------|------------------|
| Maximum ***** | (19) | | 0 1/90 | GRAB |
| ***** | MG/L | | QTRLY | GRAB |
| 0 | (12) | | 0 1/90 | GRAB |
| 9.0 MAXIMUM | SU (19) | | QTRLY 0 1/90 | GRAB COMPOS |
| 60 DAILY MX | MG/L (19) | | QTRLY 0 1/90 | COMPOS COMPOS |
| 20 DAILY MX ***** | MG/L *** | | QTRLY 0 5/7 | COMPOS INSTAN |
| ***** | *** | | WEEKLY | INSTAN |
| | (13) | | 0 1/90 | GRAB |
| 400 DAILY MX | # /100ml (19) | | QTRLY 0 1/90 | GRAB COMPOS |
| 60 DAILY MX | MG/L | | QTRLY | COMPOS |