



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

July 28, 2010

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 – Second Quarter 2010.**

Dear Ms. Bentley:

Attached is the Discharge Monitoring Reports and the Monthly Operator Report (DMRs) for the Glenview Bluff WTP, KPDES No.: KY0044261 for the second quarter of 2010.

There are no overflow reports or bypass reports for this month.

There were 6 exceedances for the second quarter of 2010. Two exceedances were for E. coli, (30 day geometric mean and 7 day geometric mean), two exceedances were for total Nitrogen for concentration of monthly average and daily maximum, and the other two exceedances were for residual chlorine for the monthly average and daily maximum. Samples for E. coli. and total Nitrogen samples were taken, however the samples unfortunately mislabeled and not analyzed. Historically, MSD has not had a permitted residual chlorine limits for this plant and therefore have not set up a dechlorination process for this plant. The current permit went into effect January 2010. Upon discovery of this oversight, MSD contacted Division of Water personnel and informed them of the situation. At this time, MSD is evaluating and reviewing the options on how to best address this issue.

If you have any questions concerning the attached DMRs, please contact me at (502) 587-5856.

Sincerely,

Duane V. Wright
Process Supervisor, Central Region

DJR/Glenview Bluff 0610

Enclosures



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

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

NAME GLENVIEW BLUFF WQTC MSD
 ADDRESS C/O CEDAR CREEK WQTC
 2405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY GLENVIEW BLUFF WQTC MSD
 LOCATION LOUISVILLE KY 40222
 ATTN: DENNIS THOMASSON, SR METRO OPS

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

KY0044261
 PERMIT NUMBER
 0011
 DISCHARGE NUMBER

MINOR
 (SUBR LV)
 F - FINAL
 SANITARY WASTEWATER
 EFFLUENT

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
19	07	01		19	07	01

*** 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			
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.1	*****	*****	MG/L	0	7/90	CP
	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L			
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.1	*****	7.3	GU	0	7/90	CP
	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	GU			
SOLIDS, TOTAL SUSPENDED 00500 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.0	0.12	(26)	*****	7	7	MG/L	0	1/90	CP
	PERMIT REQUIREMENT	2.50 MD AVG	3.75 DAILY MX	LBS/DY	*****	30 MD AVG	45 DAILY MX	MG/L			
NITROGEN, TOTAL (AS N) 00600 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	---	---	MG/L	2	1/90	CP
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 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)
 TOTAL NITROGEN=TKN (AS N) AND NITRATIE/NITRITE (AS N)

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

NAME GLENVIEW BLUFF WQTC MSD
ADDRESS C/O CEDAR CREEK WQTC
8405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY GLENVIEW BLUFF WQTC 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 I
DISCHARGE NUMBER

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
19	07	01	19	06	01

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			
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****						
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT NO AVG	REPORT DAILY MX	MG/L		1/90	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(G3)	*****	*****	*****				
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		C/N	C/N
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****						
	PERMIT REQUIREMENT	*****	*****	***	*****	30DA AVG	DAILY MX	MG/L		17/90	GR
E. COLI 51040 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****						
	PERMIT REQUIREMENT	*****	*****	***	*****	30DA GED	7 DA GED	100MIL		1/90	AR
BOD, CARBONACEOUS 05 DAY, 20C 50082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.15	0.15	(25)	*****						
	PERMIT REQUIREMENT	2.07 MG AVG	3.13 DAILY MX	LBS/DY	*****	25 MG AVG	37.5 DAILY MX	MG/L		1/90	CP
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
TOTAL NITROGEN=TKN (AS N) AND NITRATIE/NITRITE (AS N).
See cover letter for explanation of monitoring.

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

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 8405 CEDAR CREEK RD
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 LOCATION LOUISVILLE KY 40222
 ATTN: DENNIS THOMASSON, SR METRO OPS

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

PERMIT NUMBER KY0044261
 DISCHARGE NUMBER 0011

MINOR (SUBR LV)
 F - FINAL
 SANITARY WASTEWATER EFFLUENT

Form Approved. OMB No. 2040-0004

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
10	07	01		10	07	01

FROM

TO

*** 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			
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 2 0 EFFLUENT GROSS VALUE		0.83	1.25	LBS/DY	*****	10.0	15.0	MG/L	0	1/90	UP
	PERMIT REQUIREMENT	30DA AVG	DAILY MX			30DA AVG	DAILY MX				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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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)
 TOTAL NITROGEN=TKN (AS N) AND NITRATIE/NITRITE (AS N).

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

NAME GLENVIEW BLUFF WQTC MSD
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 8405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY GLENVIEW BLUFF WQTC MSD
 LOCATION LOUISVILLE KY 40222
 ATTN: DENNIS THOMASSEN, SR METRO OPS

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

KY0044251
 PERMIT NUMBER

001 1
 DISCHARGE NUMBER

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

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
19	05	01		19	06	30

FROM

TO

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			
NITROGEN, AMMONIA TOTAL (AS N) 00610 I I 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.01	0.01	(26)	*****		(19)				
	PERMIT REQUIREMENT	0.33 30DA AVG	0.50 DAILY MX	LBS/DY	*****	4.0 30DA AVG	5.0 DAILY MX	MG/L		1/90	CR
	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
 [Signature]
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[Signature]
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE	DATE
546 1055	7 23
AREA CODE NUMBER	YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 TOTAL NITROGEN=TKN (AS N) AND NITRATIE/NITRITE (AS N).

Glenview Bluff		Report for		Apr-10		Tot. Exc.=		0	
Tot. Flow=	0.044	Concentrations				Pounds			
Date	Flow	TSS	BOD	NH3	Ecoli	TSS	BOD	NH3	Tot. Phos. Tot. N
4/1/10	0.002								
4/2/10	0.001								
4/3/10	0.002								
4/4/10	0.002								
4/5/10	0.002								
4/6/10	0.002								
4/7/10	0.002	7	9	0.5		0.117	0.150	0.008	0.549
4/8/10	0.002								
4/9/10	0.001								
4/10/10	0.002								
4/11/10	0.002								
4/12/10	0.002								
4/13/10	0.002								
4/14/10	0.002								
4/15/10	0.001								
4/16/10	0.001								
4/17/10	0.001								
4/18/10	0.001								
4/19/10	0.001								
4/20/10	0.002								
4/21/10	0.001								
4/22/10	0.001								
4/23/10	0.001								
4/24/10	0.001								
4/25/10	0.001								
4/26/10	0.001								
4/27/10	0.001								
4/28/10	0.001								
4/29/10	0.001								
4/30/10	0.001								
5/1/10									
Average	0.001	7.00	9.00	0.50	0.00	0.12	0.15	0.01	0.55
Maximum	0.002	7.00	9.00	0.50	0.00	0.12	0.15	0.01	0.55
	0	0	0	0	0	0	0	0	

GLENVIEW BLUFF ST
C/O ERIC G. BRADY
4522 ALGONQUIN PK
LOUISVILLE KY
GLENVIEW BLUFF ST
LOUISVILLE KY 40
ATTN: H. J. SCHARDI

OXYGEN, DISSOLVEI
(DO)
00300 1 0 0
EFFLUENT GROSS V
pH

00400 1 0 0
EFFLUENT GROSS V
SOLIDS, TOTAL
SUSPENDED

00530 1 0 0
EFFLUENT GROSS V
NITROGEN, AMMONI.
TOTAL (AS N)

00610 1 1 0
EFFLUENT GROSS V
FLOW, IN CONDUIT C
THRU TREATMENT F

50050 1 0 0
EFFLUENT GROSS V
COLIFORM, FECAL
GENERAL

74055 1 0 0
EFFLUENT GROSS V
BOD, CARBONACEOI
05 DAY, 20 C

80082 1 0 0
EFFLUENT GROSS V