



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

January 18, 2011

Crystal Thompson
DMR Coordinator
200 Fair Oaks Lane
Frankfort, Kentucky 40601

Re: **MSD Metro Operations
Glenview Bluff WTP
KPDES No.: KY0044261
Discharge Monitoring Reports for the Fourth Quarter, of 2010**

Dear Ms. Thompson:

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

There are Exceedences , Bypass or Overflow Reports for this Quarter

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

Sincerely,

Richard Mills,
Process Supervisor, East Region

RWM Glenview Bluff 1210

Enclosures

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



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

NAME GLENVIEW BLUFF WGTG MSD
 ADDRESS C/O CEDAR CREEK WGTG
 8405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY GLENVIEW BLUFF WGTG MSD
 LOCATION LOUISVILLE KY 40222
 ATTN: DENNIS THOMASSON, SR METRO DPS

KY0044261
 PERMIT NUMBER

001 1
 DISCHARGE NUMBER

MINOR (SUBR LV)
 F - FINAL JEFFE
 SANITARY WASTEWATER EFFLUENT
 *** NO DISCHARGE 1-1-01 ***

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	10	01		01	10	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) 50565 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	1.1	1.1	(19)	0	1/90	CP
PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L	*****		DAILY	UNDEF
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	0-000 Rum 0-001	0-001	(03)	*****	*****	*****	*****	*****	0	EN	CN
PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	*****	*****		DAILY	INSTAN
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	<0.010	<0.010	(19)	0	4/90	GR
PERMIT REQUIREMENT	*****	*****	*****	*****	0.011	0.017	MG/L	*****		DAILY	SPMB
E. COLI 51040 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	2	2	(18)	0	1/90	GR
PERMIT REQUIREMENT	*****	*****	*****	*****	130	240	100ML	*****		DAILY	SPMB
BOD, CARBONACEOUS 5 DAY, 20C 50082 1 0 0 EFFLUENT GROSS VALUE	0-02	0-02	(26)	*****	*****	2	2	(19)	0	1/90	CP
PERMIT REQUIREMENT	2.09	3.13	LBS/DY	*****	*****	25	37.5	MG/L		DAILY	UNDEF
PERMIT REQUIREMENT	MD AVG	DAILY MX		*****	*****	*****	*****	*****			
PERMIT REQUIREMENT				*****	*****	*****	*****	*****			
PERMIT REQUIREMENT				*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 H J Scherpherd JR -
 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.

Richard Mills
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 502 540-6000
 DATE 11 1 20
 AREA CODE NUMBER YEAR MO DAY

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

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 THOMASSEN, SR METRO OPS

KY0044261
PERMIT NUMBER

001 1
DISCHARGE NUMBER

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

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	10	10	01		10	12	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			
OXYGEN, DISSOLVED (DD)	00300 1 0 0	*****	*****		7.1	*****	*****	(19)	0	7/90	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	7.0 INST MIN	*****	*****	MG/L		WEEKLY	GRAB
PH	00400 1 0 0	*****	*****		6.0	*****	7.0	(12)	0	7/90	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	7.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	00500 1 0 0	0-04	0.07	(26)	*****	5	8	(19)	0	7/90	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.50 MD AVG	3.75 DAILY MX	LBS/DY	*****	30 MD AVG	45 DAILY MX	MG/L		WEEKLY	COMPOSITE
NITROGEN, TOTAL (AS N)	00600 1 0 0	*****	*****		*****	32	32	(19)	0	7/90	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		WEEKLY	COMPOSITE
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
HJ Scandien Jr.
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.

Richard Mills
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 502 540-6000
DATE 11 1 20
AREA CODE NUMBER YEAR MO DAY

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

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

NAME GLENVIEW BLUFF WQTC MSD
 ADDRESS C/D CEDAR CREEK WQTC
 8405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY GLENVIEW BLUFF WQTC MSD
 LOCATION LOUISVILLE KY 40222
 ATTN: DENNIS THOMASSON, SR METRO DPE

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

KY0044261 PERMIT NUMBER
 001 1 DISCHARGE NUMBER

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

JEFFRE

Form Approved.
 OMB No. 2040-0004

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY

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 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.002	0.002	(28)	*****	0.2	0.2	(28)	0	1/90	CP
	PERMIT REQUIREMENT	0.33 30DA AVG	0.50 DAILY MX	LBS/DY	*****	4.0 30DA AVG	6.0 DAILY MX	MG/L		DIRTY	JUMPED
	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
 HJ Schardien JR.
 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.

Richard Mills
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 502 540-6000
 DATE 11 1 90
 AREA CODE NUMBER YEAR MO DAY

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

Glenview Bluff		Report for	Oct-10			Tot. Exc.=	0			
Tot. Flow=	0.031		Concentrations				Pounds			
Date	Flow	TSS	BOD	NH3	Ecoli	TSS	BOD	NH3	Tot. Phos. Tot. N	
10/1/10	0.001									
10/2/10	0.001									
10/3/10	0.001	1		0.2		0.008		0.002	1.12	
10/4/10	0.001									
10/5/10	0.001									
10/6/10	0.001	8	2			0.067	0.017			
10/7/10	0.001				2					
10/8/10	0.001									
10/9/10	0.001									
10/10/10	0.001									
10/11/10	0.001									
10/12/10	0.001									
10/13/10	0.001								32.01	
10/14/10	0.001									
10/15/10	0.001									
10/16/10	0.001									
10/17/10	0.001									
10/18/10	0.001									
10/19/10	0.001									
10/20/10	0.001									
10/21/10	0.001									
10/22/10	0.001									
10/23/10	0.001									
10/24/10	0.001									
10/25/10	0.001									
10/26/10	0.001									
10/27/10	0.001									
10/28/10	0.001									
10/29/10	0.001									
10/30/10	0.001									
10/31/10	0.001									
Average	0.001	4.50	2.00	0.20	2.00	0.04	0.02	0.00	1.12	
Maximum	0.001	8.00	2.00	0.20	2.00	0.07	0.02	0.00	1.12	