



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

July 18, 2011

Cheryl Edwards
DMR Coordinator
200 Fair Oaks Lane
Frankfort, Kentucky 40601

**Re: MSD Metro Operations
Glenview Bluff WTP
KPDES No.: KY0044261
Discharge Monitoring Reports for the— Second Quarter 2011**

Dear Ms. Edwards:

Attached is the Discharge Monitoring Reports and the Monthly Operator Report (DMRs) for the Glenview Bluff WTP, KPDES No.: KY0044261 for the second quarter 2011.

There are no exceedences, bypasses or overflow report forms for this quarter.

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

Sincerely,

A handwritten signature in black ink that reads "Kevin Thompson". The signature is fluid and cursive, with a long horizontal stroke at the end.

Kevin Thompson,
Process Supervisor, East Region

RWM Glenview Bluff 6 11

Enclosures

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



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

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

Form Approved
OMB No. 2040-0004

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


NAME: GLENVIEW BLUFF WQTC MSD
ADDRESS: C/O CEDAR CREEK WQTC
LOUISVILLE, KY 40211
FACILITY: GLENVIEW BLUFF WQTC MSD
LOCATION: 3711 GLEN BLUFF RD
LOUISVILLE, KY 40222
ATTN: DENNIS THOMASSON, SR METRO OPS

KY0044261		001-1	
PERMIT NUMBER		DISCHARGE NUMBER	
MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	04/01/2011	TO	06/30/2011

DMR Mailing ZIP CODE: 40211
MINOR
(SUBR LV) JEFFE
SANITARY WASTEWATER
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
00300 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.0	*****	*****		Ø	13/90	GR
	PERMIT REQUIREMENT	*****	*****	*****	7 INST MIN	*****	*****	mg/L		Quarterly	GRAB
00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	6.1	*****	7.2		Ø	13/90	GR
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Quarterly	GRAB
00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.08	0.08		*****	14	20		Ø	2/90	CP
	PERMIT REQUIREMENT	2.5 MO AVG	3.75 DAILY MX	lb/d	*****	30 MO AVG	45 DAILY MX	mg/L		Quarterly	COMP24
00600 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	21	21		Ø	1/90	CP
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
00610 1 1 Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A		*****	N/A	N/A		N/A	N/A	N/A
	PERMIT REQUIREMENT	.33 30DA AVG	.5 DAILY MX	lb/d	*****	4 30DA AVG	6 DAILY MX	mg/L		Quarterly	COMP24
00610 1 2 Effluent Gross	SAMPLE MEASUREMENT	0.005	0.007		*****	0.6	0.8		Ø	2/90	CP
	PERMIT REQUIREMENT	.83 30DA AVG	1.25 DAILY MX	lb/d	*****	10 30DA AVG	15 DAILY MX	mg/L		Quarterly	COMP24
00665 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.2	4.5		Ø	2/90	CP
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER H.S. Scharden JR Executive 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 OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE		DATE
			AREA Code	NUMBER	MM/DD/YYYY
			502-540-6000	07/19/2011	

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

TOTAL NITROGEN=TKN (AS N) AND NITRATE/NITRITE (AS N).

Parameter 00610 - Use Season 1 for summer months (May, June, July, August, September, and October) and Season 2 for winter months (November, December, January, February March, and April); enter NODI=9 for the Season not needed.

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MM/DD/YYYY	MM/DD/YYYY
FROM 04/01/2011	TO 06/30/2011

No Discharge

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.001	0.004		*****	*****	*****	*****	Ø	CN	CN
	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Quarterly	INSTAN
Chlorine, total residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	20.010	20.010		Ø	13/90	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 30DA AVG	.019 DAILY MX	mg/L		Quarterly	GRAB
E. coli 51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1		Ø	1/90	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	130 30DA GEO	240 7 DA GEO	#/100mL		Quarterly	GRAB
BOD, carbonaceous, 05 day, 20 C 80082 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.02	0.03		*****	3	3		Ø	2/90	CP
	PERMIT REQUIREMENT	2.09 MO AVG	3.13 DAILY MX	lb/d	*****	25 MO AVG	37.5 DAILY MX	mg/L		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>H.J. Schardain Jr</i> Executive 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 OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Keri Thompson</i>	TELEPHONE	DATE
			AREA Code	NUMBER
			502-540-6000	07/19/2011

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