



Louisville and Jefferson County Metropolitan Sewer District  
700 West Liberty Street  
Louisville Kentucky 40203-1911  
502-540-6000  
[www.msdlouky.org](http://www.msdlouky.org)

August 13, 2012

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 Third Quarter of 2012.**

Dear Ms. Edwards:

Attached are the Discharge Monitoring Reports and the Monthly Operator Report (DMRs) for the Glenview Bluff WTP, KPDES No.: KY0044261 for the Third quarter 2012.

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, appearing to read "Kevin Thompson", written over a horizontal line.

Kevin Thompson,  
Process Supervisor, East Region

KT/ Glenview Bluff 07/12.

Enclosures

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



*Beneficial Use of Louisville's Biosolids*  
[www.louisvillegreen.com](http://www.louisvillegreen.com)

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

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

NAME: CEDAR CREEK WQTC  
 ADDRESS: 8405 CEDAR CREEK RD  
 LOUISVILLE, KY 40211  
 FACILITY: GLENVIEW BLUFF WQTC MSD  
 LOCATION: 3711 GLEN BLUFF RD  
 LOUISVILLE, KY 40222  
 ATTN: DENNIS THOMASSON, SR METRO OPS

KY0044261  
 PERMIT NUMBER


001-1  
 DISCHARGE NUMBER

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

MONITORING PERIOD  
 FROM 07/01/2012 TO 09/30/2012

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	*****		0	30/90	GR
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	7 INST MIN	*****	*****	mg/L		Quarterly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6	*****	8		0	30/90	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Quarterly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0.03	0.03	*****	5	5			0	1/90	CP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2.5 MO AVG	3.75 DAILY MX	lb/d	30 MO AVG	45 DAILY MX		mg/L		Quarterly	COMP24
Nitrogen, total	SAMPLE MEASUREMENT	*****	*****	*****	23	23			0	1/90	CP
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX		mg/L		Quarterly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	0.002	0.002	*****	0.4	0.4			0	1/90	CP
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	.33 30DA AVG	.5 DAILY MX	lb/d	30DA AVG	6 DAILY MX		mg/L		Quarterly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00610 1 2 Effluent Gross	PERMIT REQUIREMENT	.33 30DA AVG	1.25 DAILY MX	lb/d	10 30DA AVG	15 DAILY MX		mg/L		Quarterly	COMP24
Phosphorus, total (as P)	SAMPLE MEASUREMENT	*****	*****	*****	2.35	2.35			0	1/90	CP
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX		mg/L		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Greg C. Heitzman 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
			502-540-6000	08/15/2012
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) TOTAL NITROGEN=TKN (AS N) AND NITRATE/NITRITE (AS N).		AREA Code	NUMBER	MM/DD/YYYY

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.

DISCHARGE MONITORING REPORT (DMR)

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FROM 07/01/2012	TO	09/30/2012	

No Discharge

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.001	0.003		*****	*****	*****	*****	0	CN	CN
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg. Mon. 30DA AVG	Reg. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	INSTAN
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	20.010	20.010		0	30/90	GR
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 30DA AVG	.019 DAILY MX	mg/L		Quarterly	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	66	130		0	2/90	GR
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	130 30DA GEO	240 7 DA GEO	#/100mL		Quarterly	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	0.01	0.01		*****	2	2		0	1/90	CP
80082 1 0 Effluent Gross	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>Greg C. Hertzman</i> Interim 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.	TELEPHONE 502-540-6000		DATE 08/15/2012
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Kevin Mor...</i>		AREA Code
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.				

