



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

June 4, 2013

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- First 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 First quarter 2012.

We recently became aware that the monthly average and daily maximum Total Residual Chlorine results we reported were incorrect. This was due to a clerical error. We originally reported <0.019 mg/l for the monthly average and daily maximum. The Total Residual Chlorine Results for the monthly average and daily maximum are <0.010 mg/l.

We also will review our DMR QC procedure, make changes to QC procedure if necessary and will re-train all staff involved in the DMR QC process.

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

Sincerely,



Kevin Thompson,  
Process Supervisor, East Region

KT/ Glenview Bluff 06/13.

Enclosures

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



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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
**NAME** GLENVIEW BLUFF WQTC MBD  
**ADDRESS** C/O CEDAR CREEK WQTC  
 8408 CEDAR CREEK RD  
 LOUISVILLE KY 40211  
**FACILITY** GLENVIEW BLUFF WQTC MBD  
**LOCATION** LOUISVILLE KY 40222  
**ATTN:** DENNIS THOMASSEN, SR METRO OPS

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

KY0044261  
**PERMIT NUMBER**

001 1  
**DISCHARGE NUMBER**

MINOR  
 (SUBR LV)  
 T - FINAL  
 SANITARY WASTEWATER  
 EFFLUENT  
 \*\*\* NO DISCHARGE 1 \*\*\*

JEFF

**MONITORING PERIOD**

FROM 

YEAR	MO	DAY

 TO 

YEAR	MO	DAY

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 VALU	*****	*****	*****	*****	7	*****	*****	MG/L	4	1/1	GR
	PERMIT REQUIREMENT	*****	*****	*****	NET MIN	*****	*****	MG/L			
PH 00400 1 0 0 EFFLUENT GROSS VALU	*****	*****	*****	*****	6.0	*****	7.0	BU	4	1/1	GR
	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	BU			
SOLIDS, TOTAL SUSPENDED 00500 1 0 0 EFFLUENT GROSS VALU	*****	6.02	6.02	LBS/D	*****	16	16	MG/L	4	1/90	CP
	PERMIT REQUIREMENT	MD AVG	DAILY MX	LBS/D	*****	MD AVG	DAILY MX	MG/L			
NITROGEN, TOTAL (AS N) 00600 1 0 0 EFFLUENT GROSS VALU	*****	*****	*****	*****	*****	38	38	MG/L	4	1/90	CP
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L			
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 2 0 EFFLUENT GROSS VALU	*****	0.001	38.001	LBS/D	*****	0.5	0.5	MG/L	4	1/90	CP
	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/D	*****	30DA AVG	DAILY MX	MG/L			
PHOSPHORUS, TOTAL (AS P) 00685 1 0 0 EFFLUENT GROSS VALU	*****	*****	*****	*****	*****	2.3	2.3	MG/L	4	1/90	CP
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALU	*****	0.001	0.002	MGD	*****	*****	*****	*****	4	CN	CN
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	*****	*****	*****	*****			

**NAME/TITLE PRINCIPAL EXECUTIVE OFFICER**  
 Gregg A. Hertzler PE  
 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.

*Gregg A. Hertzler*  
**SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT**

**TELEPHONE**  
 502 546-6600  
**DATE**  
 12 02 16  
**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)

*\* Revised \**

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

KY0044261  
PERMIT NUMBER

001 I  
DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY

FROM TO

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

JEFF

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			
CHLORINE, TOTAL RESIDUAL 50060 1 Q 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	20.010 16.519	20.010 16.519	MG/L	4	1/1	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	30 DA AVG	DAILY MAX	MG/L			
E. COLI 51040 1 Q 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	1	1	100M	4	1/90	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	30 DA DEC	7 DA DEC	100M			
BOD, CARBONACEOUS 50082 1 Q 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.01	0.01	LB/D	*****	4	4	MG/L	4	1/90	CP
	PERMIT REQUIREMENT	MD AVG	DAILY MAX	LB/D	*****	MD AVG	DAILY MAX	MG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
Greg C. Anteman PE  
Anteman 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.

*Ken Thayer*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 502.646.6000  
DATE 7/2 02 16  
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).

