



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)

May 13, 2013

Cheryl Edwards  
Kentucky Division of Water  
200 Fair Oaks Lane  
Frankfort, Kentucky 40601

**Re: MSD Metro Operations  
Glenview Bluff WTP  
KPDES No.: KY0044261  
Discharge Monitoring Reports for the– Second Quarter of 2013.**

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 Second quarter 2013.

There are no exceedences, overflows or bypass report forms for this quarter.

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 04/13.

Enclosures

cc: T. Singleton  
R. Shaw



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

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: KEVIN RIES

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

Form Approved  
 OMB No. 2040-0004

KY0044261	001-1
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
4/1/2013	6/30/2013

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 pH	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	7 INST MIN	*****	*****	mg/L		29/90	GR
00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	6	*****	7				
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		29/90	GR
00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.08	0.08			14	14				
	PERMIT REQUIREMENT	2.5 MO AVG	3.75 DAILY MX	lb/d	*****	30 MO AVG	45 DAILY MX	mg/L		1/90	CP
00600 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	38	38				
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		1/90	CP
00610 1 1 Effluent Gross	SAMPLE MEASUREMENT	0.003	0.003		*****	0.6	0.6				
	PERMIT REQUIREMENT	.33 30DA AVG	.5 DAILY MX	lb/d	*****	4 30DA AVG	6 DAILY MX	mg/L		1/90	CP
00610 1 2 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
	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	*****	*****	*****	*****	2.5	2.5				
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		1/90	CP

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 persons 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  Kevin RIES	TELEPHONE	DATE	
			502-546-6000	05/13/2013	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		ARZA Code		NUMBER	MM/DD/YYYY
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

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: KEVIN RIES

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

Form Approved  
 OMB No. 2040-0004

KY0044261	001-1
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
4/1/2013	6/30/2013

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			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.001	0.002		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****	0	CN	CN
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****		Quarterly	INSTAN
50080 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	30/90	GR
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****		Quarterly	GRAB
51040 1 0 Effluent Gross.	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	1/90	GR
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****		Quarterly	GRAB
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	2.09 MO AVG	3.13 DAILY MX	lb/d	*****	*****	*****	*****	0	1/90	CP
	SAMPLE MEASUREMENT	0.01	0.01		*****	*****	*****	*****		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.	TELEPHONE  502-540-6000	DATE
			5/13/2013
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Kevin RIES		AREA Code	NUMBER
			MM/DD/YYYY

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

