March 20, 2007

Ms. Kathy Thurman
Kentucky Division of Water
14 Reilly Road
Frankfort, Kentucky 40601

Re: MSD Metro Operations
Glenview Acres WTP; KPDES No.: KY0022462
Discharge Monitoring Reports – March 2007

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Glenview Acres WTP; KPDES No.: KY0022462 for the month of March 2007.

If you have any questions concerning the attached DMRs, please contact me at (502)241-9093

Sincerely,

John Kessel
Process Supervisor, East Region

JMK/Glenview Acres 0307

Enclosures

cc: M. Mudd (DOW Louisville)
        E. Brady
        T. Singleton
        P. Burgin
        R. Shaw

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

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

NAME   GLENVIEW ACRES STP MSD
ADDRESS C/O LOUISVILLE/JEFF CO MSD
       4522 ALGONQUIN PKWY
       LOUISVILLE   KY 40211-2497
FACILITY GLENVIEW ACRES STP MSD
LOCATION LOUISVILLE   KY
ATTN   ALEX E NOVAK, OPER MGR

KY0022462		001 2
PERMIT NUMBER		**DISCHARGE NUMBER**

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

	MONITORING PERIOD					
	YEAR	MO	DAY	YEAR	MO	DAY
FROM	07	03	01	TO	07	03	31

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****		7.8	*****	*****	(17)	0	1/3,	Grab
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*** ***	7 INST MIN	*****	*****	MG/L		ONCE/ MONTH	GRAB
PH	SAMPLE MEASUREMENT	*****	*****		6.9	*****	6.9	(12)	0	1/3,	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*** ***	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	0.93	0.93	(26)	*****	14.0	14.0	(17)	0	1/3,	Comp
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	3.00 30DA AVG	6.00 DAILY MX	LBS/DY	*****	30 30DA AVG	60 DAILY MX	MG/L		ONCE/ MONTH	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.02	0.02	(26)	*****	0.34	0.34	(17)	0	1/3,	Comp
00610 1 2 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.00 30DA AVG	2.00 DAILY MX	LBS/DY	*****	10 30DA AVG	20 DAILY MX	MG/L		ONCE/ MONTH	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.007	0.008	(03)	*****	*****	*****		0	5/7	Inst
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	*****	*****	*****	**** ****		WEEK/ DAYS	INSTAN
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	17.0	17.0	(13)	0	1/3,	Grab
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*** ***	*****	200 30DA GEO	400 7 DA GEO	#/ 100ML		ONCE/ MONTH	GRAB
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	0.20	0.20	(26)	*****	3.0	3.0	(17)	0	1/3,	Comp
80082 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	3.00 30DA AVG	6.00 DAILY MX	LBS/DY	*****	30 30DA AVG	60 DAILY MX	MG/L		ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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		DATE		
H.J. Schneider							
Exec. Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	502	241-9693	07	04	19
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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