

**MSD**

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

June 25, 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 – May 2007**

Dear Ms. Thurman:

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

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

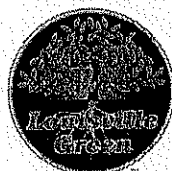
Sincerely,

John Kessel  
Process Supervisor, East Region

JMK/Glenview Acres 0507

Enclosures

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



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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
 NAME GLENVIEW WICKER STP MSD  
 ADDRESS 677 LOUISVILLE/JEFF CO MSD  
 4302 ALQUIN HWY  
 LOUISVILLE KY 40211-2497  
 FACILITY GLENVIEW WICKER STP MSD  
 LOCATION LOUISVILLE KY  
 ATTN: ALEX E NOVAK OPER MGR

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

KY0022662  
 PERMIT NUMBER  
 0012  
 DISCHARGE NUMBER

MINOR  
 (SUBR LV)  
 F - FINAL  
 SANITARY WASTEWATER  
 EFFLUENT

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	05	01		07	05	31

\*\*\* NO DISCHARGE 1 1 \*\*\*

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			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****		7.6	*****	*****	( 19 )	0	1/31	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	INST MIN	*****	*****	MG/L		MONTH	
PH	SAMPLE MEASUREMENT	*****	*****		6.9	*****	6.9	( 12 )	0	1/31	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	MINIMUM	*****	MAXIMUM	EU		MONTH	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	0.40	0.40	( 26 )	*****	6.0	6.0	( 19 )	0	1/31	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	3.00	6.00	LBS/DY	*****	30	60	MG/L		MONTH	
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.004	0.004	( 26 )	*****	0.06	0.06	( 19 )	0	1/31	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.40	0.50	LBS/DY	*****	30	60	MG/L		MONTH	
FLOW, THROUGH TREATMENT PLANT	SAMPLE MEASUREMENT	0.007	0.008	( 03 )	*****	*****	*****		0	5/2	Inst.
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	***		DAYS	
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	13	13	( 13 )	0	1/31	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	300	400	1/		MONTH	
BOD, CARBONACEOUS 5 DAY, 20C	SAMPLE MEASUREMENT	0.07	0.07	( 26 )	*****	1.0	1.0	( 19 )	0	1/31	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	3.00	6.00	LBS/DY	*****	30	60	MG/L		MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Alex Novak H.S. Schwan	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 341 1043	DATE		
			AREA CODE	NUMBER	YEAR

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