



**MSD**

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

September 11, 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 – August 2007**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Glenview Acres WTP; KPDES No.: KY0022462 for the month of August 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 0807

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 ACRES STP MSD

ADDRESS C/O CEDAR CREEK STP  
8405 CEDAR CREEK RD  
LOUISVILLE KY 40211

FACILITY GLENVIEW ACRES STP MSD

LOCATION LOUISVILLE KY 40222

ATTN: DENNIS THOMASSON

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

KY0022462  
PERMIT NUMBER

001 2  
DISCHARGE NUMBER

MINOR

(SUBR LV)

F - FINAL

SANITARY WASTEWATER  
EFFLUENT

\*\*\* NO DISCHARGE [ ] \*\*\*

NOTE: Read instructions before completing this form.

MONITORING PERIOD						
YEAR	MO.	DAY	TO	YEAR	MO.	DAY
07	06	01		07	06	01

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	*****	*****		7.8	*****	*****	( 17)	0	1/31	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****			1/31	Grab
PH	00400 1 0 0	*****	*****		6.9	*****	6.9	( 12)	0	1/31	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	SU		1/31	Grab
SOLIDS, TOTAL SUSPENDED	00500 1 0 0	0.93	0.93	( 25)	*****	14.0	14.0	( 17)	0	1/31	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	3.00	5.00	LBS/DY	*****	30	50			1/31	Comp
NITROGEN, AMMONIA TOTAL (AS N)	00610 1 1 0	0.40	0.80	( 25)	*****	0.34	0.34	( 17)	0	1/31	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L		1/31	Comp
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	60050 1 0 0	0.007	0.009	( 03)	*****	*****	*****		0	3/7	Inst.
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	***		3/7	Inst.
COLIFORM, FECAL GENERAL	74055 1 0 0	*****	*****	***	*****	1.0	1.0	( 15)	0	1/31	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30DA GED	7 DA GED	100ML		1/31	Grab
BOD, CARBONACEOUS 5 DAY, 20C	80082 1 0 0	0.20	0.20	( 25)	*****	3.0	3.0	( 17)	0	1/31	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	3.00	5.00	LBS/DY	*****	30	50			1/31	Comp

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

H.J. Schaefer  
Exec 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

AREA CODE

NUMBER

YEAR

MO

DAY

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