



MSD

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

May 22, 2007

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

**Re: MSD Metro Operations
Glenview Bluff WTP
KPDES No.: KY0044261
Discharge Monitoring Reports – April 2007**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Glenview Bluff WTP, KPDES No.: KY0044261 for the Second quarter of 2007.

If you have any questions concerning the attached DMRs, please contact me at (502)540-6035.

Sincerely,

John Kessel
Process Supervisor, East Region

JMK/Glenview Bluff 0407

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 CLAYTON BLUFF STP MSD
 ADDRESS 670 LOUISVILLE/JEFF CO MSD
 4512 ALDRICH HWY
 LOUISVILLE KY 40211-2497
 FACILITY CLAYTON BLUFF STP MSD
 LOCATION LOUISVILLE KY 40222
 CITY ALEXANDRIA, MISSISSIPPI

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

KY0044261
 PERMIT NUMBER

001
 DISCHARGE NUMBER

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

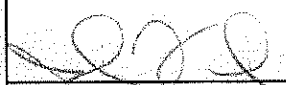
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	04	01		07	05	31

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	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	*****	*****		7.9	*****	*****	(14)	0	1/91	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L			
PH	SAMPLE MEASUREMENT	*****	*****		6.8	*****	6.8	(12)	0	1/91	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	SU			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	0.50	0.50	(20)	*****	12.0	12.0	(14)	0	1/91	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30	60	MG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 H.S. Scherwin
 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		
508	241-9693	07	05	22
AREA CODE	NUMBER	YEAR	MO	DAY

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
 NAME: CLEAR EFFLUENT STP MSD
 ADDRESS: 470 LOUISVILLE/JEFF CO MSD
 4552 KUGERGUIN PKWY
 LOUISVILLE KY 40211-2497
 FACILITY: CLEAR EFFLUENT STP MSD
 LOCATION: LOUISVILLE KY 40222
 ATTN: ALEX BONDVAK, OPER MGR

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

KY0044261
 PERMIT NUMBER

001 1
 DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	05	22				

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			
NITROGEN AMMONIA (TOTAL AS N)	SAMPLE MEASUREMENT	0.01	0.01	(25)	*****	0.17	0.17	(19)	0	1/yr	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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TELEPHONE		DATE		
502	241-9693	07	05	22
AREA CODE	NUMBER	YEAR	MO	DAY

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
 NAME C/O JEFF BROWN/STP WSD
 ADDRESS C/O LOUISVILLE/JEFF CO WSD
 4522 ALABAMA HWY
 LOUISVILLE KY 40211-2497
 FACILITY JEFF BROWN STP WSD
 LOCATION LOUISVILLE KY 40222
 WITH ALEX SANDRA FOR NOR

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

KY0044261
 PERMIT NUMBER

001
 DISCHARGE NUMBER

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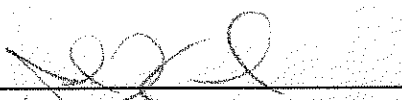
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	07	27		07	08	27

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			
THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.004	0.005	(03)	*****	*****	*****		0	3/2	Inst.
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	INST MAX	MGD	*****	*****	*****	***			
GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	1.0	1.0	(13)	0	1/95	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	30DA GED	7 DA GED	100ML			
05 DAY 200	SAMPLE MEASUREMENT	0.08	0.08	(25)	*****	2.0	2.0	(17)	0	1/91	Loop
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MAX	LBS/DY	*****	30DA AVG	DAILY MAX	MG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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 Exec. Director
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TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
502	241-9093	07	05	22

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