



MSD

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

August 26, 2008

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 – 3rd Quarter of 2008**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Glenview Bluff WTP, KPDES No.: KY0044261 for the Third Quarter of 2008.

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 0708

Enclosures

cc: C. Roth (DOW Louisville)
T. Singleton
P. Burgin
R. Shaw



*Beneficial Use of Louisville's Biosolids
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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

Form Approved
OMB No. 2040-0004

NAME GLENVIEW BLUFF STP MSD
ADDRESS C/O CEDAR CREEK STP
8405 CEDAR CREEK RD
LOUISVILLE KY 40211
CITY GLENVIEW BLUFF STP MSD
LOUISVILLE KY 40222
ATTN: DENNIS THOMASSON, SR METRO OPS

KY0044261
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MINOR
(SUBR LV)
F - FINAL JEFFE
SANITARY WASTEWATER
EFFLUENT
*** NO DISCHARGE I [] ***
NOTE: Read instructions before completing this form.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	07	01		08	09	30


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	*****	*****		7.8	*****	*****	(19)	0	1/2	Grab
0300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	7 INST MIN	*****	*****	MG/L			OTRLY GRAB
PH	SAMPLE MEASUREMENT	*****	*****		6.8	*****	*****	(12)	0	1/2	Grab
0400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	BU			OTRLY GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	0.18	0.18	(26)	*****	7.0	7.0	(19)	0	1/2	Comp
0530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.50 30DA AVG	5.00 DAILY MX	LBS/DY	*****	30	60	MG/L			OTRLY COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.003	0.003	(26)	*****	0.11	0.11	(19)	0	1/2	Comp
0610 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.33 30DA AVG	0.66 DAILY MX	LBS/DY	*****	4	8	MG/L			OTRLY COMPOS
FLOW, IN CONDUIT OR HRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.003	0.004	(03)	*****	*****	*****		0	5/7	Inst
0050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	*****	*****	*****	****			WEEKLY INSTAN
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	2.0	2.0	(13)	0	1/2	Grab
4055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	200 30DA GED	400 7 DA GED	100ML			OTRLY GRAB
OD, CARBONACEOUS 5 DAY, 20C	SAMPLE MEASUREMENT	0.18	0.18	(26)	*****	7.0	7.0	(19)	0	1/2	Comp
0082 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.50 30DA AVG	5.00 DAILY MX	LBS/DY	*****	30	60	MG/L			OTRLY COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

H.S. Schaefer Jr

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
502	510-6000	08	08	25

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