



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

June 18, 2009

Ms. Carolena Bentley
DMR Coordinator
200 Fair Oaks Lane
Frankfort, Kentucky 40601

**Re: MSD Metro Operations
Glenview Bluff WTP
KPDES No.: KY0044261
Discharge Monitoring Reports – June 2009**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports and the Monthly Operator Report (DMRs) for the Glenview Bluff WTP, KPDES No.: KY0044261 for the second quarter of 2009.

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

Sincerely,

D.J Rheinlaender
Process Supervisor, East Region

DJR/Glenview Bluff 0109

Enclosures

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



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

NAME OLONVIEW BLUFF STP MSD
ADDRESS 670 CEDAR CREEK STP
6415 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY OLONVIEW BLUFF STP MSD
LOCATION LOUISVILLE KY 40222
ATTN DENNIS THOMASSON SR METRO DPE

KY004426
PERMIT NUMBER

0011
DISCHARGE NUMBER

MINOR
(SUSH LV)
F - FINAL
SANITARY WASTE WATER
EFFLUENT
*** NO DISCHARGE ***

JEFFE

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

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW IN CONDUIT OR THRU TREATMENT PLANT 80050 : 0 0 EFFLUENT GROSS VALUE	0.002	0.013			*****	*****	*****		0	CN	CN
	PERMIT REQUIREMENT	30DA AVG	INST MAX	MGD	*****	*****	*****	****		WEEKLY	INST MAX
COLIFORM, FECAL GENERAL 74055 : 0 0 EFFLUENT GROSS VALUE	*****	*****			*****	1	1		0	1/96	CR
	PERMIT REQUIREMENT	*****	*****	***	*****	30DA GEO	7 DA GEO	100ML		WEEKLY	FORM
DOB. CARBONACEOUS 05 DAY, 200 80082 : 0 0 EFFLUENT GROSS VALUE	1.04	1.04			*****	7	7		0	1/96	CP
	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30	50			WEEKLY	COMPLE
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Exec. Off
H. J. Schwab Jr

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

502 546 6666

07 06 16

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 BLINVIEW BLUFF STP MSD
 ADDRESS C/O CEDAR CREEK STP
 8405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY BLINVIEW BLUFF STP MSD
 LOCATION LOUISVILLE KY 40222
 ATTN: DENNIS THOMASSON, SR METRO OPS

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

PERMIT NUMBER KY0044281
 DISCHARGE NUMBER 0011

MINOR (SUBR LV)
 F - FINAL
 SANITARY WASTEWATER EFFLUENT
 *** NO DISCHARGE 1-1-96 ***

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
97	07	01		97	08	30

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 (DD) 00300 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		9	*****	*****	(17)		1/96	GR
	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L			
PH 00400 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.2	*****	6.2	(12)		1/96	GR
	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	SU			
SOLIDS TOTAL SUSPENDED 00500 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.12	0.12	(25)	*****	12	12	(17)		1/96	CP
	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 H. J. Schardin, IV
 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 301 546 0000
 DATE 09 06 16
 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 GLANVIEW BLUFF STP MSD
 ADDRESS 070 CEDAR CREEK STP
 8409 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY GLANVIEW BLUFF STP MSD
 LOCATION LOUISVILLE KY 40222
 P-TIN DENNIS THOMASSON, SR METRO DPS

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

PERMIT NUMBER: KY0044261
 DISCHARGE NUMBER: 0011
 MONITORING PERIOD:
 FROM YEAR 07 MO 04 DAY 01 TO YEAR 07 MO 04 DAY 30

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

Form Approved
 OMB No. 2040-0004

JEPPE

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	0.11	0.11	LBS/DY	*****	0.1	0.1	MG/L		1/16 CP	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L		DAILY COMPLE	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Exec. Dir.
 A. J. Whardin Jr.
 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: 502 546 6886
 DATE: 09 06 16
 AREA CODE NUMBER YEAR MO DAY

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

Glenview Bluff

Report for

Apr-09

Tot. Exc.=

0

Tot. Flow= 0.050

Concentrations

Pounds

Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
4/1/09	0.000035								
4/2/09	0.00318								
4/3/09	0.000636								
4/4/09	0.000438								
4/5/09	0.001003								
4/6/09	0.00075								
4/7/09	0.000742								
4/8/09	0.000742								
4/9/09	0.000918								
4/10/09	0.000888								
4/11/09	0.000845								
4/12/09	0.001217								
4/13/09	0.000925								
4/14/09	0.000767	18	7	0.17	1	0.115	0.045	0.001	3.75
4/15/09	0.000767								
4/16/09	0.000665								
4/17/09	0.001012								
4/18/09	0.001015								
4/19/09	0.001464								
4/20/09	0.000908								
4/21/09	0.000708								
4/22/09	0.000848								
4/23/09	0.001103								
4/24/09	0.000935								
4/25/09	0.001053								
4/26/09	0.00146								
4/27/09	0.000947								
4/28/09	0.000776								
4/29/09	0.00906								
4/30/09	0.01302								
5/1/09									
Average	0.002	18.00	7.00	0.17	1.00	0.115142	0.04	0.00	3.75
Maximum	0.013	18.00	7.00	0.17	1.00	0.12	0.04	0.00	3.75