

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

July 28, 2010

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 - Second Quarter 2010.

Dear Ms. Bentley:

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 2010.

There are no overflow reports or bypass reports for this month.

There were 6 exceedances for the second quarter of 2010. Two exceedances were for E. coli. (30 day geometric mean and 7 day geometric mean), two exceedances were for total Nitrogen for concentration of monthly average and daily maximum, and the other two exceedances were for residual chlorine for the monthly average and daily maximum. Samples for E. coli. and total Nitrogen samples were taken, however the samples unfortunately mislabeled and not analyzed. Historically, MSD has not had a permitted residual chlorine limits for this plant and therefore have not set up a dechlorination process for this plant. The current permit went into effect January 2010. Upon discovery of this oversight, MSD contacted Division of Water personnel and informed them of the situation. At this time, MSD is evaluating and reviewing the options on how to best address this issue.

If you have any questions concerning the attached DMRs, please contact me at (502) 587-5856.

Sincerely,

Duane V. Wright

Process Supervisor, Central Region

DJR/Glenview Bluff 0610

Enclosures



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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME

GLENVIEW BLUFF WOTC MSD

ATTM: DENNIS THOMASSON, OR METRO OPS

ADDRESS C/O CEDAR CREEK-WOTC 8405 CEDAR CREEK RD

LOUISVILLE

KY 40211

FACILITY OLENVIEW SLUFF WOTO MED LOCATION LOUISVILLE

KY 4022Z

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR) MINOR (SUBR LV) Form Approved. OMB No. 2040-0004

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EFFLUENT

*** NO DISCHARGE !__ ! ***

NOTE: Read Instructions before completing this form.

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

GLENVIEW BLUFF WOTO MED

ADDRESS C/D CEDAR CREEK WOTC

BAOS CEDAR CREEK RD

LOCATION LUUISVILLE

KY 40211 LOUISVILLE

FACILITY GLENVIEW BLUFF WOTO MED

KY 40222

ATTN: DENNIS THOMASSON, SR METRO OPS

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

MONITORING PERIOD

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F - FINAL SANITARY WASTEWATER

EFFLUENT

*** NO DISCHARGE (___ | ***

NOTE: Read Instructions before completing this form.

Form Approved.

OMB No. 2040-0004

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Form Approved. PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NATIONAL POLLUTANT/DISCHARGE ELIMINATION SYSTEM (NPDES) OMB No. 2040-0004 DISCHARGE MONITORING REPORT (DMR) WLENVIEW BLUFF WOTC MED MINDR (SUBR LV) ADDRESS C/O CEDAR CREEK WOTO 経文の自身体制を1 F - FINAL JEFFE 8405 CEDAR CREEK RD **PERMIT NUMBER** DISCHARGE NUMBER SAMITARY WASTEWATER KY 40211 LOUISVILLE **MONITORING PERIOD** EFFLUENT FACILITY OLENVIEW BLUFF WOTO MED YEAR MO. DAY YEAR MO. DAY *** NO DISCHARGE ! ! *** LOCATION LOUISVILLE MY 40222 **FROM** TO ATTN: DENMIS THOMASSON, OR METRO OPS NOTE: Read Instructions before completing this form. NO. FREQUENCY SAMPLE PARAMETER **QUANTITY OR LOADING QUALITY OR CONCENTRATION** EΧ TYPE **ANALYSIS AVERAGE** MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS MITROGEN, AMMONIA (量6) 1 1,77 **SAMPLE** TOTAL (AS M) MEASUREMENT ಿ ೦. ಅತಿ 大学学士学会 00610 I E 0 PERMIT DAILY MX MOZE BUDA AVG EFFLUENT GROSS VALUE REQUIREMENT BODA AVG DAILY MX LBS/DY SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT

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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.

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

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Form Approved. PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) OMB No. 2040-0004 DISCHARGE MONITORING REPORT (DMR) GLENVIEW BLUFF WOTC MED MIMOR ADDRESS C/O CEDAR CREEK WOTC KY0044251 (SUBR LV) GG L F - FINAL 6405 CEDAR GREEK RD PERMIT NUMBER DISCHARGE NUMBER JEFFE LOUISVILLE KY 40211 SANITARY WASTEWATER **MONITORING PERIOD** FACILITY GLENVIEW BLUFF WRTC MSD EFFLUENT YEAR MO DAY YEAR MO. DAY. LOCATION LOUISVILLE *** NO DISCHARGE ! ! *** KY 40222 FROM ATTM: DENNIS THOMASSON, SR METRO OPS NOTE: Read Instructions before completing this form. FREQUENCY **PARAMETER** QUANTITY OR LOADING NO. SAMPLE QUALITY OR CONCENTRATION OF EX TYPE **ANALYSIS AVERAGE** MAXIMUM UNITS MINIMUM **AVERAGE** MAXIMUM UNITS AMMONIA 本をおかかが MITROGEN, 1 2251 र १५७७ SAMPLE MEASUREMENT TOTAL (AS N) U. BB 00610 Ĭ. PERMIT さななななな 門母人上 EFFLUENT GROSS VALUE REQUIREMENT DAILY MX LBEZDY BUDA AVG DAILY MX GVA ACCE SAMPLE MEASUREMENT PERMIT REQUIREMENT NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were TELEPHONE DATE prepared under my direction or supervision in accordance with a system designed EARER'S XIN to assure that qualified personnel properly gather and evaluate the information

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

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including the possibility of fine and imprisonment for knowing violations.

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NUMBER

SIGNATURE OF PRINCIPAL EXECUTIVE

OFFICER OR AUTHORIZED AGENT

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