MSD
Metropolitan Sewer District

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

March 18, 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 – first Quarter 2010.

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 first quarter of 2010.

There are no exceedences, Overflow reports or Bypass reports for this month.

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

Sincerely,

D.J Rheinlaender
Process Supervisor, East Region

DJR/Glenview Bluff 0310

Enclosures

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

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME
ADDRESS C/O CEDAR CREEK WQTC
FACILITY LOUISVILLE KY 40213
LOCATION LOUISVILLE KY 40222

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

PERMIT NUMBER | DISCHARGE NUMBER

MINOR
MAJOR
F - FINAL
SANITARY WASTEWATER
EFFLUENT
*** NO DISCHARGE ***

MONITORING PERIOD FROM YEAR MO DAY TO YEAR MO DAY

Form Approved.
OMB No. 2040-0004

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		7.7	******	******		C	1/WK	GR
	PERMIT REQUIREMENT	******	******	****	7.0 INST MIN	******	******	MG/L		1/QTRLY	GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.7	******	5.4		C	1/WK	GR
	PERMIT REQUIREMENT	******	******	****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		1/QTRLY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.92	0.99		******	13	13		C	1/WK	24
	PERMIT REQUIREMENT	2.50 MO AVG	3.75 DAILY MX	LBS/DY	******	30 MO AVG	45 DAILY MX	MG/L		1/QTRLY	COMP24
NITROGEN, TOTAL (AS N) 00600 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	19	20		C	1/WK	24
	PERMIT REQUIREMENT	******	******	****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		1/QTRLY	COMP24
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.41	0.41		******	0.3	0.3		C	1/WK	24
	PERMIT REQUIREMENT	0.93 30DA AVG	1.29 DAILY MX	LBS/DY	******	10.0 30DA AVG	15.0 DAILY MX	MG/L		1/QTRLY	COMP24
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	3.4	3.4		C	1/WK	24
	PERMIT REQUIREMENT	******	******	****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		1/QTRLY	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.664	0.693		******	******	******		C	1/D	1/D
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	******	******	******	****		1/QTRLY	INSTAN

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
	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.					
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

TOTAL NITROGEN-TKN (AS N) AND NITRATE/NITRITE (AS N)

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME [illegible] MSD
ADDRESS C/O CEDAR CREEK WWTC
9615 CEDAR CREEK RD
LOUISVILLE KY 40241
FACILITY
LOCATION LOUISVILLE KY 40222

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

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
KY0041261	001

MINOR
(SUBL [illegible]
F - FINAL
SANITARY WASTEWATER
EFFLUENT
*** NO DISCHARGE [illegible]

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	10	04	01	TO	10	03	31

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******	[illegible]	[illegible]	(19)			
50060 1 0 0	PERMIT REQUIREMENT	******	******	****	******	0.011 30DA AVG	0.019 DAILY MX	MG/L		STRLY	GRAB
E. COLI	SAMPLE MEASUREMENT	******	******		******	1	1	(13)			
51040 1 0 0	PERMIT REQUIREMENT	******	******	****	******	130 30DA GEO	240 7 DA GEO	#/100ML		STRLY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	2.07	2.17	(26)	******	4	4.3	(19)			
80082 1 1 0	PERMIT REQUIREMENT	2.07 MO AVG	3.13 DAILY MX	LBS/DY	******	25 MO AVG	37.5 DAILY MX	MG/L		STRLY	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
EXEC. DIR	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]	AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	502	[illegible]	10	4	17

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
TOTAL NITROGEN (As N) AND NITRATE/NITRITE (As N)

Glenview Bluff Report for **Feb-10** Tot. Exc.= 0

Tot. Flow= 0.000 Concentrations Pounds

Date	Flow	TSS	BOD	NH3	Ecoli	TSS	BOD	NH3	Tot. Phos.	Tot. N
2/1/10										
2/2/10										
2/3/10										
2/4/10										
2/5/10										
2/6/10										
2/7/10										
2/8/10										
2/9/10										
2/10/10					1					
2/11/10										
2/12/10										
2/13/10										
2/14/10										
2/15/10										
2/16/10										
2/17/10										
2/18/10										29
2/19/10										
2/20/10										
2/21/10										
2/22/10										
2/23/10										
2/24/10										
2/25/10										
2/26/10										
2/27/10										
2/28/10										
3/1/10										
3/2/10										
3/3/10										
Average	0.000	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	29.00
Maximum	0.000	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	29.00
	0	0	0	0	0	0	0	0		

Glenview Bluff Report for **Jan-10** Tot. Exc.= 0

Tot. Flow= 0.055 Concentrations Pounds

Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
1/1/10	0.002								
1/2/10	0.002								
1/3/10	0.003								
1/4/10	0.002								
1/5/10	0.002								
1/6/10	0.003								
1/7/10	0.002	13	4.33	0.34		0.217	0.072	0.006	3.41
1/8/10	0.002								
1/9/10	0.002								
1/10/10	0.002								
1/11/10	0.002								
1/12/10	0.002								
1/13/10	0.002								
1/14/10	0.002								
1/15/10	0.002								
1/16/10	0.002								
1/17/10	0.002								
1/18/10	0.002								
1/19/10	0.001								
1/20/10	0.002								
1/21/10	0.002								
1/22/10	0.001								
1/23/10	0.002								
1/24/10	0.002								
1/25/10	0.001								
1/26/10	0.001								
1/27/10	0.001								
1/28/10	0.001								
1/29/10	0.001								
1/30/10	0.001								
1/31/10	0.001								
Average	0.002	13.00	4.33	0.34	0.00	0.22	0.07	0.01	3.41
Maximum	0.003	13.00	4.33	0.34	0.00	0.22	0.07	0.01	3.41
	0	0	0	0	0	0	0	0	

GLENVIEW BLUFF ST
C/O ERIC G. BRADY
4522 ALGONQUIN PK
LOUISVILLE KY
GLENVIEW BLUFF ST
LOUISVILLE KY 40
ATTN: H. J. SCHARDI

OXYGEN, DISSOLVEI
(DO)
00300 1 0 0
EFFLUENT GROSS V
pH

00400 1 0 0
EFFLUENT GROSS V
SOLIDS, TOTAL
SUSPENDED
00530 1 0 0
EFFLUENT GROSS V
NITROGEN, AMMONI
TOTAL (AS N)
00610 1 1 0
EFFLUENT GROSS V
FLOW, IN CONDUIT C
THRU TREATMENT P
50050 1 0 0
EFFLUENT GROSS V
COLIFORM, FECAL
GENERAL
74055 1 0 0
EFFLUENT GROSS V
BOD, CARBONACEOI
05 DAY, 20 C
80082 1 0 0
EFFLUENT GROSS V