R/S

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 8th, 2011

Ms. Crystal Thompson
DMR Coordinator
200 Fair Oaks Lane
Frankfort, Kentucky 40601

Re: MSD Metro Operations
Glenview Bluff WTP
KPDES No.: KY0044261
Discharge Monitoring Reports –Third Quarter of 2010

Dear Ms. Crystal Thompson

We recently, discovered that the DMR,s that were mailed out had incomplete data. Attached are the revised DMR's

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

Sincerely,

Richard Mills

Richard Mills
Process Supervisor, East Region

RWM/Glenview Bluff 2010

Enclosures

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

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME GLENVIEW BLUFF WSTC MSD
ADDRESS C/O CEDAR CREEK WSTC
8405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY GLENVIEW BLUFF WSTC MSD
LOCATION LOUISVILLE KY 40222
ATTN: DENNIS THOMASSON, SR METRO OPS

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

KY0024261 — PERMIT NUMBER
001 L — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	90	09	01	TO	90	09	30

MINOR
(BURR LV)
F - FINAL
SANITARY WASTEWATER
EFFLUENT
*** NO DISCHARGE [ ] ***

JEFF

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		7.2	******	******	(19)	0	13/90	GR
	PERMIT REQUIREMENT	******	******	*****	7.0 INST MIN	******	******	MG/L		WEEKLY	GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.4	******	8.2	(12)	0	13/90	GR
	PERMIT REQUIREMENT	******	******	*****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.08	0.08	(26)	******	10	10	(19)	0	01/90	CP24
	PERMIT REQUIREMENT	2.50 MO AVG	3.75 DAILY MX	LBS/DY	******	30 MO AVG	45 DAILY MX	MG/L		WEEKLY	COMPOSITE
NITROGEN, TOTAL (AS N) 00600 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	28	28	(19)	Ø	01/90	CP24
	PERMIT REQUIREMENT	******	******	*****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		WEEKLY	COMPOSITE
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.003	0.003	(26)	******	0.3	0.3	(19)	0	01/90	CP24
	PERMIT REQUIREMENT	0.33 30DA AVG	0.50 DAILY MX	LBS/DY	******	3.0 30DA AVG	6.0 DAILY MX	MG/L		WEEKLY	COMPOSITE
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	0.43	0.43	(19)	0	01/90	CP24
	PERMIT REQUIREMENT	******	******	*****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		WEEKLY	COMPOSITE
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.001	0.004	(03)	******	******	******	****	0	1/90	CN
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	******	******	******	****		CONTINUOUS	CONTIN

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
HJ Schaefer Jr	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.	Richard Mills	502	540-6000	10	10	06
Exec. Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED							

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
TOTAL NITROGEN (AS N) AND NITRATE/NITRITE (AS N) See Cover Letter

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME GLENVIEW BLUFF WATC MSD
ADDRESS C/O CEDAR CREEK WATC
8405 CEDAR CREEK RD
LOUISVILLE KY 40291
FACILITY GLENVIEW BLUFF WATC MSD
LOCATION LOUISVILLE KY 40222
ATTN DENNIS THOMASSON, SR METRO OPR

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

OMB No. 2040-0004

KY0044261 | PERMIT NUMBER
001 3 | DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	07	01	TO	96	07	31

MINOR
(SUBR LV:
F - FINAL
SANITARY WASTEWATER
EFFLUENT
*** NO DISCHARGE [ ] ***

JEFFE

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 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	2.000	2.200	(19)	2	13/90	GR
	PERMIT REQUIREMENT	******	******	**** ****	******	0.011 30DA AVG	0.017 DAILY MX	MG/L		DAILY	GRAB
E. COLI 31040 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	1	1	(13)	Ø	01/90	GR
	PERMIT REQUIREMENT	******	******	**** ****	******	130 30DA GEO	240 7 DA GEO	#/ 100ML		DAILY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.08	0.08	(26)	******	10	10	(19)	Ø	01/90	CP24
	PERMIT REQUIREMENT	2.07 MO AVG	3.10 DAILY MX	LBS/DY	******	25 MO AVG	37.5 DAILY MX	MG/L		DAILY	COMPST
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H.J. Schardein 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.

Richard Mills
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
AREA CODE: 502 | NUMBER: 540-6000

DATE
YEAR: 10 | MO: 10 | DAY: 06

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
TOTAL NITROGEN=TKN (AS N) AND NITRATE/NITRITE (AS N). See Cover Letter