



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

August 11, 2011

Cheryl Edwards
DMR Coordinator
200 Fair Oaks Lane
Frankfort, Kentucky 40601

**Re: MSD Metro Operations
Glenview Bluff WTP
KPDES No.: KY0044261
Discharge Monitoring Reports for the— Third Quarter 2011**

Dear Ms. Edwards:

Attached is the Discharge Monitoring Reports and the Monthly Operator Report (DMRs) for the Glenview Bluff WTP, KPDES No.: KY0044261 for the third quarter 2011.

There are no exceedences, bypasses or overflow report forms for this quarter.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Thompson", is written over a horizontal line.

Kevin Thompson,
Process Supervisor, East Region

RWM Glenview Bluff 7.11

Enclosures

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



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

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

NAME GLENVIEW BLUFF WQTC MSD

ADDRESS C/O CEDAR CREEK WQTC

1405 CEDAR CREEK RD

LOUISVILLE

KY 40211

FACILITY GLENVIEW BLUFF WQTC MSD

LOCATION LOUISVILLE

KY 40222

ATTN: JENNIS THOMPSON, SR METRO OPS

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

PERMIT NUMBER
KY0044231

DISCHARGE NUMBER
002 1

MINOR

(SUBR LV)

7 - FINAL

SANITARY WASTEWATER

EFFLUENT

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DAYS/1000 (DO)	SAMPLE MEASUREMENT				7.0				8	50/90	GR
00200 1 0 0	PERMIT REQUIREMENT			***	INOT MIN			MG/L			
EFFLUENT GROSS VALUE				***							
00400 1 0 0	SAMPLE MEASUREMENT				6.0		7.5		8	50/90	GR
00400 1 0 0	PERMIT REQUIREMENT			***	MINIMUM		MAXIMUM	BU			
EFFLUENT GROSS VALUE				***							
00500 1 0 0	SAMPLE MEASUREMENT	0.07	0.07			4	4		8	1/90	CP
00500 1 0 0	PERMIT REQUIREMENT	NO AVG	DAILY MX	LBS/DY		NO AVG	DAILY MX	MG/L			
EFFLUENT GROSS VALUE											
00600 1 0 0	SAMPLE MEASUREMENT					55	55		8	1/90	CP
00600 1 0 0	PERMIT REQUIREMENT			***		NO AVG	DAILY MX	MG/L			
EFFLUENT GROSS VALUE				***							
00700 1 0 0	SAMPLE MEASUREMENT	0.005	0.005			0.3	0.3		8	1/90	CP
00700 1 0 0	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
EFFLUENT GROSS VALUE											
00800 1 0 0	SAMPLE MEASUREMENT					3.3	3.3		8	1/90	CP
00800 1 0 0	PERMIT REQUIREMENT			***		NO AVG	DAILY MX	MG/L			
EFFLUENT GROSS VALUE				***							
00900 1 0 0	SAMPLE MEASUREMENT	0.001	0.002						8	CN	CN
00900 1 0 0	PERMIT REQUIREMENT	30DA AVG	DAILY MX	NMSD							
EFFLUENT GROSS VALUE											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

H.S. Schardein JR
Executive 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

Ken Thompson

TELEPHONE

502 540-6000

DATE

11 09 16

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 HLENVIEW BLUFF WATE MND

ADDRESS 070 CEDAR CREEK WOTC

0415 CEDAR CREEK RD

LOUISVILLE

KY 40211

FACILITY HLENVIEW BLUFF WATE MND

LOCATION LOUISVILLE

KY 40222

ATTN: DANNIE THOMASSEN, SR. METRO OPS

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

RY0044251

PERMIT NUMBER

001 1

DISCHARGE NUMBER

MINOR

(SUBR LV)

F - FINAL

SANITARY WASTEWATER

EFFLUENT

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
CHLORINE TOTAL	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010		8	50/90	GR
RESIDUAL	PERMIT REQUIREMENT	*****	*****	***	*****	30DA AVG	DAILY MX	MG/L			
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	72	72		8	1/90	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	30DA GED	7 DA GED	100ML			
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.03	0.03		*****	2	2		8	1/90	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MO AVG	DAILY MX	LBS/DY	*****	MO 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. Schardein JR
Executive Director

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Keri Morgan

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

502 540-6000

AREA CODE

NUMBER

DATE

11 09 16

YEAR

MO

DAY

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

TOTAL NITROGEN=TKN (AS N) AND NITRATE/NITRITE (AS N).

[illegible]