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

November 15, 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– Fourth 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 fourth 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,

Kevin Thompson,
Process Supervisor, East Region

KT/ Glenview Bluff 10.11

Enclosures

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

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

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

KY0044261	001 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO.	DAY
FROM	11	10	01	TO	11	11	01

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

JEFFS

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
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	5.3	5.3	(19)	e	1/90	CP
	PERMIT REQUIREMENT	******	******	*** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	C.001	C.002	(03)	******	******	******		e	CN	CN
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	******	******	******	*** ****			
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	<0.010	<0.010	(19)	e	8/90	GR
	PERMIT REQUIREMENT	******	******	*** ****	******	0.011 30DA AVG	0.017 DAILY MX	MG/L			
E. COLI 51040 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	1	1	(13)	D	1/90	GR
	PERMIT REQUIREMENT	******	******	*** ****	******	126 30DA GEO	240 7 DA GEO	#/ 100ML			
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	C.02	C.02	(26)	******	23	23	(19)	e	1/90	CP
	PERMIT REQUIREMENT	2.07 MO AVG	3.10 DAILY MX	LBS/DY	******	25 MO AVG	37.5 DAILY MX	MG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
H. I. Schardein Jr Executive Director	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.	Kevin Johnson	502 540-6000		11	11	15
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 GLENVIEW BLUFF WWTC MSD
ADDRESS C/O CEDAR CREEK WWTC
9405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY GLENVIEW BLUFF WWTC MSD
LOCATION LOUISVILLE KY 40222
ATTN: DENNIS THOMASSON, SR METRO OPS

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

KY0044261 — PERMIT NUMBER
001 1 — DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR -- MO. -- DAY -- TO YEAR -- MO. -- DAY --

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

JEFFE

Form Approved.
OMB No. 2040-0004

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	******	******		7.0	******	******	(17) MG/L	0	2S/90	GR
	PERMIT REQUIREMENT	******	******	*** ****	7.0 INST MIN	******	******				
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.0	******	6.8	(12) SU	0	2S/90	GR
	PERMIT REQUIREMENT	******	******	*** ****	6.0 MINIMUM	******	9.0 MAXIMUM				
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.02	0.02	(28) LBS/DY	******	20	20	(19) MG/L	0	1/90	CP
	PERMIT REQUIREMENT	2.50 MO AVG	3.75 DAILY MX		******	30 MO AVG	45 DAILY MX				
NITROGEN, TOTAL (AS N) 00600 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	37.2	37.2	(19) MG/L	0	1/90	CP
	PERMIT REQUIREMENT	******	******	*** ****	******	(ALTERN) MO AVG	(ALTERN) DAILY MX				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

Kevin Thorn
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 502 NUMBER 540-6000
DATE: YEAR 11 MO 11 DAY 15

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

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

NAME GLENVIEW BLUFF WQTC MSD

ADDRESS C/O CEDAR CREEK WQTC
8405 CEDAR CREEK RD
LOUISVILLE KY 40211

FACILITY GLENVIEW BLUFF WQTC MSD

LOCATION LOUISVILLE KY 40222

ATTN: DENNIS THOMASSON, SR METRO OPS

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

PERMIT NUMBER: KY0044261
DISCHARGE NUMBER: 001 1

MONITORING PERIOD	YEAR	MO.	DAY
FROM	--	--	--
TO	--	--	--

MINOR
(SUBR LV)
F - FINAL
SANITARY WASTEWATER
EFFLUENT
*** NO DISCHARGE |__| ***

JEFFE

Form Approved.
OMB No. 2040-0004

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			
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.001	0.001	(26)	******	0.8	0.8	(19)	0	1/90	CP
	PERMIT REQUIREMENT	0.33 30DA AVG	0.50 DAILY MX	LBS/DY	******	4.0 30DA AVG	8.0 DAILY MX	MG/L		[illegible]	[illegible]
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	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

H.J. 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]

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
502	540-6000	11	11	15
AREA CODE	NUMBER	YEAR	MO	DAY

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

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

Glenview Bluff Report for **Oct-11** Tot. Exc.= 0

Tot. Flow= 0.019

		Concentrations				Pounds				
Date	Flow	TSS	BOD	NH3	Ecoli	TSS	BOD	NH3	Tot. Phos.	Tot. N
10/1/11	0.00002									
10/2/11	0.00007									
10/3/11	0.00036									
10/4/11	0.00009	20	23	0.84	1	0.015	0.017	0.001	5.25	37.2
10/5/11	0.00007									
10/6/11	0.00095									
10/7/11	0.00068									
10/8/11	0.00059									
10/9/11	0.00075									
10/10/11	0.001									
10/11/11	0.00152									
10/12/11	0.00069									
10/13/11	0.0008									
10/14/11	0.00041									
10/15/11	0.00046									
10/16/11	0.00034									
10/17/11	0.00045									
10/18/11	0.00042									
10/19/11	0.00019									
10/20/11	0.0007									
10/21/11	0.00007									
10/22/11	0.00024									
10/23/11	0.00028									
10/24/11	0.00009									
10/25/11	0.00035									
10/26/11	0.00035									
10/27/11	0.00176									
10/28/11	0.00076									
10/29/11	0.00065									
10/30/11	0.00234									
10/31/11	0.00162									
Average	0.001	20.00	23.00	0.84	1.00	0.02	0.02	0.00	5.25	
Maximum	0.002	20.00	23.00	0.84	1.00	0.02	0.02	0.00	5.25	
	0	0	0	0	0	0	0	0		