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 19, 2012

Cheryl Edwards
Kentucky Division of Water
200 Fair Oaks Lane
Frankfort, Kentucky 40601

Re: MSD Metro Operations
Glenview Bluff WTP
KPDES No.: KY0044261
Discharge Monitoring Reports for the– Fourth Quarter of 2012.

Dear Ms. Edwards:

Attached are the Discharge Monitoring Reports and the Monthly Operator Report (DMRs) for the Glenview Bluff WTP, KPDES No.: KY0044261 for the Fourth quarter 2012.

There are no exceedences or bypass report forms for this quarter.

Also attached is an overflow report.

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 10/12.

Enclosures

cc: T. Singleton
R. Shaw

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: CEDAR CREEK WQTC
ADDRESS: 8405 CEDAR CREEK RD
LOUISVILLE, KY 40211
FACILITY: GLENVIEW BLUFF WQTC MSD
LOCATION: 3711 GLEN BLUFF RD
LOUISVILLE, KY 40222

ATTN: DENNIS THOMASSON, SR METRO OPS

KY0044261	001-1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	10/01/2012	TO	12/31/2012

DMR Mailing ZIP CODE: 40211
MINOR
(SUBR LV) JEFFE
SANITARY WASTEWATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved (DO) 00300 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******	******	7	******	******		0	29/31	GR
	PERMIT REQUIREMENT	******	******	******	7 INST MIN	******	******	mg/L		Quarterly	GRAB
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******	******	6	******	8		0	29/31	GR
	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Quarterly	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.3	0.30		******	18	18		0	1/90	CP
	PERMIT REQUIREMENT	2.5 MO AVG	3.75 DAILY MX	lb/d	******	30 MO AVG	45 DAILY MX	mg/L		Quarterly	COMP24
Nitrogen, total 00600 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******	******	******	17	17		0	1/90	CP
	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Nitrogen, ammonia total (as N) 00610 1 1 Effluent Gross	SAMPLE MEASUREMENT	0.01	0.01		******	0.5	0.5		0	1/90	CP
	PERMIT REQUIREMENT	.33 30DA AVG	.5 DAILY MX	lb/d	******	4 30DA AVG	6 DAILY MX	mg/L		Quarterly	COMP24
Nitrogen, ammonia total (as N) 00610 1 2 Effluent Gross	SAMPLE MEASUREMENT				******						
	PERMIT REQUIREMENT	.83 30DA AVG	1.25 DAILY MX	lb/d	******	10 30DA AVG	15 DAILY MX	mg/L		Quarterly	COMP24
Phosphorus, total (as P) 00665 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******	******	******	1.87	1.87		0	1/90	CP
	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Greg C. Heitzman 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.	Ken Mr	502-540-6000		12/17/2012
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Parameter 00610 - Use Season 1 for summer months (May, June, July, August, September, and October) and Season 2 for winter months (November, December, January, February March, and April); enter NODI=9 for the Season not needed.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.002	0.005		******	******	******	******	0	CN	CN
	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Quarterly	INSTAN
Chlorine, total residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******	******	******	<0.010	<0.010		0	27/31	GR
	PERMIT REQUIREMENT	******	******	******	******	.011 30DA AVG	.019 DAILY MX	mg/L		Quarterly	GRAB
E. coli 51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******	******	******	21	21		0	1/90	GR
	PERMIT REQUIREMENT	******	******	******	******	130 30DA GEO	240 7 DA GEO	#/100mL		Quarterly	GRAB
BOD, carbonaceous, 05 day, 20 C 80082 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.07	0.07		******	4	4		0	1/90	CP
	PERMIT REQUIREMENT	2.09 MO AVG	3.13 DAILY MX	lb/d	******	25 MO AVG	37.5 DAILY MX	mg/L		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Greg C. Heitzman 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.	Ken Mor	502-540-6000		12/17/2012
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TOTAL NITROGEN=TKN (AS N) AND NITRATIE/NITRITE (AS N).

Parameter 00610 - Use Season 1 for summer months (May, June, July, August, September, and October) and Season 2 for winter months (November, December, January, February March, and April); enter NODI=9 for the Season not needed.

Glenview Bluff Report for **Oct-12** Tot. Exc.= 0

Tot. Flow= 0.047

Date	Flow	Concentrations TSS	BOD	NH3	Ecoli	Pounds TSS	BOD	NH3	Tot. Phos.	Tot. N
10/1/12	0.001									
10/2/12	0.002	18	4	0.5		0.300	0.067	0.008	1.87	17.29
10/3/12	0.002				21					
10/4/12	0.002									
10/5/12	0.002									
10/6/12	0.002									
10/7/12	0.002									
10/8/12	0.002									
10/9/12	0.004									
10/10/12	0.002									
10/11/12	0.000									
10/12/12	0.000									
10/13/12	0.000									
10/14/12	0.001									
10/15/12	0.001									
10/16/12	0.001									
10/17/12	0.002									
10/18/12	0.001									
10/19/12	0.001									
10/20/12	0.001									
10/21/12	0.001									
10/22/12	0.001									
10/23/12	0.002									
10/24/12	0.005									
10/25/12	0.003									
10/26/12	0.001									
10/27/12	0.001									
10/28/12	0.000									
10/29/12	0.001									
10/30/12	0.001									
10/31/12	0.001									
Average	0.002	18.00	4.00	0.50	21.00	0.30	0.07	0.01	1.87	17.29
Maximum	0.005	18.00	4.00	0.50	21.00	0.30	0.07	0.01	1.87	17.29
	0	0	0	0	0	0	0	0		0

MSD
Metropolitan Sewer District

IMSAST0004
Overflow Report
Initiated Oct 01, 2012 12:00 AM thru Oct 31, 2012 11:59 PM

Report Selections: Excluding PPI, CSO, Excluding LAT and SSL, Result: WUS, Act Code: DISDW, DISREV

KPDES #	Facility ID	Water Quality Treatement Center	Receiving Stream of Treatment Center	Region
KY0044261	MSD0207	GLENVIEW BLUFF	UNNAMED	EAST

Facility Type	Facility ID	Facility Address	If Pump Station, Name of Pump Station:	Receiving Stream	Discharge to
SPL Sewer Treatment Plant	MSD0207	3714 GLEN BLUFF RD		UNNAMED	DITCH

Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Event Date	Problem	Result	Completed	Condition
DISDW: DRY WEATHER DISCHARGE	1571030	10/10/12 02:15 PM	SINGLETON	OPS BSHIFT EAST	REPAIRED - ISSUE RESOLVED	10/10/12	WTP PROCESS UPSET	UNAUTHORIZED DISCHARGE-WATERS	10/10/12 02:20 PM	

Spot Inspections:

Discharge Amount:	50 GAL
Cause:	SWIMMING POOL MIGHT HAVE BEEN DRAINED
Clean Up:	NO DEBRIS
Control Zone:	TEMPORARY SIGNS POSTED AROUND THE AREA
Impact:	NO IMPACT OBSERVED
Repair:	DRAINED STATION AND RESEEDED

Notifications:

10/11/12 01:00 AM	DISNOT	Email notification of unauthorized discharge sent to eppc.ert@ky.gov, Sayre.Dennis@epamail.epa.gov and LisaA.Jeffries@ky.gov
10/10/12 02:15 PM	DISPUB	TEMPORARY SIGNS POSTED AROUND THE EFFECTED AREA