



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

July 23, 2009

Ms. Carolena Bentley, DMR Coordinator
Kentucky Division of Water
200 Fair Oaks Lane, 4th Floor
Frankfort, Kentucky 40601

**Re: MSD Metro Operations
Starview WTP; KPDES No.: KY0031712
Discharge Monitoring Reports – June 2009.**

Dear Ms. Bentley:

Attached is the Discharge Monitoring Reports (DMRs) and the Monthly Operating Report (MOR) for the Starview WTP, KPDES No.: KY0031712 for the month of June 2009.

Also included is the discharge report and plant bypass letter.

If you have any questions concerning the attached DMRs, please contact me at (502)239-7574.

Sincerely,

A handwritten signature in black ink, appearing to read "Duane V. Wright".

Duane V. Wright
Process Supervisor Central Region

DVW/Starview 0609

Enclosures

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



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



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June 19, 2009

Mr. Charlie Roth, District Supervisor
KY Division of Water
Louisville Regional Office
9116 Leesgate Road
Louisville, KY 40222-5084

Re: Bypass Report for the Starview STP MSD-0247 – KPDES Permit KY0031712

Dear Mr. Roth:

This plant experienced a bypass event and has been reported through our electronic notification system at approximately 01:00 AM on June 19, 2009, referencing Work Order s921140 as a Wet Weather Discharge. This letter serves as a written report of the bypass as required by 401 KAR 5:065.

Provided below are the details of the bypass event:

- Description of the noncompliance and its cause: Treatment plant lost electrical power due to rain event causing the inf pump station to bypass
- Period of noncompliance: Starting 14:17 PM on June 18, 2009 and stopping 15:00 PM on June 18, 2009.
- Steps taken or planned to reduce, eliminate and prevent recurrence: MSD is evaluating the possibility of installing an alternate power source.

Please advise if you have any questions concerning this information. You can contact me on my office telephone at (502)-239-7574, my cell phone at (502)-396-9142 or via email at wrightd@msdlouky.org.

Sincerely,

Duane V. Wright
Process Supervisor-Operations

cc: Gary Levy, KDEP
Paula Purifoy, MSD
eB File





Metropolitan Sewer District

IMSAST0004

Overflow Report

Initiated Jun 01, 2009 12:00 AM thru Jun 30, 2009 11:59 PM

Report Selections: Excluding PPI, CSO, Prob Code: BYPASS, Result: WUS, Act Code: DISDW, DISREV, DISSUS

KPDES # KY0031712	Facility ID MSD0247	Water Quality Treatment Center STARVIEW	Receiving Stream of Treatment Center CHENOWETH RUN	Region CENT
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Facility Type SPL Sewer Treatment Plant	Facility ID MSD0247	Facility Address 423 BERMUDA WAY	If Pump Station, Name of Pump Station:	Receiving Stream CHENOWETH RUN	Discharge to STREAM
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Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Status Date	Problem	Result	Completed	Condition
DISREV: RAIN EVENT DISCHARGE	921140	06/18/09 02:17 PM	ELDER	VIERLING	REPAIRED - ISSUE RESOLVED	06/18/09	BYPASS AT WQTC	UNAUTHORIZED DISCHARGE - WATERS	06/18/09 03:00 PM	

Spot Inspections:

Discharge Amount:	1,075 GAL
Cause:	LOSS OF POWER FROM LG&E THUNDER STORM
Clean Up:	MSD CLEANED & SANITIZED THE AREA
Control Zone:	TEMPORARY SIGNS
Impact:	SEWAGE ON THGE GROUND
Repair:	PLACED GENERATOR, 105KW, MSD#0020

Notifications:

06/18/09 03:26 PM	DISPUB	Temporary signs
06/18/09 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
06/18/09 01:00 PM	DISSNO	Supplemental Email notification of unauthorized discharge has been sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov

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

NAME STARVIEW ESTATES SUBD MSD
 ADDRESS C/O CEDAR CREEK STP
 8405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY STARVIEW ESTATES SUBD MSD
 LOCATION LOUISVILLE KY 40243
 ATTN: DENNIS THOMASSON, SR METRO OPS

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

KY0031712 PERMIT NUMBER
 001 DISCHARGE NUMBER

MINOR (SUBP LV)
 F - FINAL JEFFE
 SANITARY WASTEWATER EFFLUENT
 *** NO DISCHARGE 1-1-1 ***

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	06	01		07	06	30

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DO)	00300 1 0 0	*****	*****		7	*****	*****	MG/L	0	01/07	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		WEEKLY	CONFL
PH	00400 1 0 0	*****	*****		6.8	*****	6.9	SU	0	01/07	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	SU		WEEKLY	CONFL
SOLIDS, TOTAL SUSPENDED	00500 1 0 0	4.9	9.4	(LBS/DY)	*****	7	12	MG/L	0	01/07	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L		WEEKLY	CONFL
NITROGEN, AMMONIA TOTAL (AS N)	00610 1 1 0	0.10	0.17	(LBS/DY)	*****	0.17	0.34	MG/L	0	01/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L		WEEKLY	CONFL
PHOSPHORUS, TOTAL (AS P)	00665 1 0 0	*****	*****		*****	0.91	1.47	MG/L	0	01/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L		WEEKLY	CONFL
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	50050 1 0 0	0.087	0.152	(CFS)	*****	*****	*****		0	CN	CN
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	****		WEEKLY	CONFL
CHLORINE, TOTAL RESIDUAL	50080 1 0 0	*****	*****		*****	<0.01	<0.01	MG/L	0	01/07	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30DA AVG	DAILY MX	MG/L		WEEKLY	CONFL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER H.S. SIKS ROEIN, 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 <i>Sharon V. Knight</i>	TELEPHONE		DATE		
			502 AREA CODE	590 6000 NUMBER	09 YEAR	07 MO	23 DAY

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

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

NAME STARVIEW ESTATES SUBD MSD
 ADDRESS C/O CEDAR CREEK STP
 8405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY STARVIEW ESTATES SUBD MSD
 LOCATION LOUISVILLE KY 40243
 ATTN: DENNIS THOMASSEN, SR METRO DPS

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

PERMIT NUMBER KY0031712
 DISCHARGE NUMBER 0011

MINOR (SUBP L01)
 F - FINAL JEFFE
 SANITARY WASTEWATER EFFLUENT
 *** NO DISCHARGE 1 1 ***

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	06	01		07	06	05

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLIFORM, - FECAE GENERAL		*****	*****		*****	1	1	< 10	0	0/07	GR
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	300	400	100ML			
500, CARBONACEOUS 05 DAY, BOD		2.0	2.7	1.20	*****	3	3	1.0	0	0/07	CP
80082 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	300A AVG	DAILY MX	LBS/DY	*****	300A AVG	DAILY MX	MG/L			
	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 supervisory control 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.	TELEPHONE 512 511-1111	DATE			
			YEAR	MO	DAY	
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Lucas V. Knight</i>		AREA CODE	NUMBER	YEAR	MO	DAY
		512	511-1111	07	07	23

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

