

# 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](http://www.msdlouky.org)

September 21, 2010

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

**Re: MSD Metro Operations  
Starview WQTC; KPDES No.: KY0031712  
Discharge Monitoring Reports – August 2010.**

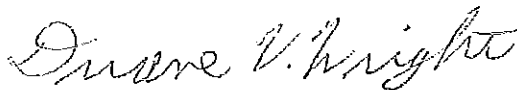
Dear Ms. Bentley:

Attached are the Discharge Monitoring Reports (DMRs) and the Monthly Operating Report (MOR) for the Starview WQTC, KPDES No.: KY0031712 for the month of August 2010.

There were no exceedences, bypasses or overflow reports.

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

Sincerely,



Duane V. Wright  
Process Supervisor Central Region

DVW/Starview 08.10

Enclosures

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



Beneficial Use of Louisville's Biosolids  
[www.louisvillegreen.com](http://www.louisvillegreen.com)

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

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

NAME STARVIEW WQTC MSD  
ADDRESS C/O CEDAR CREEK WQTC  
3405 CEDAR CREEK RD  
LOUISVILLE KY 40211  
FACILITY STARVIEW WQTC MSD  
LOCATION LOUISVILLE KY 40243  
ATTN: DENNIS THOMASSON, SR METRO OPS

KY0031712  
PERMIT NUMBER

001 1  
DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
00	00	01		00	00	01

NOTE: Read Instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****		8	*****	*****	( 12 )	0	0/07	GR
00000 1 0 0	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		WEEKLY	GRND
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.0	*****	7.1	( 12 )	0	0/07	GR
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	7.0	MG/L		WEEKLY	GRND
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		MINIMUM	*****	MAXIMUM	MG/L			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	1.4	2.1	( 25 )	*****	2	3	( 17 )	0	0/07	CP
00500 1 0 0	PERMIT REQUIREMENT	25.0	50.0	LBS/DY	*****	30	50	MG/L		WEEKLY	GRND
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.4	0.5	( 17 )	0	0/07	CP
00610 1 1 0	PERMIT REQUIREMENT	3.34	6.68	LBS/DY	*****	REPORT	REPORT	MG/L		WEEKLY	GRND
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.010	0.010	( 17 )	0	0/07	GR
00645 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	0.011	0.017	MG/L		WEEKLY	GRND
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.072	0.108	( 0.3 )	*****	*****	*****		0	CN	CN
00050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	****		WEEKLY	GRND
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****				
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****				
00080 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****				
EFFLUENT GROSS VALUE	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.										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
H.J. SCHAROBIN, JR.  
EXECUTIVE DIRECTOR  
TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
*Dennis V. Thomasson*

TELEPHONE  
502 540 6000  
DATE  
10 9 23

AREA CODE NUMBER YEAR MO DAY

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

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

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

NAME STARVIEW WQTC MSD  
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MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
10	00	01	TO	10	00	01

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PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COOLIFORM Fecal GENERAL		*****	*****		*****	6	31	(13)		0%	GR
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	200 30DA GEO	400 7 DA GEO	100ML		WEEKLY	GRAB
BOD, CARBONACEOUS 5 DAY, 20C		2.2	5.1	(26)	*****	3	7	(17)		0%	CP
80082 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	25.0 30DA AVG	50.0 DAILY MX	LBS/DY	*****	30 30DA AVG	50 DAILY MX	MG/L		WEEKLY	COMPOD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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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.

*Dennis V. Thomasson*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 502 540 6000  
DATE 10 9 23  
AREA CODE NUMBER YEAR MO DAY

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

<b>Starview</b>		Report for	<b>Aug-10</b>		Tot. Exc.= 0				
Tot. Flow=	2.243	Concentrations							
Date	Flow	TSS	BOD	NH3	Fecal	TSS	Pounds BOD	NH3	Tot. Phos.
8/1/10	0.075								
8/2/10	0.068								
8/3/10	0.059	2	2	0.34	2	0.984	0.984	0.167	0.437
8/4/10	0.064								
8/5/10	0.072								
8/6/10	0.07								
8/7/10	0.068								
8/8/10	0.071								
8/9/10	0.064								
8/10/10	0.063	2	2	0.28	1	1.051	1.051	0.147	0.513
8/11/10	0.066								
8/12/10	0.052								
8/13/10	0.077								
8/14/10	0.092								
8/15/10	0.108								
8/16/10	0.091								
8/17/10	0.088	2	7	0.28	31	1.468	5.137	0.205	0.375
8/18/10	0.075								
8/19/10	0.064								
8/20/10	0.057								
8/21/10	0.097								
8/22/10	0.096								
8/23/10	0.087								
8/24/10	0.085	3	2	0.22	19	2.127	1.418	0.156	0.446
8/25/10	0.067								
8/26/10	0.059								
8/27/10	0.058								
8/28/10	0.065								
8/29/10	0.064								
8/30/10	0.062								
8/31/10	0.059								
Average	0.072	2.25	3.25	0.28	5.86	1.41	2.15	0.17	0.44
Maximum	0.108	3.00	7.00	0.34	31.00	2.13	5.14	0.21	0.51