



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)

January 24, 2011

Ms. Crystal Thompson  
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 – December 2010.**

Dear Ms. Thompson:

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

A handwritten signature in cursive script that reads "Duane V. Wright".

Duane V. Wright  
Process Supervisor Central Region

DVW/Starview 12.10

Enclosures

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



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

NAME STARVIEW WQTC MSD  
 ADDRESS C/O CEDAR CREEK WQTC  
 8405 CEDAR CREEK RD  
 LOUISVILLE KY 40211  
 FACILITY STARVIEW WQTC 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 1 DISCHARGE NUMBER

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

JEPPE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
10	12	01		11	01	01

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	*****	*****		8	*****	*****	( 17 )	0	0/07	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		NEARLY	WQTS
PH	00400 1 0 0	*****	*****		7.0	*****	*****	( 12 )	0	0/07	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	5.0 MINIMUM	*****	9.0 MAXIMUM	SU		NEARLY	WQTS
SOLIDS, TOTAL SUSPENDED	00500 1 0 0	*****	*****	( 26 )	*****	4	6	( 17 )	0	0/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	25.0	50.0	LBS/DY	*****	30	50	MG/L		NEARLY	WQTS
		30DA AVG	DAILY MX			30DA AVG	DAILY MX				
NITROGEN, AMMONIA TOTAL (AS N)	00610 1 2 0	*****	*****	( 28 )	*****	0.4	0.6	( 17 )	0	0/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	3.34	16.7	LBS/DY	*****	10	20	MG/L		NEARLY	WQTS
		30DA AVG	DAILY MX			30DA AVG	DAILY MX				
PHOSPHORUS, TOTAL (AS P)	00660 1 0 0	*****	*****		*****	0.7	1	( 17 )	0	0/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L		NEARLY	WQTS
		*****	*****	****	*****	30DA AVG	DAILY MX				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	00050 1 0 0	*****	*****	( 03 )	*****	*****	*****		0	CN	CN
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	****		UDUS	UDUS
		30DA AVG	INST MAX								
CHLORINE, TOTAL RESIDUAL	00080 1 0 0	*****	*****		*****	20.010	20.010	( 17 )	0	0/07	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.011	0.017	MG/L		NEARLY	WQTS
		*****	*****	****	*****	30DA AVG	DAILY MX				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 H.J. SHARDIN, 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.

*Dwayne V Knight*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 502-540-6000  
 DATE 11 01 27  
 AREA CODE NUMBER YEAR MO DAY

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

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

NAME STARVIEW WQTC MSD  
 ADDRESS C/O CEDAR CREEK WQTC  
 8435 CEDAR CREEK RD  
 LOUISVILLE KY 40211  
 FACILITY STARVIEW WQTC MSD  
 LOCATION LOUISVILLE KY 40249  
 ATTN: DENNIS THOMASSON, SR METRO OPS

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

KY0001712  
 PERMIT NUMBER

001 1  
 DISCHARGE NUMBER

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

JEFFE

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
10	12	01	10	12	31

FROM

TO

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, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	2	2	( 13 )	0	0/07	GR
	PERMIT REQUIREMENT	*****	*****	***	*****	200	400	#/		WEEKLY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	2.1	3.4	( 25 )	*****	3	4	( 17 )	0	0/07	CP
	PERMIT REQUIREMENT	25.0	50.0		*****	30	50			WEEKLY	COMPO
		30DA AVG	DAILY MX	LBS/DY		30DA 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  
 M.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.

*Dwaine V. Knicks*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 502 540-6000  
 DATE 11 01 27  
 AREA CODE NUMBER YEAR MO DAY

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

Starview	Report for	Dec-10		Tot. Exc.= 0					
Tot. Flow=	2.829	Concentrations					Pounds		
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
12/1/10	0.152								
12/2/10	0.116	3	2	0.17	2	2.902	1.935	0.164	0.542
12/3/10	0.107								
12/4/10	0.115								
12/5/10	0.11								
12/6/10	0.09								
12/7/10	0.076								
12/8/10	0.072								
12/9/10	0.07	6	3	0.39	2	3.503	1.751	0.228	0.3
12/10/10	0.077								
12/11/10	0.079								
12/12/10	0.117								
12/13/10	0.103								
12/14/10	0.081								
12/15/10	0.068								
12/16/10	0.102	3	4	0.39	2	2.552	3.403	0.332	0.55
12/17/10	0.093								
12/18/10	0.079								
12/19/10	0.084								
12/20/10	0.069								
12/21/10	0.091								
12/22/10	0.093								
12/23/10	0.088								
12/24/10	0.086								
12/25/10	0.07								
12/26/10	0.078								
12/27/10	0.106								
12/28/10	0.066	2	2	0.56	2	1.101	1.101	0.308	1.23
12/29/10	0.069								
12/30/10	0.079								
12/31/10	0.143								
Average	0.091	3.50	2.75	0.38	2.00	2.51	2.05	0.26	0.66
Maximum	0.152	6.00	4.00	0.56	2.00	3.50	3.40	0.33	1.23