

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

February 23, 2010

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

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

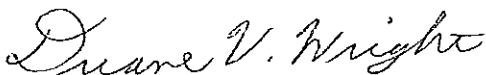
Dear Ms. Bentley:

Attached are the Discharge Monitoring Reports (DMRs) and the Monthly Operating Report (MOR) for the Starview WQTC, KPDES No.: KY0031712 for the month of January 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 01.10

Enclosures

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



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

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

NAME STARVIEW METRO MSD
ADDRESS C/O CEDAR CREEK METRO
6436 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY STARVIEW METRO MSD
LOCATION LOUISVILLE KY 40243
ATTN: DENNIS THOMASSEN, SR. METRO DPS

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

MINOR (SUBR LV)
7 - FINAL JEFFE
SANITARY WASTEWATER EFFLUENT
*** NO DISCHARGE ***
NOTE: Read instructions before completing this form.

PERMIT NUMBER	DISCHARGE NUMBER
140001712	0011
MONITORING PERIOD	
FROM	TO
YEAR MO DAY	YEAR MO DAY
10 04 01	10 04 30

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)	PERMIT REQUIREMENT	*****	*****	****	8	*****	*****	(19)	0	05/31/10	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		WEEKLY	GRAD
PH	PERMIT REQUIREMENT	*****	*****	****	6.9	*****	*****	(12)	0	05/31/10	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	50		WEEKLY	GRAD
SOLIDS, TOTAL SUSPENDED	PERMIT REQUIREMENT	6.4	17.6	(26)	*****	5	9	(19)	0	01/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DV	*****	30	50	MG/L		WEEKLY	COMPL
NITROGEN, AMMONIA TOTAL (AS N)	PERMIT REQUIREMENT	0.23	0.3	(26)	*****	0.3	0.3	(19)	0	01/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DV	*****	10	20	MG/L		WEEKLY	COMPL
PHOSPHORUS, TOTAL (AS P)	PERMIT REQUIREMENT	*****	*****	****	*****	0.3	0.5	(19)	0	01/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L		WEEKLY	COMPL
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	0.118	0.250	(03)	*****	*****	*****	****	0	CN	CN
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	****		CONTINGENT	IF
CHLORINE, TOTAL RESIDUAL	PERMIT REQUIREMENT	*****	*****	****	*****	<0.010	<0.010	(19)	0	05/31/10	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.011	0.019	MG/L		WEEKLY	GRAD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.	TELEPHONE	DATE		
M. J. SCHARDEIN, JR. EXECUTIVE DIRECTOR TYPED OR PRINTED		<i>[Signature]</i> SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	502 540-1000	10	03

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

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

NAME STARVIEW WQTC M50
ADDRESS C/O CEDAR CREEK WQTC
8435 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY STARVIEW WQTC M50
LOCATION LOUISVILLE KY 40243
ATTN: DENNIS THOMASSEN, SR METRO OPS

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

KY0001712
PERMIT NUMBER
001 1
DISCHARGE NUMBER

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

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

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			
COLIFORM, FECAL GENERAL		*****	*****		*****	4	159	(10)	0	0/07	GR
EFFLUENT GROSS VALUE		*****	*****	***	*****	200	400	*/		WEEKLY	GRAB
BOD, CARBONACEOUS 5 DAY, 20C		2.3	3.9	(10)	*****	2	3	(10)	0	0/07	CP
EFFLUENT GROSS VALUE		300A AVE	DAILY MX	LB5/DY	*****	30	60			WEEKLY	COMPO

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 OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Dennis Thomassen</i>	TELEPHONE		DATE		
			AREA CODE	NUMBER	YEAR	MO	DAY
			502	5406000	10	02	23

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

Starview	Report for	Jan-10		Tot. Exc.= 0					
Tot. Flow=	3.643	Concentrations					Pounds		
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
1/1/10	0.093								
1/2/10	0.09								
1/3/10	0.082								
1/4/10	0.078	8	2	0.34	1	5.204	1.301	0.221	0.482
1/5/10	0.072								
1/6/10	0.073								
1/7/10	0.069								
1/8/10	0.071								
1/9/10	0.073								
1/10/10	0.072								
1/11/10	0.075	3	2	0.34	159	1.877	1.251	0.213	0.271
1/12/10	0.065								
1/13/10	0.08								
1/14/10	0.079								
1/15/10	0.084								
1/16/10	0.091								
1/17/10	0.127								
1/18/10	0.124								
1/19/10	0.104	1	3	0.17	1	0.867	2.602	0.147	0.15
1/20/10	0.137								
1/21/10	0.235								
1/22/10	0.224								
1/23/10	0.186								
1/24/10	0.25								
1/25/10	0.234	9	2	0.17	2	17.564	3.903	0.332	0.304
1/26/10	0.178								
1/27/10	0.142								
1/28/10	0.121								
1/29/10	0.112								
1/30/10	0.112								
1/31/10	0.11								
Average	0.118	5.25	2.25	0.26	4.22	6.38	2.26	0.23	0.30
Maximum	0.250	9.00	3.00	0.34	159.00	17.56	3.90	0.33	0.48