



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

February 22, 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 – January 2011.**

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 January 2011.

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 1.11

Enclosures

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



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

NAME STARVIEW WQTC MSD  
ADDRESS C/O CEDAR CREEK WQTC  
6405 CEDAR CREEK RD  
LOUISVILLE KY 40211  
FACILITY STARVIEW WQTC MSD  
LOCATION LOUISVILLE KY 40243  
ATTN: DENNIS THOMASSON, SR METRO OPS

XY0031712	001 1
PERMIT NUMBER	DISCHARGE NUMBER

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

MINOR (SUBR LV)  
F - FINAL  
SANITARY WASTEWATER EFFLUENT  
\*\*\* NO DISCHARGE \*\*\*  
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	*****	*****	( 12 )	0	0/07	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	7 INST MIN	*****	*****	MG/L		WEEKLY	GRAB
PH	00400 1 0 0	*****	*****		7.2	*****	7.3	( 12 )	0	0/07	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	8.0 MINIMUM	*****	9.0 MAXIMUM	50		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	00530 1 0 0	2.4	2.6	( 25 )	*****	4	4	( 14 )	0	0/07	LP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	25.0 30DA AVG	50.0 DAILY MX	LBS/DY	*****	30 30DA AVG	50 DAILY MX	MG/L		WEEKLY	CUMUL
NITROGEN, AMMONIA TOTAL (AS N)	00610 1 2 0	0.09	0.1	( 25 )	*****	0.2	0.2	( 14 )	0	0/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	8.34 30DA AVG	15.7 DAILY MX	LBS/DY	*****	10 30DA AVG	20 DAILY MX	MG/L		WEEKLY	CUMUL
PHOSPHORUS, TOTAL (AS P)	00665 1 0 0	*****	*****		*****	1.4	1.9	( 14 )	0	0/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT 30DA AVG	REPORT DAILY MX	MG/L		WEEKLY	CUMUL
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	60050 1 0 0	0.079	0.155	( 03 )	*****	*****	*****	*****	0	CN	CN
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	*****	*****	*****	*****		CUMUL	CUMUL
CHLORINE, TOTAL RESIDUAL	60060 1 0 0	*****	*****		*****	<0.010	<0.010	( 14 )	0	0/07	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	0.011 30DA AVG	0.014 DAILY MX	MG/L		WEEKLY	GRAB

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 Thomasson, Sr.</i>	TELEPHONE 502 540 6000	DATE 11 2 28
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			AREA CODE NUMBER	YEAR MO DAY

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

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 \*\*\*

JEFFE

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

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	STAD
				****		30DA GED	7 DA GED	100ML			
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	2.3	3.9	( 25)	*****	4	6	( 19)	0	0/07	CP
	PERMIT REQUIREMENT	25.0	50.0		*****	30	60			WEEKLY	CLIFF
		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  
 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.

*Diane V. Wright*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 502 540 6000  
 DATE 11 2 28  
 AREA CODE NUMBER YEAR MO DAY

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

Starview	Report for	Jan-11		Tot. Exc.= 0					
Tot. Flow= Date	2.452 Flow	TSS	Concentrations		Fecal	TSS	Pounds BOD	NH3	Tot. Phos.
			BOD	NH3					
1/1/11	0.155								
1/2/11	0.076	4	2	0.11	1	2.535	1.268	0.070	1.25
1/3/11	0.105								
1/4/11	0.09								
1/5/11	0.066								
1/6/11	0.073								
1/7/11	0.073								
1/8/11	0.066								
1/9/11	0.063	4	4	0.17	2	2.102	2.102	0.089	1.2
1/10/11	0.068								
1/11/11	0.061								
1/12/11	0.063								
1/13/11	0.067								
1/14/11	0.063								
1/15/11	0.068								
1/16/11	0.065								
1/17/11	0.072	4	3	0.22	2	2.402	1.801	0.132	1.88
1/18/11	0.085								
1/19/11	0.094								
1/20/11	0.075								
1/21/11	0.076								
1/22/11	0.079								
1/23/11	0.078	4	6	0.11	2	2.602	3.903	0.072	1.43
1/24/11	0.077								
1/25/11	0.09								
1/26/11	0.087								
1/27/11	0.084								
1/28/11	0.078								
1/29/11	0.088								
1/30/11	0.089								
1/31/11	0.078								
Average	0.079	4.00	3.75	0.15	1.68	2.41	2.27	0.09	1.44
Maximum	0.155	4.00	6.00	0.22	2.00	2.60	3.90	0.13	1.88