

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*

August 24, 2009

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

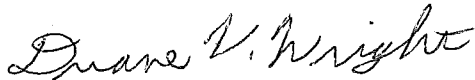
**Re: MSD Metro Operations
Starview WTP; KPDES No.: KY0031712
Discharge Monitoring Reports – July 2009.**

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 July 2009.

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 0709

Enclosures

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



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

NAME: FARRIVEA WGTG MSO
ADDRESS: C/O CEDAR CREEK WGTG
1405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY: FARRIVEA WGTG MSO
LOCATION: LOUISVILLE KY 40211
ATTN: DONNIS THOMASSON, SR METRO OPS

PERMIT NUMBER: KY0001712

DISCHARGE NUMBER: 001

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	07	01		07	07	31

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN (DO)	7	*****	*****		7	*****	*****	(17)	0	%	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	INST MIN	*****	*****	MG/L				
PH	6.9	*****	*****		6.9	*****	7.0	(12)	0	%	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	MINIMUM	*****	*****	MG/L				
SUSPENDED SOLIDS TOTAL	33	*****	*****		*****	5	6	(15)	0	%	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	25.0	50.0	30DA AVG	*****	30	60	MG/L			
NITROGEN AMMONIA TOTAL (AS N)	0.09	*****	*****		*****	0.2	0.3	(17)	0	%	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	3.34	6.68	30DA AVG	*****	4	8	MG/L			
NITROGEN TOTAL (AS P)	1.5	*****	*****		*****	1.5	2.0	(17)	0	%	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	REPORT	*****	REPORT	REPORT	MG/L			
FLOW TO CONDUIT OR THRU TREATMENT PLANT	0.015	*****	*****		*****	*****	*****		0	CN	CN
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	30DA AVG	*****	*****	*****	MG/D			
CHLORINE TOTAL RESIDUAL	<0.010	*****	*****		*****	<0.010	<0.010	(17)	0	%	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	30DA AVG	*****	0.011	0.012	MG/L			

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.

Suzanne V. Wright
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 502.540.6000
DATE: 07 05 25
AREA CODE: 502 NUMBER: 5406000 YEAR: 07 MO: 05 DAY: 25

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

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

NAME: WINDY HILL WASTE
ADDRESS: 670 CEDAR CREEK WASTE
6315 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY: WINDY HILL WASTE
LOCATION: LOUISVILLE KY 40243
ATTN: DONALD THOMPSON SR. METRO OPS

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

RY000171E
PERMIT NUMBER

001
DISCHARGE NUMBER

KIND

SEWER L.L.

FINAL

SANITARY WASTEWATER

EFFLUENT

*** NO DISCHARGE ***

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	07	01		07	07	31

FROM

TO

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			
GENERAL EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	1	1		0	0/07	GR
PERMIT REQUIREMENT	PERMIT REQUIREMENT	*****	*****	****	*****	200	400				
SODIUM CHLORIDE 300	SAMPLE MEASUREMENT	2.3	3.8	(25)	*****	3	3		0	0/07	CP
PERMIT REQUIREMENT	PERMIT REQUIREMENT	25.0	50.0	****	*****	30	50				
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
PERMIT REQUIREMENT	PERMIT REQUIREMENT										
SAMPLE MEASUREMENT	SAMPLE MEASUREMENT										
PERMIT REQUIREMENT	PERMIT REQUIREMENT										
SAMPLE MEASUREMENT	SAMPLE MEASUREMENT										
PERMIT REQUIREMENT	PERMIT REQUIREMENT										
SAMPLE MEASUREMENT	SAMPLE MEASUREMENT										
PERMIT REQUIREMENT	PERMIT REQUIREMENT										
SAMPLE MEASUREMENT	SAMPLE MEASUREMENT										
PERMIT REQUIREMENT	PERMIT REQUIREMENT										

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

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Sharon V. Knight

TELEPHONE: 502-540-6000
DATE: 07 08 25
AREA CODE: 502 NUMBER: 5406000 YEAR: 07 MO: 08 DAY: 25

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

