



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

October 21, 2009

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 – September 2009.

Dear Ms. Bentley:

Attached is the Discharge Monitoring Reports (DMRs) and the Monthly Operating Report (MOR) for the Starview WQTC, KPDES No.: KY0031712 for the month of September 2009.

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 0909

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 WQTC M30
ADDRESS C/O CEDAR CREEK WQTC
N406 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY STARVIEW WQTC M30
LOCATION LOUISVILLE KY 40242
ATTN: DENNIS THOMASSEN, SR. METRO OPS

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

000001712	001 1
PERMIT NUMBER	DISCHARGE NUMBER

MINOR
(SUBP LV)
F - FINAL
SANITARY WASTEWATER
EFFLUENT
*** NO DISCHARGE 1 - 1 ***
JEFF

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	07	01		07	07	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	*****	*****		7	*****	*****	(17)	0	1/7	GR
DO300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		WEEKLY	GR
PH	SAMPLE MEASUREMENT	*****	*****		6.6	*****	*****	(12)	0	1/7	GR
DO400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	5U		WEEKLY	GR
EFFLUENT GROSS VALUE											
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	2.6	4.8	(26)	*****	4	9	(17)	0	1/7	CP
DO500 1 0 0	PERMIT REQUIREMENT	25.0 30DA AVG	50.0 DAILY MX	LBS/DY	*****	30 30DA AVG	80 DAILY MX	MG/L		WEEKLY	CP
EFFLUENT GROSS VALUE											
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.08	0.12	(26)	*****	0.1	0.2	(17)	0	1/7	CP
DO610 1 0 0	PERMIT REQUIREMENT	3.34 30DA AVG	8.88 DAILY MX	LBS/DY	*****	4 30DA AVG	8 DAILY MX	MG/L		WEEKLY	CP
EFFLUENT GROSS VALUE											
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	2.08	5.58	(17)	0	1/7	CP
DO640 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT 30DA AVG	REPORT DAILY MX	MG/L		WEEKLY	CP
EFFLUENT GROSS VALUE											
FLOW, IN CONDUIT OF THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.091	0.155	(03)	*****	*****	*****		0	EN	EN
DO600 1 0 0	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	*****	*****	*****	****		WEEKLY	EN
EFFLUENT GROSS VALUE											
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	20.010	20.010	(17)	0	1/7	GR
DO680 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	0.011 30DA AVG	0.019 DAILY MX	MG/L		WEEKLY	GR
EFFLUENT GROSS VALUE											

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		
11. J. SCHARDEIN, JR. EXECUTIVE DIRECTOR TYPED OR PRINTED			502 342 6700	09	10 21
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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
 8400 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY STARVIEW WQTC MSD
 LOCATION LOUISVILLE KY 40243
 ATTN: DENNIS THOMASSEN, SR METRO OPS

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

KY00031712
 PERMIT NUMBER

001 J
 DISCHARGE NUMBER

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

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

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PARAMETER		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	*****	*****		*****	1	1	(13)	0	0/17	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	*/		WEEKLY	GRAB
BOD, CARBONACEOUS 25 DAY, 200 30082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.6	2.1	(26)	*****	2	3	(17)	0	0/17	CP
	PERMIT REQUIREMENT	25.0	50.0		*****	30	60			WEEKLY	COMPOS
	SAMPLE MEASUREMENT	30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 [Signature]

TELEPHONE
 502.540.6000
 DATE
 09 10 21

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

