MSD

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

February 25, 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 – January 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 January 2009.

If you have any questions concerning the attached DMRs, please contact me at (502)239-7695.

Sincerely,

Kevin D. Ries
Process Supervisor Central Region

KDR/Starview 0109

Enclosures

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

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME STARVIEW ESTATES SUBD MSD
ADDRESS C/O CEDAR CREEK STP
6415 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY STARVIEW ESTATES SUBD MSD
LOCATION LOUISVILLE KY 40243
ATTN: DENNIS THOMASSON, SR METRO OPS

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

Form Approved.
OMB No. 2040-0004

KY0093712	C01 1
PERMIT NUMBER	DISCHARGE NUMBER

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

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

JEFFS

NOTE: Read Instructions before completing this form.

PARAMETER		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 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		8	******	******	(19)	0	01/07	GRAB
	PERMIT REQUIREMENT	******	******	*** ***	7 INST MIN	******	******	MG/L		WEEKLY	
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.8	******	7.4	(12)	0	01/07	GRAB
	PERMIT REQUIREMENT	******	******	*** ***	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	5.3	7.1	(26)	******	7	9	(19)	0	01/07	COMPOS
	PERMIT REQUIREMENT	25.0 30DA AVG	50.0 DAILY MX	LBS/DY	******	30 30DA AVG	60 DAILY MX	MG/L		WEEKLY	
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.1	0.1	(26)	******	0.1	0.1	(19)	0	01/07	COMPOS
	PERMIT REQUIREMENT	9.34 30DA AVG	18.7 DAILY MX	LBS/DY	******	10 30DA AVG	20 DAILY MX	MG/L		WEEKLY	
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	1.8	2.3	(19)	0	01/07	COMPOS
	PERMIT REQUIREMENT	******	******	*** ***	******	REPORT 30DA AVG	REPORT DAILY MX	MG/L		WEEKLY	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.106	0.223	(03)	******	******	******		0	CN	CONTIN
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	******	******	******	**** ****		CONTINUOUS	
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	<0.010	<0.010	(19)	0	01/07	GRAB
	PERMIT REQUIREMENT	******	******	*** ***	******	0.011 30DA AVG	0.019 DAILY MX	MG/L		WEEKLY	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
H.J. Schroeder, Jr. Exec 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.	H. J. Schroeder, Jr. SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE 502	NUMBER 540-6400	YEAR 09	MO 02	DAY 25

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

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME STARVIEW ESTATES SUBD MSD
ADDRESS C/O CEDAR CREEK STP
8405 CEDAR CREEK RD
LOUISVILLE KY 40211
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LOCATION LOUISVILLE KY 40243
ATTN. DENNIS THOMASSON, SR METRO OPS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
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KY0031712	001 1
PERMIT NUMBER	DISCHARGE NUMBER

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

JEFFE

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	09	01	01	TO	97	01	31

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
COLIFORM FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	1	1	(13)	Ø	01/07	GR
	PERMIT REQUIREMENT	******	******	*** ****	******	200 30DA GEO	400 #/ 7 DA GEO	100ML		WEEKLY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	2.3	2.7	(26)	******	3	3	(19)	Ø	01/07	GR
	PERMIT REQUIREMENT	25.0 30DA AVG	30.0 DAILY MX	LBS/DY	******	30 30DA AVG	60 DAILY MX	MG/L		WEEKLY	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE		
H.J. Schneider, Jr. Exec. Director	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.	Kenneth J. Reis	502 574-6000	9	2	25
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	YEAR	MO	DAY

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

Starview Report for **Jan-09** Tot. Exc.= 0

Tot. Flow= 3.273

Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
		Concentrations				Pounds			
1/1/09	0.08	6	3	0.055	1	4.003	2.002	0.037	0.984
1/2/09	0.079								
1/3/09	0.085								
1/4/09	0.097								
1/5/09	0.076								
1/6/09	0.058								
1/7/09	0.124								
1/8/09	0.108	9	3	0.055	1	8.106	2.702	0.050	1.83
1/9/09	0.098								
1/10/09	0.129								
1/11/09	0.12								
1/12/09	0.103								
1/13/09	0.098								
1/14/09	0.089								
1/15/09	0.088	3	3	0.055	1	2.202	2.202	0.040	1.94
1/16/09	0.089								
1/17/09	0.104								
1/18/09	0.101								
1/19/09	0.097								
1/20/09	0.088								
1/21/09	0.087								
1/22/09	0.092	9	3	0.11	1	6.906	2.302	0.084	2.27
1/23/09	0.09								
1/24/09	0.094								
1/25/09	0.091								
1/26/09	0.086								
1/27/09	0.098								
1/28/09	0.223								
1/29/09	0.191								
1/30/09	0.165								
1/31/09	0.145								
Average	0.106	6.75	3.00	0.07	1.00	5.30	2.30	0.05	1.76
Maximum	0.223	9.00	3.00	0.11	1.00	8.11	2.70	0.08	2.27