



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

April 26, 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 – March 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 March 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,

A handwritten signature in cursive script that reads "Duane V. Wright".

Duane V. Wright
Process Supervisor Central Region

DVW/Starview 03.10

Enclosures

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



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

NAME: 33-40-110-4510 R01
ADDRESS: C/O CEDAR CREEK WTRD
PAVE CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY: CEDAR CREEK WTRD
LOCATION: LOUISVILLE KY 40211
STATION: 015-015-1004/3004 SR METRO DPC

015-015-1004/3004	0011					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
2007	03	04		2007	03	04

MINOR
1508K L/T
F - FINAL
SANITARY GAS/FLUE GAS
EFFLUENT
** NO DISCHARGE **
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			
DISSOLVED OXYGEN (DO)		*****	*****		8	*****	*****	(10)		0 %	GR
EFFLUENT GROSS VALUE		*****	*****	***	7	*****	*****	10.0 L		WEEKLY	GRAB
EFFLUENT GROSS VALUE		*****	*****	***	7.0	*****	*****	(12)		0 %	GR
EFFLUENT GROSS VALUE		*****	*****	***	6.0	*****	9.0	10.0		WEEKLY	GRAB
EFFLUENT GROSS VALUE		*****	*****	***	MINIMUM	*****	MAXIMUM	10.0		WEEKLY	GRAB
SUSPENDED SOLIDS (SS)		*****	*****	***	5	*****	8	(15)		0 %	CP
EFFLUENT GROSS VALUE		*****	*****	***	*****	30	50	100.0		WEEKLY	COMPOSITE
EFFLUENT GROSS VALUE		*****	*****	***	*****	30	50	100.0		WEEKLY	COMPOSITE
TOTAL PHOSPHORUS (AS P)		*****	*****	***	*****	10	20	100.0		0 %	CP
EFFLUENT GROSS VALUE		*****	*****	***	*****	10	20	100.0		WEEKLY	COMPOSITE
TOTAL NITROGEN (AS N)		*****	*****	***	*****	0.7	2.7	(15)		0 %	CP
EFFLUENT GROSS VALUE		*****	*****	***	*****	REPORT	REPORT	100.0		WEEKLY	COMPOSITE
EFFLUENT GROSS VALUE		*****	*****	***	*****	30	50	100.0		WEEKLY	COMPOSITE
THROUGH TREATMENT PLANT		*****	*****	***	*****	*****	*****	100.0		0 CN	CN
EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	*****	100.0		CONTINGENT	UDUS
RESIDUAL		*****	*****	***	*****	*****	*****	(15)		0 %	GR
EFFLUENT GROSS VALUE		*****	*****	***	*****	0.011	0.015	100.0		WEEKLY	GRAB

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				
H.S. SCHARDT, JR. EXECUTIVE DIRECTOR TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO
		512	540	6010	10	14	26

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

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

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

Form Approved.
OMB No. 2040-0004

NAME
ADDRESS
C/O CEDAR CREEK WOTC
3815 CEDAR CREEK RD
LOUISVILLE KY 40211

PERMIT NUMBER

DISCHARGE NUMBER

MINOR
SUBP LV.
F - FINAL
SANITARY WASTEWATER
EFFLUENT
*** NO DISCHARGE ***

FACILITY LOCATION
ST. ANDREW WOTC
LOUISVILLE KY 40240

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
19	03	04		19	03	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			
GENERAL EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	1	1	100		01/07	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	#7		WEEKLY	SRAG
50% AMMONIUM NITRATE 30 DAY, 200	SAMPLE MEASUREMENT	3.0	5.3	1.263	*****	4	6	100		01/07	CP
	PERMIT REQUIREMENT	25.0	50.0		*****	30	50			WEEKLY	SUMPOE
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	1.263		30DA AVG	DAILY MX	100			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
M. J. SHARDEN, 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

TELEPHONE
DATE
AREA CODE NUMBER YEAR MO DAY
502 546 6000 10 17 26

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

Starview		Report for		Mar-10		Tot. Exc.= 0			
Tot. Flow=	3.076			Concentrations					
Date	Flow	TSS	BOD	NH3	Fecal	TSS	Pounds BOD	NH3	Tot. Phos.
3/1/10	0.106								
3/2/10	0.094	5	2	0.39	1	3.920	1.568	0.306	0.091
3/3/10	0.094								
3/4/10	0.094								
3/5/10	0.088								
3/6/10	0.09								
3/7/10	0.094								
3/8/10	0.086								
3/9/10	0.08	4	4	0.45	1	2.669	2.669	0.300	0.101
3/10/10	0.074								
3/11/10	0.078								
3/12/10	0.116								
3/13/10	0.142								
3/14/10	0.128								
3/15/10	0.112								
3/16/10	0.106	8	6	0.17	1	7.072	5.304	0.150	2.66
3/17/10	0.089								
3/18/10	0.085								
3/19/10	0.084								
3/20/10	0.085								
3/21/10	0.092								
3/22/10	0.103								
3/23/10	0.095	3	3	0.28	1	2.377	2.377	0.222	0.116
3/24/10	0.089								
3/25/10	0.093								
3/26/10	0.13								
3/27/10	0.121								
3/28/10	0.121								
3/29/10	0.112								
3/30/10	0.101								
3/31/10	0.094								
Average	0.099	5.00	3.75	0.32	1.00	4.01	2.98	0.24	0.74
Maximum	0.142	8.00	6.00	0.45	1.00	7.07	5.30	0.31	2.66