



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

May 9, 2010

Ms. Carolena Bentley, DMR Coordinator  
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 – April 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 April 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,

  
Duane V. Wright  
Process Supervisor Central Region

DVW/Starview 04.10

Enclosures

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



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

NAME STARVIEW WQTC MSD  
ADDRESS C/O CEDAR CREEK WQTC  
6406 CEDAR CREEK RD  
LOUISVILLE KY 40211  
FACILITY STARVIEW WQTC MSD  
LOCATION LOUISVILLE KY 40243  
ATTN: DENNIS THOMASSON, SR METRO OPS

PERMIT NUMBER KY0001712

DISCHARGE NUMBER 001

MINOR (SUBJ. 1M)  
F - FINAL  
SANITARY WASTEWATER EFFLUENT  
\*\*\* NO DISCHARGE TO RIVER \*\*\*

MONITORING PERIOD						
YEAR	MO.	DAY	TO	YEAR	MO.	DAY
19	07	01				

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	*****	*****		7	*****	*****	MG/L	0	0/07	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L			
PH	00400 1 0 0	*****	*****		7.1	*****	7.2	EU	0	0/07	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	EU			
SOLID, TOTAL SUSPENDED	00500 1 0 0	2.9	4.2	(LBS/DY)	*****	4	6	MG/L	0	0/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	25.0	50.0	LBS/DY	*****	30	50	MG/L			
NITROGEN, AMMONIA TOTAL (AS N)	00510 1 0 0	0.37	0.5	(LBS/DY)	*****	0.5	0.7	MG/L	0	0/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	8.34	16.7	LBS/DY	*****	10	20	MG/L			
PHOSPHORUS, TOTAL (AS P)	00565 1 0 0	*****	*****		*****	0.2	0.3	MG/L	0	0/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	00590 1 0 0	0.103	0.182	(MGD)	*****	*****	*****	MGD	0	0/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	MGD			
CHLORINE, TOTAL RESIDUAL	00660 1 0 0	*****	*****		*****	<0.010	<0.010	MG/L	0	0/07	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.011	0.017	MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
D.J. SCHAEFER, 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  
*Dennis Thomasson, Sr.*

TELEPHONE  
502 546 6600  
AREA CODE NUMBER  
DATE  
07 24

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  
8401 CEDAR CREEK RD  
LOUISVILLE KY 40211  
FACILITY STARVIEW WQTC MSD  
LOCATION LOUISVILLE KY 40240  
ATTN: DANNIS THOMASSON, SR METRO OPS

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

15003712  
PERMIT NUMBER  
001 1  
DISCHARGE NUMBER

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

MONITORING PERIOD

FROM YEAR MO. DAY TO YEAR MO. DAY

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	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 PERMIT REQUIREMENT	***** *****	***** *****		***** *****	1 30DA GED	2 7 DA GED			0/07	GR
505 DAY, ZOC 80262 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT PERMIT REQUIREMENT	2.5 25.0 30DA AVG	4.7 50.0 DAILY MX	(25) LBS/DY	***** *****	3 30DA AVG	4 DAILY MX			0/07	LP
	SAMPLE MEASUREMENT PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT PERMIT REQUIREMENT										
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
H. J. SCHARDAIN, 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  
502 540 6100  
AREA CODE NUMBER  
DATE  
10 05 24  
YEAR MO DAY

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

Starview	Report for	Apr-10		Tot. Exc.= 0					
Tot. Flow=	3.075	Concentrations		Pounds					
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
4/1/10	0.09								
4/2/10	0.086								
4/3/10	0.093								
4/4/10	0.093								
4/5/10	0.075	3	2.31	0.34	1	1.877	1.445	0.213	0.211
4/6/10	0.078								
4/7/10	0.08								
4/8/10	0.168								
4/9/10	0.133								
4/10/10	0.125								
4/11/10	0.101								
4/12/10	0.08	3	3	0.73	2	2.002	2.002	0.487	0.262
4/13/10	0.081								
4/14/10	0.081								
4/15/10	0.087								
4/16/10	0.089								
4/17/10	0.097								
4/18/10	0.086								
4/19/10	0.083	6	2.68	0.34	1	4.153	1.855	0.235	0.173
4/20/10	0.081								
4/21/10	0.075								
4/22/10	0.065								
4/23/10	0.083								
4/24/10	0.125								
4/25/10	0.182								
4/26/10	0.141	3	4	0.45	2	3.528	4.704	0.529	0.242
4/27/10	0.16								
4/28/10	0.15								
4/29/10	0.112								
4/30/10	0.095								
5/1/10									
Average	0.103	3.75	3.00	0.47	1.41	2.89	2.50	0.37	0.22
Maximum	0.182	6.00	4.00	0.73	2.00	4.15	4.70	0.53	0.26