



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

July 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 – June 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 June 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 06.10

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 WSTC KBD
 ADDRESS C/O CEDAR CREEK WSTC
 1440 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY STARVIEW WSTC KBD
 LOCATION LOUISVILLE KY 40240
 ATTN: DENNIS THOMASSEN SR METRO OPS

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

NPDES FILE	1001
PERMIT NUMBER	DISCHARGE NUMBER

MINOR
 (SUGR LVI)
 F - FINAL
 SANITARY SEWAGEWATER
 EFFLUENT
 *** NO DISCHARGE ***

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	99	03	01		99	03	01

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)	SAMPLE MEASUREMENT	*****	*****		7	*****	*****	1.17	0	1/7	GR
00000 1 0 0	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L			
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.1	*****	7.3	1.12	0	1/7	GR
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	50			
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.0	1.6	1.20	*****	2	2	1.17	0	1/7	CP
00800 1 0 0	PERMIT REQUIREMENT	25.0	30.0		*****	30	30				
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L			
00800 1 0 0	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L			
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.19	0.24	1.20	*****	0.3	0.4	1.17	0	1/7	CP
00800 1 0 0	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L			
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.3	0.5	1.17	0	1/7	CP
00800 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	30DA AVG	DAILY MX	MG/L			
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.078	0.148	1.02	*****	*****	*****	*****	0	1/7	CP
00800 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	*****			
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	40.010	40.010	1.17	0	1/7	GR
00800 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	30DA AVG	DAILY MX	MG/L			
EFFLUENT GROSS VALUE	<p>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER H. J. STARDEN, JR. EXECUTIVE DIRECTOR TYPED OR PRINTED</p> <p>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.</p> <p>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Dennis Thomas</i></p> <p>TELEPHONE 502 540 4000</p> <p>DATE 10 7 27</p>										

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

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

NAME STARVIEW WOTC NSP
 ADDRESS C/O CEDAR CREEK WOTC
 8609 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY STARVIEW WOTC NSP
 LOCATION LOUISVILLE KY 40243
 JOHN DENNIS THOMASSON, SR. METRO DPE

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

PERMIT NUMBER	DISCHARGE NUMBER
---------------	------------------

MINOR
 (SUBS. 1)
 F - FINAL
 SANITARY WASTEWATER
 EFFLUENT
 *** NO DISCHARGE ***

MONITORING PERIOD						
YEAR	MO.	DAY	TO	YEAR	MO.	DAY
1995	01	01		1995	01	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			
GENERAL	PERMIT REQUIREMENT	*****	*****		*****	6	25		0	1/7	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	30DA GED	7 DA GED	100ML			
BOD, CARBONACEOUS	SAMPLE MEASUREMENT	1.3	1.6		*****	2	3		0	1/7	CP
OS DAY, 20C	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	15/L			
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE		
H.J. SCHARDEIN, JR. EXECUTIVE DIRECTOR TYPED OR PRINTED			502-540-6600	10	7	27

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

Starview		Report for		Jun-10		Tot. Exc.= 0		Pounds			
Tot. Flow=		2.343		Concentrations							
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.		
6/1/10	0.066	2	2	0.28	3	1.101	1.101	0.154	0.335		
6/2/10	0.06										
6/3/10	0.05										
6/4/10	0.054										
6/5/10	0.057										
6/6/10	0.053										
6/7/10	0.05										
6/8/10	0.05	2	3	0.39	25	0.834	1.251	0.163	0.225		
6/9/10	0.148										
6/10/10	0.112										
6/11/10	0.085										
6/12/10	0.1										
6/13/10	0.085										
6/14/10	0.111										
6/15/10	0.095	2	2	0.28	7	1.585	1.585	0.222	0.445		
6/16/10	0.102										
6/17/10	0.081										
6/18/10	0.075										
6/19/10	0.125										
6/20/10	0.103										
6/21/10	0.077										
6/22/10	0.073	1	2	0.39	2	0.609	1.218	0.237	0.308		
6/23/10	0.074										
6/24/10	0.068										
6/25/10	0.059										
6/26/10	0.063										
6/27/10	0.063										
6/28/10	0.072										
6/29/10	0.072										
6/30/10	0.06										
Average	0.078	1.75	2.25	0.34	5.69	1.03	1.29	0.19	0.33		
Maximum	0.148	2.00	3.00	0.39	25.00	1.58	1.58	0.24	0.45		