



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

March 15, 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 – February 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 February 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 02.10

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 WQTC MSD
ADDRESS C/O CEDAR CREEK WQTC
8405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY STARVIEW WQTC MSD
LOCATION LOUISVILLE KY 40243
ATTN: DENNIS THOMASSON, SR METRO OPS

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

KY00031712	001 1
PERMIT NUMBER	DISCHARGE NUMBER

MINOR (SUBR LV)
F - FINAL JEFFE
SANITARY WASTEWATER
EFFLUENT
*** NO DISCHARGE 1 ***
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	*****	*****		8	*****	*****	(19)	0	%	GR
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	7	*****	*****				WEEKLY GRAB
EFFLUENT GROSS VALUE				****	INST MIN			MG/L			
PH	SAMPLE MEASUREMENT	*****	*****		7.0	*****	7.2	(12)	0	%	GR
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0				WEEKLY GRAB
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM	SU			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	4.5	6.4	(26)	*****	5	6	(19)	0	%	CP
00500 1 0 0	PERMIT REQUIREMENT	25.0	50.0		*****	30	60				WEEKLY COMPOS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.20	0.4	(26)	*****	0.2	0.3	(19)	0	%	CP
00610 1 2 0	PERMIT REQUIREMENT	8.34	16.7		*****	10	20				WEEKLY COMPOS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	0.2	0.2	(19)	0	%	CP
00665 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT				WEEKLY COMPOS
EFFLUENT GROSS VALUE				****		30DA AVG	DAILY MX	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.129	0.232	(09)	*****	*****	*****		0	CN	CN
00050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****			CONTIN
EFFLUENT GROSS VALUE		30DA AVG	INST MAX	MGD				****			UOUS
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	(19)	0	%	GR
00060 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	0.011	0.019				WEEKLY GRAB
EFFLUENT GROSS VALUE				****		30DA AVG	DAILY MX	MG/L			
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.J. SCHARDEIN, JR.						502 5406000		10 03 16			
EXECUTIVE DIRECTOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE		NUMBER			
TYPED OR PRINTED						502 5406000		10 03 16			

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

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

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

NAME STARVIEW WQTC MSD
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KY00031712
PERMIT NUMBER

001 1
DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
10	02	01		10	02	28

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			
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	1	1	(13)		0 %/07	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	200	400 #/			WEEKLY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	2.9	3.8	(26)	*****	3	3	(17)		0 %/07	CP
	PERMIT REQUIREMENT	25.0	50.0		*****	30	60			WEEKLY	COMPOS
		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
	SAMPLE MEASUREMENT										
	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.

Duane V. Wright
SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE
502 5406000
DATE
10 03 16
AREA CODE NUMBER YEAR MO DAY

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

Starview	Report for		Feb-10	Tot. Exc.= 0					
Tot. Flow=	3.616			Concentrations		Pounds			
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
2/1/10	0.101								
2/2/10	0.096	6	3	0.17	1	4.804	2.402	0.136	0.162
2/3/10	0.087								
2/4/10	0.094								
2/5/10	0.185								
2/6/10	0.232								
2/7/10	0.181								
2/8/10	0.148								
2/9/10	0.141	3	3	0.056	1	3.528	3.528	0.066	0.156
2/10/10	0.13								
2/11/10	0.115								
2/12/10	0.116								
2/13/10	0.116								
2/14/10	0.112								
2/15/10	0.107								
2/16/10	0.102	4	2	0.28	1	3.403	1.701	0.238	0.118
2/17/10	0.098								
2/18/10	0.103								
2/19/10	0.109								
2/20/10	0.131								
2/21/10	0.169								
2/22/10	0.184								
2/23/10	0.153	5	3	0.28	1	6.380	3.828	0.357	0.229
2/24/10	0.136								
2/25/10	0.124								
2/26/10	0.108								
2/27/10	0.119								
2/28/10	0.119								
Average	0.129	4.50	2.75	0.20	1.00	4.53	2.86	0.20	0.17
Maximum	0.232	6.00	3.00	0.28	1.00	6.38	3.83	0.36	0.23