

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

February 23, 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 – January 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 January 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

ware V. Wright

DVW/Starview 01.10

Enclosures

cc:

C. Roth (DOW Louisville)

R. Shaw

T. Singleton



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

STARVIEW WOTO MOD

ADDRESS C/O CEDAR CREEK WGTC

8406 CEPAR CREEK WT

LOUISVILLE

MY ADDII

FACILITY STREET SHOTE MED LOCATION LOUISVILLE

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

PERMIT NUMBER

FROM

DISCHARGE NUMBER

MINOR (SUBR LV) F - FINAL

Form Approved. OMB No. 2040-0004

332 32 32

MONITORING PERIOD YEAR MO DAY YEAR MO DAY TO

BARITARY WASTSWATER EFFLUENT

*** NO DISCHARGE : 1 ***

PARAMETER		QUAN	TITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY	OAM LL
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NAME

STARVIEW WOTO MED

ADDRESS C/O CEDAR CREEK WOTO

BADS CEERS CREEK AD

LOUISVILLE

KY 40211

FACILITY STARVIEW WOTE MED LOCATION LOCATEVILLE

KY 40243

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

MONITORING PERIOD

TO

YEAR

DAY

KY0027772 **PERMIT NUMBER**

MO

YEAR

FROM

DISCHARGE NUMBER

MO

DAY

MINDR (SUBR LV) F - FINAL

Form Approved. OMB No. 2040-0004

SANITARY WASTEWATER EFFLUENT

*** NO DISCHARGE : (***

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JSCHARDEIN, JR.	to assure	e that qualified personnel pred. Based on my inquiry of	roperly gather and evaluate	the information	m C	Sec. 21	· /_ [
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submitted. Based on my inquiry or or those personse if are may be compared by the compared by			t penalties for submitting fa	use information,	SIGNA	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			100		2 23
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)						1 C. LIDER OF ADMINISTRED AGENT			:	YEAR N	IO DAY

Starview		Report for			Tot. Exc.= 0				
Tot. Flow=	3.643		Concentr				Pounds		
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
1/1/10	0.093								
1/2/10	0.09								
1/3/10	0.082								
1/4/10	0.078	- 8	2	0.34	1	5.204	1.301	0.221	0.482
1/5/10	0.072								
1/6/10	0.073								
1/7/10	0.069								
1/8/10	0.071								
1/9/10	0.073								
1/10/10	0.072								
1/11/10	0.075	3	2	0.34	159	1.877	1.251	0.213	0.271
1/12/10	0.065								
1/13/10	-0.08								
1/14/10	0.079								
1/15/10	0.084								
1 /16/10	0.091								
1/17/10	0.127								
1/18/10	0.124								
1/19/10	0.104	1	3	0.17	1	0.867	2.602	0.147	0.15
1/20/10	0.137								
1/21/10	0.235								
1/22/10	0.224								
1/23/10	0.186				4				
1/24/10	0.25								
1/25/10	0.234	9	2	0.17	2	17.564	3.903	0.332	0.304
1/26/10	0.178							0.002	0.00 1
1/27/10	0.142			•					
1/28/10	0.121								
1/29/10	0.112		-						
1/30/10	0.112		•						
1/31/10	0.11								
Average	0.118	5.25	2.25	0.26	4.22	6.38	2.26	0.23	0.30
Maximum	0.250	9.00	3.00	0.34	159.00	17.56	3.90	0.33	0.48