



Louisville and Jefferson County Metropolitan Sewer District  
700 West Liberty Street  
Louisville Kentucky 40203-1911  
502-540-6000  
[www.msdlouky.org](http://www.msdlouky.org)

May 18, 2011

Ms. Cheryl Edwards  
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 2011.**

Dear Ms. Edwards:

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 2011.

Also attached are bypass letters and overflow reports.

There were no exceedences.

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 4.11

Enclosures

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



Beneficial Use of Louisville's Biosolids  
[www.louisvillegreen.com](http://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 THOMASSEN, SR METRO OPS

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

AT0031712

PERMIT NUMBER

001 1

DISCHARGE NUMBER

MONITORING PERIOD

FROM	YEAR	MO.	DAY	TO	YEAR	MO.	DAY

MINOR

(SUBR LV)

F - FINAL

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				0	%/07	GR
00300 1 0 0	PERMIT REQUIREMENT			****	INST MIN			MG/L			
EFFLUENT GROSS VALUE											
PH	SAMPLE MEASUREMENT				7.1		7.2		0	%/07	GR
00400 1 0 0	PERMIT REQUIREMENT			****	MINIMUM		MAXIMUM	SU			
EFFLUENT GROSS VALUE											
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	10.2	26.6			6	11		0	%/07	CP
00530 1 0 0	PERMIT REQUIREMENT			****							
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LB/Day		30DA AVG	DAILY MX	MG/L			
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.67	1.4			0.3	0.6		0	%/07	CP
00610 1 2 0	PERMIT REQUIREMENT			****							
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LB/Day		30DA AVG	DAILY MX	MG/L			
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT					2.1	2.6		0	%/07	CP
00665 1 0 0	PERMIT REQUIREMENT			****							
EFFLUENT GROSS VALUE						30DA AVG	DAILY MX	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	.222	.420						0	CN	CN
00050 1 0 0	PERMIT REQUIREMENT			****							
EFFLUENT GROSS VALUE		30DA AVG	INST MAX	MGD							
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT					40.010	40.010		0	%/07	GR
00060 1 0 0	PERMIT REQUIREMENT			****							
EFFLUENT GROSS VALUE						30DA AVG	DAILY MX	MG/L			

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

502 5406000

11 05 23

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  
 8405 CEDAR CREEK RD  
 LOUISVILLE KY 40211  
 FACILITY STARVIEW WQTC MSD  
 LOCATION LOUISVILLE KY 40243  
 ATTN: DENNIS THOMASSEN, SR. METRO OPS

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

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO:	DAY	TO	YEAR	MO:	DAY

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

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			
GENERAL	SAMPLE MEASUREMENT					1	1		0	0/07	GR
74055 1 0 0	PERMIT REQUIREMENT			***		200	100	*/			
EFFLUENT GROSS VALUE				***		30DA GEO	7 DA GEO	100ML			
BOD, CARBONACEOUS	SAMPLE MEASUREMENT	5.4	9.7			3	4		0	0/07	CP
05 DAY, 20C	PERMIT REQUIREMENT					30	10				
80082 1 0 0						30DA AVG	DAILY MX	MG/L			
EFFLUENT GROSS VALUE											
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

*Diane V. Wright*

TELEPHONE

502 540 6000

DATE

11 05 23

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

Starview	Report for	Apr-11		Tot. Exc.= 0					
Tot. Flow=	6.666	Concentrations							
Date	Flow	TSS	BOD	NH3	Fecal	TSS	Pounds BOD	NH3	Tot. Phos.
4/1/11	0.076								
4/2/11	0.091								
4/3/11	0.082	7	4	0.22	1	4.787	2.736	0.150	2.56
4/4/11	0.145								
4/5/11	0.167								
4/6/11	0.136								
4/7/11	0.119								
4/8/11	0.108								
4/9/11	0.134								
4/10/11	0.152	2	2	0.34	1	2.535	2.535	0.431	2.25
4/11/11	0.175								
4/12/11	0.179								
4/13/11	0.324								
4/14/11	0.22								
4/15/11	0.186								
4/16/11	0.186								
4/17/11	0.408	2	2	0.22	1	6.805	6.805	0.749	1.37
4/18/11	0.408								
4/19/11	0.293								
4/20/11	0.194								
4/21/11	0.16								
4/22/11	0.161								
4/23/11	0.216								
4/24/11	0.351								
4/25/11	0.346								
4/26/11	0.346								
4/27/11	0.42								
4/28/11	0.38								
4/29/11	0.29	11	4	0.56	1	26.605	9.674	1.354	
4/30/11	0.213								
Average	0.222	5.50	3.00	0.34	1.00	10.18	5.44	0.67	2.06
Maximum	0.420	11.00	4.00	0.56	1.00	26.60	9.67	1.35	2.56



700 West Liberty Street  
Louisville Kentucky 40203-1911  
502-540-6000  
www.msdlouky.org

April 14, 2011

Mr. Charlie Roth, District Supervisor  
KY Division of Water  
Louisville Regional Office  
9116 Leesgate Road  
Louisville, KY 40222-5084

**Re: Bypass Report for the: Starview WQTC- KPDES Permit: KY0031712**

Dear Mr. Roth:

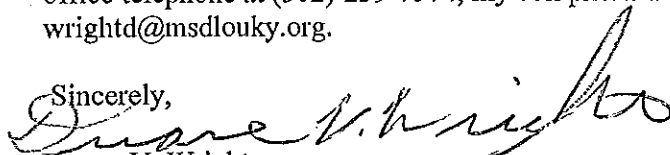
This plant experienced a bypass event and has been reported through our electronic notification system at approximately 01:00 AM on April 13, 2011, referencing Work Order 1243215 as a Rain event Discharge. This letter serves as a written report of the bypass as required by 401 KAR 5:065.

Provided below are the details of the bypass event:

- Description of the noncompliance and its cause: On April 12, 2011, due to increased plant flow caused by a rain event, this plant experienced a bypass of the secondary treatment system. The plant aeration tanks overflowed due to lack of capacity. The bypassed volume received preliminary treatment, but did not receive full secondary treatment or chlorination/dechlorination treatment. Plant Aeration was shut off prior to bypass. The Peak flow for the event was .42 MGD and the total flow for the event was .0299 MG. The total plant flow for the day was .179 MGD. Approximately 16,000 gallons overflowed. The design flow to this plant is 0.100 MGD.
- Period of noncompliance: Starting 11:45 AM on April 12, 2011 and stopping 05:05 PM on April 12, 2011.
- Steps taken or planned to reduce, eliminate and prevent recurrence: If operational needs for resources allow, MSD will haul water from the plant.
- Additional comments: No additional comments

Please advise if you have any questions concerning this information. You can contact me on my office telephone at (502)-239-7574, my cell phone at (502)-396-9142 or via email at [wrightd@msdlouky.org](mailto:wrightd@msdlouky.org).

Sincerely,



Duane V. Wright  
Process Supervisor-Operations

cc: Gary Levy, KDEP  
Paula Purifoy, MSD  
eB File





IMSAST0004

## Overflow Report

Initiated Apr 01, 2011 12:00 AM thru Apr 30, 2011 11:59 PM

Report Selections: Excluding PPI, CSO, Result: WUS, Act Code: DISDW, DISREV

KPDES # KY0031712	Facility ID MSD0247	Water Quality Treatment Center STARVIEW	Receiving Stream of Treatment Center CHENOWETH RUN	Region CENT						
Facility Type SMH Sewer Manhole	Facility ID 31123	Facility Address 423 BERMUDA WAY	If Pump Station, Name of Pump Station:  CHENOWETH RUN,UPPER	Discharge to DITCH						
<u>Activity Code / Description</u> DISREV: RAIN EVENT DISCHARGE	<u>WO #</u> 1253351	<u>Initiated</u> 04/27/11 01:00 PM	<u>Initiated By</u> ELDER	<u>Assigned To</u> WRIGHT	<u>Disch Status</u> REPAIRED - ISSUE RESOLVED	<u>Event Date</u> 04/27/11	<u>Problem</u> POWER OUTAGE (LG&E)	<u>Result</u> UNAUTHORIZED DISCHARGE - WATERS	<u>Completed</u> 04/27/11 03:38 PM	<u>Condition</u>

## Spot Inspections:

Discharge Amount	790 GAL
Cause:	LOSS OF LG&E POWER DUE TO STORM EVENT
Clean Up:	MSD CLEANED & SANITIZED THE AREA
Control Zone:	TEMPORARY SIGNS POSTED
Impact	SEWAGE & DEBRIS OBSERVED
Repair:	SET GENERATOR UP TO RESTORE POWER

## Notifications:

04/27/11 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
04/27/11 01:00 PM	DISSNO	Supplemental Email notification of unauthorized discharge has been sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
	DISPUB	TEMPORARY SIGNS POSTED AROUND AFFECTED AREA



IMSAST0004

## Overflow Report

Initiated Apr 01, 2011 12:00 AM thru Apr 30, 2011 11:59 PM

Report Selections: Excluding PPI, CSO, Prob Code: BYPAS, Result: WUS, Act Code: DISDW, DISREV

KPDES #  
KY0031712 (Cont'd)Facility ID  
MSD0247Water Quality Treatment Center  
STARVIEWReceiving Stream of Treatment Center  
CHENOWETH RUNRegion  
CENT

<u>Activity Code / Description</u>	<u>WO #</u>	<u>Initiated</u>	<u>Initiated By</u>	<u>Assigned To</u>	<u>Disch Status</u>	<u>Event Date</u>	<u>Problem</u>	<u>Result</u>	<u>Completed</u>	<u>Condition</u>
DISREV: RAIN EVENT DISCHARGE	1252913	04/27/11 09:00 AM	MARKS JR	WRIGHT	BEYOND APPROVED DESIGN STORM	04/12/11	BYPASS AT WQTC	UNAUTHORIZED DISCHARGE - WATERS	04/28/11 02:35 AM	

**Spot Inspections:**

Discharge Amount:	105,500 GAL
Cause:	RAIN EVENT CAUSED LACK OF SYSTEM CAPACITY
Clean Up:	NO DEBRIS
Control Zone:	TEMPORARY SIGNS POSTED
Impact:	SEWAGE OBSERVED
Repair:	A SOLUTION FOR THIS LOCATION IS LOCATED IN THE IOAP PLAN.

**Notifications:**

04/27/11 09:31 AM	DISPUB	msd notified public with signs
04/27/11 01:00 AM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
04/27/11 01:00 AM	DISSNO	Supplemental Email notification of unauthorized discharge has been sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov



Initiated Apr 01, 2011 12:00 AM thru Apr 30, 2011 11:59 PM

Report Selections: Excluding PPI, CSO, Prob Code: BYPAS, Result: WUS, Act Code: DISDW, DISREV

KPDES # KY0031712	Facility ID MSD0247	Water Quality Treatment Center STARVIEW	Receiving Stream of Treatment Center CHENOWETH RUN	Region CENT
----------------------	------------------------	--	---	----------------

Facility Type SPL Sewer Treatment Plant	Facility ID MSD0247	Facility Address 423 BERMUDA WAY	If Pump Station, Name of Pump Station:	Receiving Stream CHENOWETH RUN	Discharge to STREAM
--	------------------------	-------------------------------------	--	-----------------------------------	------------------------

<u>Activity Code / Description</u> DISREV: RAIN EVENT DISCHARGE	<u>WO #</u> 1243215	<u>Initiated</u> 04/12/11 11:45 AM	<u>Initiated By</u> ELDER	<u>Assigned To</u> WRIGHT	<u>Disch Status</u> BEYOND APPROVED DESIGN STORM	<u>Event Date</u> 04/12/11	<u>Problem</u> BYPASS AT WQTC	<u>Result</u> UNAUTHORIZED DISCHARGE - WATERS	<u>Completed</u> 04/12/11 05:05 PM	<u>Condition</u>
---	------------------------	---------------------------------------	------------------------------	------------------------------	---	-------------------------------	----------------------------------	--	--	------------------

**Spot Inspections:**

Discharge Amount:	16,000 GAL
Cause:	LACK OF CAPACITY DUE TO RAIN EVENT IN AREA
Clean Up:	NO DEBRIS
Control Zone:	TEMPORARY SIGNS PLACED
Impact:	SEWAGE OBSERVED
Repair:	SITE FOUND DURING RAIN EVENT RECON- WILL MONITOR & EVALUATE FOR REPAIR

**Notifications:**

04/12/11 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
04/12/11 01:00 PM	DISSNO	Supplemental Email notification of unauthorized discharge has been sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
04/12/11 11:45 AM	DISPUB	MSD NOTIFIED THE PUBLIC BY PLACING TEMPORARY SIGNS AROUND THE AFFECTED AREA