

MSD

Metropolitan Sewer District

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

July 19, 2011

Ms. Cheryl Edwards
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 2011.**

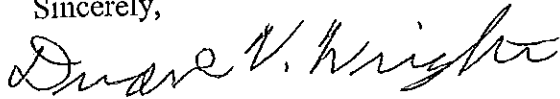
Dear Ms. Edwards:

Attached are the Discharge Monitoring Reports (DMRs) and the Monthly Operating Report (MOR) for the Starview WQTC, KPDES No.: KY0031712 for the month of June 2011.

There were no exceedences, bypass 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 6.11

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
8608 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY STARVIEW WQTC MSD
LOCATION LOUISVILLE KY 40242
ATTN: DENNIS THOMASSEN, SR METRO OPS

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

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

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

MONITORING PERIOD						
YEAR	MO.	DAY	TO	YEAR	MO.	DAY

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 (OD)	00300 1 0 0			***	7					0	12/30	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			***#	INST MIN			MG/L				
PH	00400 1 0 0			***	6.9		7.3			0	12/30	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			****	MINIMUM		MAXIMUM	SD				
SUSPENDED SOLIDS TOTAL	00500 1 0 0	2.7	3.9			3	5			0	01/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L				
NITROGEN AMMONIA TOTAL (AS N)	00610 1 0 0	0.25	0.38			0.3	0.3			0	01/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L				
PHOSPHORUS TOTAL (AS P)	00660 1 0 0			***		2.4	3			0	01/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			****		30DA AVG	DAILY MX	MG/L				
THRU TREATMENT PLANT	00020 1 0 0	0.117	0.336							0	CU	CU
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	INST MAX	MGD				****			UOUS	
CHLORINE TOTAL RESIDUAL	00040 1 0 0			***		<0.010	<0.010			0	12/30	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			****		30DA AVG	DAILY MX	MG/L				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER:
H.J. SCHARDIN JR.
EXEC. DIR.
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 Thomassen, Sr.

TELEPHONE		DATE		
502	540 6000	11	7	19
AREA CODE	NUMBER	YEAR	MO	DAY

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 THOMASSON, SR. METRO OPS

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

PERMIT NUMBER

DISCHARGE NUMBER

MINOR
 (SUBR LV)
 T - FINAL
 SANITARY WASTEWATER
 EFFLUENT

Form Approved.
 OMB No. 2040-0004

MONITORING PERIOD						
YEAR	MO.	DAY	TO	YEAR	MO.	DAY

FROM

TO

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT					2	8		0	1/07	GR
	PERMIT REQUIREMENT			***							
05 DAY, 20C 80052 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	2.4	2.7			3	3		0	1/07	CP
	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MS/L			
	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.S. CHARNOV, JR.
 EXEC. DIR
 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
 Signature: *Dennis Thomasson*
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 502-5406000
 DATE: 11 7 19
 AREA CODE: 502 NUMBER: 5406000 YEAR: 11 MO: 7 DAY: 19

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

Starview	Report for	Jun-01		Tot. Exc.= 0		Pounds		NH3	Tot. Phos.
Tot. Flow= Date	Flow	TSS	Concentrations BOD	NH3	Fecal	TSS	BOD		
6/1/01	0.094	5	3	0.22	1	3.920	2.352	0.172	1.82
6/2/01	0.091								
6/3/01	0.082								
6/4/01	0.087								
6/5/01	0.085								
6/6/01	0.079								
6/7/01	0.077								
6/8/01	0.076	4	3	0.28	8	2.535	1.902	0.177	2.71
6/9/01	0.075								
6/10/01	0.077								
6/11/01	0.093								
6/12/01	0.095								
6/13/01	0.079								
6/14/01	0.073								
6/15/01	0.108	2	3	0.28	1	1.801	2.702	0.252	2.95
6/16/01	0.119								
6/17/01	0.106								
6/18/01	0.154								
6/19/01	0.165								
6/20/01	0.173								
6/21/01	0.148								
6/22/01	0.162	2	2	0.28		2.702	2.702	0.378	1.9
6/23/01	0.336								
6/24/01	0.191				1				
6/25/01	0.135								
6/26/01	0.138								
6/27/01	0.116								
6/28/01	0.104								
6/29/01	0.099								
6/30/01	0.095								
Average	0.117	3.25	2.75	0.27	1.68	2.74	2.41	0.25	2.35
Maximum	0.336	5.00	3.00	0.28	8.00	3.92	2.70	0.38	2.95