



*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)

September 19, 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 Report – August 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 August 2011.

Also attached are a bypass and overflow report.

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, appearing to read "Duane V. Wright".

Duane V. Wright  
Process Supervisor Central Region

DVW/Starview 8.11

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 40245  
ATTN: DENNIS THOMASSON, ES. METRO OPS

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

000031712  
PERMIT NUMBER

001 1  
DISCHARGE NUMBER

MINDR  
(SUBR LV)  
7 - 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	*****	*****		7	*****	*****	( 19 )	0	1/1	GR
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	***	7	*****	*****	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE				****	INST MIN						
PH	SAMPLE MEASUREMENT	*****	*****		6.1	*****	7.5	( 12 )	0	1/1	GR
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	***	5.0	*****	9.0	BU		WEEKLY	GRAB
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	1.8	2.4	( 26 )	*****	3	4	( 19 )	0	1/7	CP
00530 1 0 0	PERMIT REQUIREMENT	25.0	50.0		*****	30	60	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX				
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.25	0.32	( 26 )	*****	0.4	0.5	( 19 )	0	1/7	CP
00610 1 1 0	PERMIT REQUIREMENT	0.34	6.55		*****	4	8	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX				
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	2.4	2.7	( 19 )	0	1/7	CP
00665 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT	REPORT	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE				****		30DA AVG	DAILY MX				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.074	0.160	( 03 )	*****	*****	*****		0	CN	CN
00050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	MGD		CONTIN	CONTIN
EFFLUENT GROSS VALUE		30DA AVG	INST MAX	MOD						UOUS	
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	40.010	40.010	( 19 )	0	1/7 <sup>DM</sup>	GR
50060 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	0.011	0.019	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE				****		30DA AVG	DAILY MX				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
H.J. SCHARDEIN, JR.  
EX-CL. 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 Thomason

TELEPHONE  
502 540 6000  
DATE  
11 9 26  
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

ADDRESS

FACILITY

LOCATION

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

Form Approved.  
OMB No. 2040-0004

XY00031712  
PERMIT NUMBER

001  
DISCHARGE NUMBER

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			
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT CODE VALUE	SAMPLE MEASUREMENT	*****	*****		*****	27	41	( 10 )		0 1/2	GR
	PERMIT REQUIREMENT	*****	*****	***	*****	200	400	1000		WEEKLY	GRAS
BOD, CARBONACEOUS 5 DAY, 20C 80082 1 0 0 EFFLUENT CODE VALUE	SAMPLE MEASUREMENT	1.8	2.4	( 20 )	*****	3	3	( 17 )		0 1/2	CP
	PERMIT REQUIREMENT	25 0	50 0	3000 AVE DAILY MAX	*****	30	50	MS/L		WEEKLY	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

M. J. SCHARP, 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

TELEPHONE

DATE

5025406000

11 9 26

AREA CODE NUMBER YEAR MO DAY

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

Starview	Report for	Aug-11		Tot. Exc.= 0		Pounds			
Tot. Flow=	2.298	Concentrations				BOD			
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
8/1/11	0.068	2	3	0.5	41	1.134	1.701	0.284	2.65
8/2/11	0.066								
8/3/11	0.079								
8/4/11	0.072								
8/5/11	0.069								
8/6/11	0.069								
8/7/11	0.115								
8/8/11	0.098	2	2	0.39	20	1.635	1.635	0.319	2.31
8/9/11	0.088								
8/10/11	0.088								
8/11/11	0.077								
8/12/11	0.066								
8/13/11	0.066								
8/14/11	0.16								
8/15/11	0.094	3	3	0.34	22	2.352	2.352	0.267	1.77
8/16/11	0.094								
8/17/11	0.075								
8/18/11	0.075								
8/19/11	0.068								
8/20/11	0.072								
8/21/11	0.074								
8/22/11	0.058	4	3	0.28	28	1.935	1.451	0.135	2.67
8/23/11	0.057								
8/24/11	0.069								
8/25/11	0.063								
8/26/11	0.058								
8/27/11	0.055								
8/28/11	0.054								
8/29/11	0.046								
8/30/11	0.051								
8/31/11	0.054								
Average	0.074	2.75	2.75	0.38	26.66	1.76	1.78	0.25	2.35
Maximum	0.160	4.00	3.00	0.50	41.00	2.35	2.35	0.32	2.67



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

August 15, 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:

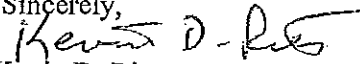
This plant experienced a bypass event and has been reported through our electronic notification system at approximately 01:00 AM on August 14, 2011, referencing Work Order 1321027 as a rain event discharge. This letter serves as a written report of the bypass as required by 401 KAR 5:065.

Provided below are the details of the bypass event:

- Description of the noncompliance and its cause: On August 13, 2011, due to loss of LG&E power during a storm, this plant experienced a bypass. Approximately 175 gallons of plant effluent was bypassed to waters of the US. The plant effluent pump station overflowed due to loss of power before we could install an alternate power source. The bypassed volume received full treatment. However, the effluent bypassed was not discharged at the plant permitted discharge site.
- Period of noncompliance: Starting 10:05 PM on August 13, 2011 and stopping 10:40 PM on August 13, 2011.
- Steps taken or planned to reduce, eliminate and prevent recurrence: We will include this site in our analysis and review of alternative power projects..

Please advise if you have any questions concerning this information. You can contact me on my office telephone at (502)-231-982, my cell phone at (502)-396-7543 or via email at [ries@msdlouky.org](mailto:ries@msdlouky.org).

Sincerely,

  
Kevin D. Ries  
Process Supervisor-Operations

cc: Gary Levy, KDEP  
Paula Purifoy, Wes Sydnor, Kevin Ries, Robert Bates - MSD  
eB File





IMSAST0004  
Overflow Report

Initiated Aug 01, 2011 12:00 AM thru Aug 31, 2011 11:59 PM

Report Selections: Excluding PPI, CSO, Excluding LAT, 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
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Facility Type	Facility ID	Facility Address	If Pump Station, Name of Pump Station:	Receiving Stream	Discharge to
SPL Sewer Treatment Plant	MSD0247	423 BERMUDA WAY		CHENOWETH RUN	STREAM

Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Event Date	Problem	Result	Completed	Condition
DISREV: RAIN EVENT DISCHARGE	1321027	08/13/11 10:05 PM	MARKS JR	BRAZEL	REPAIRED - ISSUE RESOLVED	08/13/11	BYPASS AT WQTC	UNAUTHORIZED DISCHARGE-WATER S	08/13/11 10:40 PM	

**Spot Inspections:**

Discharge Amount	175 GAL
Cause:	LG&E POWERFAIL
Clean Up:	NO CLEANUP
Control Zone:	TEMPORARY SIGNS POSTED
Impact:	NO VISUAL IMPACT
Repair:	PORTABLE GENERATORS WERE INSTALLED

**Notifications:**

08/13/11 10:55 PM	DJSPUB	msd warned the public with temporary signs
08/13/11 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
08/13/11 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