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

January 8, 2012

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 Report – December 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 December 2011.

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

Duane V. Wright
Process Supervisor Central Region

DVW/Starview 12.11

Enclosures

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

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)*

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
KY0053112	001

MONITORING PERIOD

	YEAR	MO.	DAY		YEAR	MO.	DAY
FROM	--	--	--	TO	--	--	--

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

JEFFE

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	*******	*******		0	1/1	GR
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	*** ****	INST MIN	*******	*******	MG/L			
PH	SAMPLE MEASUREMENT	*******	*******		6.9	*******	8.0		0	1/1	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	*** ****	MINIMUM		MAXIMUM	SU			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	3.3	3.9		*******	3	3		0	1/7	CP
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*******	30DA AVG	DAILY MX	MG/L			
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.24	0.4		*******	0.2	0.3		0	1/7	CP
00610 1 2 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*******	30DA AVG	DAILY MX	MG/L			
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*******	*******		*******	1.5	2.2		0	1/7	CP
00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	*** ****	*******	30DA AVG	DAILY MX	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.129	0.334		*******	*******	*******		0	CN	CN
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	*******	*******	*******	*** ****		UOUS	
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	<0.010	<0.010		0	1/1	GR
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	*** ****	*******	30DA AVG	DAILY MX	MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE		
GREG C. HEITZMAN, PE INTERIM 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.	Duane V. Arnita SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE 502 NUMBER 540-6000	YEAR 12	MO 1	DAY 20

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
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ATTN: DENNIS THOMASSON, SR METRO OPS

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

KY0031712 — PERMIT NUMBER
001 1 — DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR 11 MO 12 DAY 01 TO YEAR 11 MO. 12 DAY 31

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

JEFFE

Form Approved.
OMB No. 2040-0004

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PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		*******	6	42	(13)	0	1/7	GR
	PERMIT REQUIREMENT	*******	*******	****	*******	200 GEO 30DA GEO	400 7 DA GEO	#/ 100ML			
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	2.6	2.8	(26)	*******	2	3	(19)	0	1/7	CP
	PERMIT REQUIREMENT	25.0 30DA AVG	30.0 DAILY MX	LBS/DY	*******	30 30DA AVG	60 DAILY MX	MG/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
GREG C. HEITZMAN, PE
INTERIM 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.

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

TELEPHONE AREA CODE 502 NUMBER 540-6000

DATE YEAR 12 MO 1 DAY 20

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

Starview Report for **Dec-11** Tot. Exc.= 0

Tot. Flow=	3.98949		Concentrations				Pounds		
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
12/1/11	0.156	3	2	0.28		3.893	2.596	0.363	0.853
12/2/11	0.124				42				
12/3/11	0.115								
12/4/11	0.113								
12/5/11	0.209								
12/6/11	0.334								
12/7/11	0.205								
12/8/11	0.150	3	2	0.056		3.744	2.496	0.070	1.12
12/9/11	0.115				5				
12/10/11	0.094								
12/11/11	0.086								
12/12/11	0.076								
12/13/11	0.069								
12/14/11	0.071								
12/15/11	0.110	2	3	0.28		1.839	2.759	0.258	2.02
12/16/11	0.094				1				
12/17/11	0.091								
12/18/11	0.078								
12/19/11	0.074								
12/20/11	0.072								
12/21/11	0.121								
12/22/11	0.155	3	2	0.22		3.877	2.585	0.284	2.15
12/23/11	0.167				6				
12/24/11	0.137								
12/25/11	0.116								
12/26/11	0.107								
12/27/11	0.188								
12/28/11	0.173								
12/29/11	0.144								
12/30/11	0.129								
12/31/11	0.116								
Average	0.129	2.75	2.25	0.21	5.96	3.34	2.61	0.24	1.54
Maximum	0.334	3.00	3.00	0.28	42.00	3.89	2.76	0.36	2.15