



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

September 12, 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 – August 2012.**

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 2012.

There were no exceedences, bypasses or overflows to report.

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 8.12

Enclosures

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



Beneficial Use of Louisville's Biosolids
www.louisvillegreen.com

DISCHARGE MONITORING REPORT (DMR)

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

NAME: CEDAR CREEK WQTC
 ADDRESS: 8405 CEDAR CREEK RD
 LOUISVILLE, KY 40211
 FACILITY: STARVIEW WQTC MSD
 LOCATION: 423 BERMUDA WAY
 LOUISVILLE, KY 40243

KY0031712

PERMIT NUMBER

001-1

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 40211

MINOR

(SUBR LV) JEFFE

SANITARY WASTEWATER

External Outfall

ATTN: DENNIS THOMASSON, SR METRO OPS

FROM

MM/DD/YYYY

08/01/2012

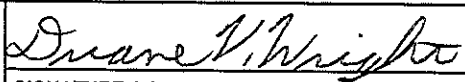
TO

MM/DD/YYYY

08/31/2012

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	*****	8	*****	*****		0	1/1	GR
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	7 INST MIN	*****	*****	mg/L		Weekly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6	*****	7		0	1/1	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0.9	1		*****	2	3		0	1/7	CP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	25 30DA AVG	50 DAILY MX	lb/d	*****	30 30DA AVG	60 DAILY MX	mg/L		Weekly	COMPOS
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	0.17	0.22		*****	0.4	0.5		0	1/7	CP
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	3.34 30DA AVG	6.68 DAILY MX	lb/d	*****	4 30DA AVG	8 DAILY MX	mg/L		Weekly	COMPOS
Phosphorus, total (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.7	4.3		0	1/7	CP
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.053	0.089		*****	*****	*****	*****	0	CN	CN
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. INST MAX	MGD	*****	*****	*****	*****		Continuous	CONTIN
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.010	<0.010		0	1/1	GR
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 30DA AVG	.019 DAILY MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GREG C. HEITZMAN INTERIM EX 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 09/15/2012
			502 540 6000	AREA Code	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			NUMBER	MM/DD/YYYY	

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

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

NAME: CEDAR CREEK WQTC
 ADDRESS: 8405 CEDAR CREEK RD
 LOUISVILLE, KY 40211
 FACILITY: STARVIEW WQTC MSD
 LOCATION: 423 BERMUDA WAY
 LOUISVILLE, KY 40243

ATTN: DENNIS THOMASSON, SR METRO OPS

KY0031712	001-1
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 40211

MINOR
 (SUBR LV) JEFFE
 SANITARY WASTEWATER
 External Outfall

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	08/01/2012	TO	08/31/2012

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal general 74055 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	10	22		0	1/5	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	200 30DA GEO	400 7 DA GEO	#/100mL		Weekly	GRAB
BOD, carbonaceous, 05 day, 20 C 80082 1 0 Effluent Gross	SAMPLE MEASUREMENT	1	1		*****	3	4		0	1/5	CD
	PERMIT REQUIREMENT	25 30DA AVG	50 DAILY MX	lb/d	*****	30 30DA AVG	60 DAILY MX	mg/L		Weekly	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Greg W. Heitzman</i> INTERIM EX 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 <i>Dennis Thomasson</i>	TELEPHONE		DATE	
			AREA Code	NUMBER	MM/DD/YYYY	
			502	540-6000	09/15/2012	

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

Starview	Report for		Aug-12	Tot. Exc.= 0					
Tot. Flow=	1.631	Concentrations		Pounds					
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
8/1/12	0.058	1	2	0.39		0.48	0.96	0.19	2.91
8/2/12	0.050				14				
8/3/12	0.069								
8/4/12	0.067								
8/5/12	0.066								
8/6/12	0.059								
8/7/12	0.055								
8/8/12	0.053	2	2	0.5		0.89	0.89	0.22	3.6
8/9/12	0.054				17				
8/10/12	0.051								
8/11/12	0.055								
8/12/12	0.054								
8/13/12	0.052								
8/14/12	0.049								
8/15/12	0.044	3	3	0.34		1.10	1.10	0.13	4.32
8/16/12	0.056				2				
8/17/12	0.089								
8/18/12	0.070								
8/19/12	0.050								
8/20/12	0.049								
8/21/12	0.045								
8/22/12	0.040	3	4	0.39		1.01	1.35	0.13	3.77
8/23/12	0.042				22				
8/24/12	0.044								
8/25/12	0.049								
8/26/12	0.047								
8/27/12	0.042								
8/28/12	0.049								
8/29/12	0.037								
8/30/12	0.041								
8/31/12	0.045								
Average	0.053	2.25	2.75	0.41	10.12	0.87	1.07	0.17	3.65
Maximum	0.089	3.00	4.00	0.50	22.00	1.10	1.35	0.22	4.32
Exceed.	0.000	0	0	0	0	0	0	0	