



*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)

June 12, 2012

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 – May 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 May 2012.

Also attached are a bypass letter 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 that reads "Duane V. Wright".

Duane V. Wright  
Process Supervisor Central Region

DVW/Starview 5.12

Enclosures

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



*Beneficial Use of Louisville's Biosolids*  
[www.louisvillegreen.com](http://www.louisvillegreen.com)

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

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

JET

NOTE: Read Instructions before completing this form.

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

NAME STARVIEW WQTC MSD  
ADDRESS C/O CEDAR CREEK WQTC  
5405 CEDAR CREEK RD  
LOUISVILLE KY 40211  
FACILITY STARVIEW WQTC MSD  
LOCATION LOUISVILLE KY 40249  
ATTN: DENNIS THOMASSON, SR METRO DPE

KY0001712  
PERMIT NUMBER

001  
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO.	DAY	TO	YEAR	MO.	DAY

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DISSOLVED OXYGEN (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		8	*****	*****	1 15	0	1/1	GR
	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L			
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.8	*****	7.4	1 15	0	1/1	GR
	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	BU			
SOLIDS, TOTAL SUSPENDED 00500 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.7	3.3	1 15	*****	2	3	1 15	0	1/7	CP
	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/D	*****	30DA AVG	DAILY M	MG/L			
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.21	0.43	1 15	*****	0.3	0.4	1 15	0	1/7	CP
	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/D	*****	30DA AVG	DAILY M	MG/L			
PHOSPHORUS, TOTAL (AS P) 00625 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	2.1	2.7	1 15	0	1/7	CP
	PERMIT REQUIREMENT	*****	*****	****	*****	30DA AVG	DAILY M	MG/L			
PERM. IN CONDUCT OR THRU TREATMENT PLAN 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.085	0.293	1 15	*****	*****	*****	*****	0	CN	CN
	PERMIT REQUIREMENT	REF OR 1	REF OR 1	MGD	*****	*****	*****	*****	****	UOUS	
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	1 15	0	1/1	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	30DA AVG	DAILY M	MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
GREG L. HEITZMAN  
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. Wright*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE  
502 540 6000 12 6 15  
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 0/0 CEDAR CREEK WQTC  
 8405 CEDAR CREEK RD  
 LOUISVILLE KY 40211  
 FACILITY STARVIEW WQTC MSD  
 LOCATION LOUISVILLE KY 40243  
 ATTN: DEANIS THOMASSEN, SR METRO DPE

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

KY00031712	001 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
12	05	17		12	05	17

MINOR  
 (SUBR LV)  
 F - FINAL  
 SANITARY WASTEWATER  
 EFFLUENT  
 \*\*\* NO DISCHARGE 1:1 \*\*\*

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			
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		*****	3	6	1 15	0	1/7	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	30DA GEC	7 DA GEC	100ML		WEEKLY	GRND
BOD, CARBONACEOUS 05 DAY, 20C 90082 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	1.5	2.2	( 25 )	*****	2	3	1 17	0	1/7	LP
	PERMIT REQUIREMENT	25.0	50.0		*****	30DA AVG	DAILY MX	MG/L		WEEKLY	UNPLD
	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  
 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.

*Diane V. Wright*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
572 540 6000		12	6	15
AREA CODE	NUMBER	YEAR	MO	DAY

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

Starview	Report for	May-12		Tot. Exc.= 0					
Tot. Flow=	2.62756	Concentrations				Pounds			
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
5/1/12	0.088	2	2	0.22		1.47	1.47	0.16	2.48
5/2/12	0.064				2				
5/3/12	0.054								
5/4/12	0.053								
5/5/12	0.129								
5/6/12	0.102								
5/7/12	0.070								
5/8/12	0.061	2	3	0.22		1.03	1.54	0.11	2.43
5/9/12	0.054				3				
5/10/12	0.051								
5/11/12	0.046								
5/12/12	0.049								
5/13/12	0.293								
5/14/12	0.224								
5/15/12	0.133	3	2	0.39		3.33	2.22	0.43	0.892
5/16/12	0.101				6				
5/17/12	0.082								
5/18/12	0.067								
5/19/12	0.065								
5/20/12	0.066								
5/21/12	0.055								
5/22/12	0.053	2	2	0.28		0.88	0.88	0.12	2.69
5/23/12	0.050				2				
5/24/12	0.051								
5/25/12	0.051								
5/26/12	0.049								
5/27/12	0.050								
5/28/12	0.054								
5/29/12	0.131								
5/30/12	0.126								
5/31/12	0.104								
Average	0.085	2.25	2.25	0.28	2.91	1.68	1.53	0.21	2.12
Maximum	0.293	3.00	3.00	0.39	6.00	3.33	2.22	0.43	2.69



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

May 30, 2012

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**

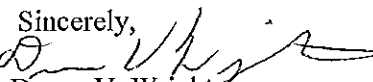
Dear Mr. Roth:

This plant experienced a bypass event and has been reported through our electronic notification system at approximately 01:00 PM on May 29, 2012, referencing Work Order 1496181 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 May 29, 2012, due to a power outage caused by a heavy thunderstorm event, the plant influent pump station bypassed, reaching waters of the US before we could install an alternate power supply. Approximately 375 gallons bypassed.
- Period of noncompliance: Starting 10:00 AM on May 29, 2012 and stopping 10:15 AM on May 29, 2012.
- Steps taken or planned to reduce, eliminate and prevent recurrence: If operational needs for resources allow, MSD will install an alternate power supply.

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, Wes Sydnor, Kevin Ries, Robert Bates - MSD  
eB File





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

<b>KPDES #</b> KY0031712	<b>Facility ID</b> MSD0247	<b>Water Quality Treatment Center</b> STARVIEW	<b>Receiving Stream of Treatment Center</b> CHENOWETH RUN	<b>Region</b> CENT
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<b>Facility Type</b> SPL Sewer Treatment Plant	<b>Facility ID</b> MSD0247	<b>Facility Address</b> 423 BERMUDA WAY	<b>If Pump Station, Name of Pump Station:</b>	<b>Receiving Stream</b> CHENOWETH RUN	<b>Discharge to</b> STREAM
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<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	1496181	05/29/12 10:00 AM	SINGLETON	OPS BSHIFT CENTRAL	REPAIRED - ISSUE RESOLVED	05/29/12	BYPASS AT WQTC	UNAUTHORIZED DISCHARGE-WATER S	05/29/12 10:15 AM	

**Spot Inspections:**

Discharge Amount:	375 GAL
Cause:	POWER OUTAGE DUE TO STORM EVENT
Clean Up:	MSD CLEANED & SANITIZED THE AREA
Control Zone:	TEMPORARY SIGNS PLACED AROUND THE AREA
Impact:	SEWAGE OBSERVED
Repair:	HOOKED UP GENERATOR TO STOP OVERFLOW

**Notifications:**

05/29/12 10:00 AM	DISPUB	TEMPORARY SIGNS PLACED AROUND THE AREA
05/29/12 01:00 AM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov, Sayre.Dennis@epamail.epa.gov and LisaA.Jeffries@ky.gov

Total Facilities Printed: 2  
Total Work Orders Printed: 2