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 16, 2013

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 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 December 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,

Duane V. Wright
Process Supervisor Central Region

DVW/Starview 12.12

Enclosures

cc: R. Shaw
T. Singleton

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
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

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	12/01/2012	TO	12/31/2012

DMR Mailing ZIP CODE: 40211
MINOR
(SUBR LV) JEFFE
SANITARY WASTEWATER
External Outfall

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	******	******	******	7	******	8		0	1/1	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	2	5		******	2	2		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	0.30	0.5		******	0.4	0.5		0	1/7	CP
00610 1 2 Effluent Gross	PERMIT REQUIREMENT	8.34 30DA AVG	16.7 DAILY MX	lb/d	******	10 30DA AVG	20 DAILY MX	mg/L		Weekly	COMPOS
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******	2	3.4		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	0.119	0.275		******	******	******	******	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			TELEPHONE		DATE
Greg Heitzman, Exec. Dr.	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.		(502) 540-6000		1/17/2013
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Parameter 00610 - Use Season 1 for summer months (May, June, July, August, September, and October) and Season 2 for winter months (November, December, January, February March, and April); enter NODI=9 for the Season not needed.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	******	3	6		0	1/7	GR
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 30DA GEO	400 7 DA GEO	#/100mL		Weekly	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	2	5		******	2	3		0	1/7	CP
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	25 30DA AVG	50 DAILY MX	lb/d	******	30 30DA AVG	60 DAILY MX	mg/L		Weekly	COMPOS

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Starview Report for **Dec-12** Tot. Exc.= 0

Tot. Flow= 3.68483

Date	Flow	Concentrations TSS	BOD	NH3	Fecal	Pounds TSS	BOD	NH3	Tot. Phos.
12/1/12	0.039								
12/2/12	0.049	2	3	0.45		0.82	1.23	0.18	3.44
12/3/12	0.047				3				
12/4/12	0.052								
12/5/12	0.076								
12/6/12	0.054								
12/7/12	0.217								
12/8/12	0.257								
12/9/12	0.205								
12/10/12	0.275								
12/11/12	0.275	2	2	0.22		4.59	4.59	0.51	1.05
12/12/12	0.256				2				
12/13/12	0.083								
12/14/12	0.064								
12/15/12	0.073								
12/16/12	0.074	2	2	0.39		1.23	1.23	0.24	1.8
12/17/12	0.101				6				
12/18/12	0.101								
12/19/12	0.082								
12/20/12	0.123								
12/21/12	0.119								
12/22/12	0.100	2	2	0.34		1.67	1.67	0.28	1.66
12/23/12	0.089				3				
12/24/12	0.080								
12/25/12	0.065								
12/26/12	0.164								
12/27/12	0.136								
12/28/12	0.111								
12/29/12	0.117								
12/30/12	0.105								
12/31/12	0.093								
Average	0.119	2.00	2.25	0.35	3.22	2.08	2.18	0.30	1.99
Maximum	0.275	2.00	3.00	0.45	6.00	4.59	4.59	0.51	3.44