



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

March 19, 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 – February 2012.**

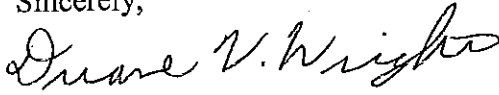
Dear Ms. Edwards:

Attached are the Discharge Monitoring Reports (DMRs) and the Monthly Operating Report (MOR) for the Starview WQTC, KPDES No.: KY0031712 for the month of February 2012.

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
Process Supervisor Central Region

DVW/Starview 2.12

Enclosures

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



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

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 THOMASSEN, SR METRO OPS

KY0001712
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

MINOR
(SUBR LV)
F - FINAL
SANITARY WASTEWATER
EFFLUENT
*** NO DISCHARGE 1-1-81 ***

JEFF

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			
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		9	*****	*****	(17)	0	1/1	GR
	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		WEEKLY	GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		6.8	*****	7.7	(12)	0	1/1	GR
	PERMIT REQUIREMENT	*****	*****	****	D.U. MINIMUM	*****	D.U. MAXIMUM	SD		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED 00500 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	1.3	1.6	(25)	*****	2	2	(17)	0	1/7	CP
	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L		WEEKLY	COMPL
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 2 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	0.26	0.4	(25)	*****	0.4	0.5	(17)	0	1/7	CP
	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L		WEEKLY	COMPL
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		*****	1.7	2.1	(17)	0	1/7	CP
	PERMIT REQUIREMENT	*****	*****	****	*****	REFUR 30DA AVG	REFUR DAILY MX	MG/L		WEEKLY	COMPL
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 00050 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	0.083	0.155	(0.3)	*****	*****	*****		0	CN	CN
	PERMIT REQUIREMENT	REFUR 30DA AVG	REFUR INST MAX	MGD	*****	*****	*****	****		QUARTLY	INST
CHLORINE, TOTAL RESIDUAL 00060 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	(17)	0	1/1	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	0.011 30DA AVG	0.017 DAILY MX	MG/L		WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
GREG C. HEITZMAN
IN TEXAS 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.

Dianne V. Wright
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
502	5406000	12	3	22

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
 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)

KY0031712
 PERMIT NUMBER
 001 1
 DISCHARGE NUMBER

MINOR
 (SUBR LV)
 T - FINAL
 SANITARY WASTEWATER
 EFFLUENT
 *** NO DISCHARGE 1 - 1 ***

Form Approved
 OMB No. 2040-0004

JEFF:

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	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	11				
	PERMIT REQUIREMENT	*****	*****	****	*****	3000 SEC	7 DA SEC	100ML			GR
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	1.5	1.7	(20)	*****	2	3				
	PERMIT REQUIREMENT	25.0 30DA AVG	50.0 DAILY MX	LBS/D	*****	30 DA AVG	DAILY MX	MG/L			CP
	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.

Dennis Thomasson
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 502.540.6000
 DATE 72 3 22
 AREA CODE NUMBER YEAR MO DAY

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

Starview	Report for	Feb-12		Tot. Exc.= 0			Pounds			
Tot. Flow=	2.40852	Concentrations					BOD	NH3	Tot. Phos.	
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.	
2/1/12	0.097	2	2	0.45		1.615	1.615	0.363	1.22	
2/2/12	0.087				1					
2/3/12	0.077									
2/4/12	0.117									
2/5/12	0.123									
2/6/12	0.094									
2/7/12	0.087									
2/8/12	0.081	2	2	0.28		1.346	1.346	0.188	1.7	
2/9/12	0.072				2					
2/10/12	0.072									
2/11/12	0.075									
2/12/12	0.070									
2/13/12	0.063									
2/14/12	0.081									
2/15/12	0.076	2	2	0.5		1.269	1.269	0.317	1.74	
2/16/12	0.097				11					
2/17/12	0.081									
2/18/12	0.081									
2/19/12	0.155									
2/20/12	0.065									
2/21/12	0.068									
2/22/12	0.066	2	3	0.28		1.109	1.664	0.155	2.12	
2/23/12	0.084				5					
2/24/12	0.068									
2/25/12	0.067									
2/26/12	0.071									
2/27/12	0.060									
2/28/12	0.063									
2/29/12	0.108									
3/1/12										
3/2/12										
Average	0.083	2.00	2.25	0.38	3.24	1.33	1.47	0.26	1.70	
Maximum	0.155	2.00	3.00	0.50	11.00	1.61	1.66	0.36	2.12	