



**MSD**

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

May 23, 2007

Ms. Kathy Thurman  
Kentucky Division of Water  
14 Reilly Road  
Frankfort, Kentucky 40601

**Re: MSD Metro Operations  
Starview WTP; KPDES No.: KY0031712  
Discharge Monitoring Reports –April 2007**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Starview WTP, KPDES No.: KY0031712 for the month of April 2007.

If you have any questions concerning the attached DMRs, please contact me at (502)239-7695.

Sincerely,

James E. Porter  
Process Supervisor - Operations

JEP/Starview 0407

Enclosures

cc: M. Mudd (DOW Louisville)  
P. Burgin  
R. Shaw  
E. G. Brady  
T. Singleton



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

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

MINOR  
(USER I.V.)  
F - FINAL  
SANITARY WASTEWATER  
EFFLUENT  
\*\*\* NO DISCHARGE \*\*\*

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

NAME STARVIER ESTATES SUBD MSD

ADDRESS 670 LOUISVILLE/JEFF CO MSD

4522 ALBORQUIN HWY

LOUISVILLE KY 40211-2497

FACILITY STARVIER ESTATES SUBD MSD

LOCATION LOUISVILLE KY 40243

ATTN: ALEX E NOVAK, OPER MGR

KY0001712  
PERMIT NUMBER

001  
DISCHARGE NUMBER

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			
DISSOLVED SOLIDS (TSS)					7.2					1/1	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT				INST MIN			MG/L			
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT				7.0		7.2			1/1	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT				MINIMUM		MAXIMUM	SU			
SUSPENDED SOLIDS (TSS)		3.27	4.95			4.75	6.00			1/1	COMB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
NITROGEN, AMMONIA TOTAL (AS N)		0.08	0.11			0.12	0.17			1/1	COMB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
PHOSPHORUS, TOTAL (AS P)						1.90	5.28			1/1	COMB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT					30DA AVG	DAILY MX	MG/L			
THRU TREATMENT PLANT		0.108	0.272							1/1	C/W C/M
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	INST MAX	MGD							
RESIDUAL						<0.010	<0.010			1/1	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT					30DA AVG	DAILY MX	MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
A.J. SCHWABEN  
EXECUTIVE DIRECTOR  
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.

*James E. Novak*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE  
360 540-6000 07 05 22  
AREA CODE NUMBER YEAR MO DAY

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

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

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAME STARVIEW ESTATES SUBD MSD  
ADDRESS 170 LOUISVILLE/JEFF CO MSD  
4922 ALDRICH WAY  
LOUISVILLE KY 40211-2497  
FACILITY STARVIEW ESTATES SUBD MSD  
LOCATION QUIBVILLE KY 40240  
ATTN: ALEX E NOVAK/OPER MSR

PERMIT NUMBER  
DISCHARGE NUMBER

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			
GENERAL EFFLUENT CROSS VALUE						1.00	1.00			1/7	COND
EFFLUENT CROSS VALUE						300A AVG	7 DA SED	100ML			
EFFLUENT CROSS VALUE		1.35	1.65			2.00	2.00			1/7	COND
EFFLUENT CROSS VALUE						300A AVG	DAILY MX	MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
H.J. SCHROEDER JR.  
EXECUTIVE DIRECTOR  
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  
Alex E. Novak

TELEPHONE  
502 540-6000  
DATE  
07 05 08  
AREA CODE NUMBER YEAR MO DAY

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