



MSD

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

October 24, 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 – September 2007**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Starview WTP, KPDES No.: KY0031712 for the month of September 2007. There was one exception for the month for exceeding daily fecal limits due to an upset in the plant. Process control measures by the operator corrected the problem.

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

Sincerely,

James E. Porter Jr.
Process Supervisor - Operations

JEP/Starview 0907

Enclosures

cc: M. Roth (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
(SUBR LV)
F - FINAL

JEFFE

SANITARY WASTEWATER
EFFLUENT

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

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

NAME STARVIEB ESTATES SUBD MSD

ADDRESS 670 LOUISVILLE/JEFF CO MSD

4570 ALMONDWIN PKWY

LOUISVILLE

KY 40211-2497

FACILITY STARVIEB ESTATES SUBD MSD

LOCATION LOUISVILLE

KY 40243

ATTN: ALEX E NOVAK, OPER MGR

RY000112
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO.	DAY	TO	YEAR	MO.	DAY

FROM

TO

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
XY0001 1.000000 (DO)	SAMPLE MEASUREMENT				7.8					Ø 1/1	COND
DC300 1.000000 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT				INST MIN			MG/L			
DC400 1.000000 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT				6.5		6.7			Ø 1/1	COND
DC400 1.000000 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT				MINIMUM		MAXIMUM	SU			
DC500 1.000000 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	2.46	3.55			3.50	6.00			Ø 1/1	COND
DC500 1.000000 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LB/DY		30DA AVG	DAILY MX	MG/L			
DC600 1.000000 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.14	0.23			0.18	0.28			Ø 1/1	COND
DC600 1.000000 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LB/DY		30DA AVG	DAILY MX	MG/L			
DC700 1.000000 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT					2.70	3.00			Ø 1/1	COND
DC700 1.000000 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT					30DA AVG	DAILY MX	MG/L			
DC800 1.000000 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.083	0.118							Ø 9/11	9/11
DC800 1.000000 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	INST MAX	MGD							COND
DC900 1.000000 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT					40.010	40.010			Ø 1/1	COND
DC900 1.000000 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT					30DA 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)
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
502 510 6000		07	10	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 C/O LOUISVILLE/JEFF CO MSD
5512 ALGERQUIN PKWY
LOUISVILLE KY 40211-2497

FACILITY STARVIEW ESTATES SUBD MSD

LOCATION LOUISVILLE KY 40243

ATTN: ALEX E NOVAK, OPER MOR

KY0031712
PERMIT NUMBER

0011
DISCHARGE NUMBER

MONITORING PERIOD

FROM	YEAR	MO.	DAY	TO	YEAR	MO.	DAY

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLEFOLIN, FECHL GENERAL TAORE EFFLUENT CROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	43.25	700	(13)	1	Y7	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	30DA GEO	7 DA GEO	100ML			
NO3, NH4, BORATE, UG IS DAY, APC MODES EFFLUENT CROSS VALUE	SAMPLE MEASUREMENT	1.84	2.15	(25)	*****	2.50	3.00	(17)	0	Y7	CONT
	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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[Signature]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 502-510-6000
DATE: 07 10 22
AREA CODE: NUMBER: YEAR: MO: DAY:

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