



MSD

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

November 26, 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 – October 2007**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Starview WTP, KPDES No.:
KY0031712 for the month of October 2007.
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 1007

Enclosures

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



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

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

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

Form Approved.
OMB No. 2040-0004

NAME STARBUCK ESTATES SUBD MSD
ADDRESS 670 LOUISVILLE/JEFF CO MSD
4022 ALMONQUIN PKWY
LOUISVILLE KY 40211-2497
FACILITY STARBUCK ESTATES SUBD MSD
LOCATION LOUISVILLE KY 40243
ATTN: ALEX E NOVAK, OPER MGR

KY0001712
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MINOR
(SUBR LV)
F - FINAL

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	10	01		07	10	01

SANITARY WASTEWATER
EFFLUENT

*** NO DISCHARGE 1 ***

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			
XYLENE, DISSOLVED (DO)	7.9	*****	*****		7.9	*****	*****	(19)	0	1/7	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	INST MIN	*****	*****	MG/L		WEEKLY	
EFFLUENT GROSS VALUE	6.5	*****	*****		6.5	*****	6.6	(12)	0	1/7	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	SU		WEEKLY	
SUSPENDED SOLIDS, TOTAL (AS P)	1.79	*****	*****	(26)	*****	2.75	5.00	(19)	0	1/7	CONT
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LB/DY	*****	30DA AVG	DAILY MX	MG/L		WEEKLY	
TOTAL AMMONIA NITROGEN (AS N)	0.14	*****	*****	(26)	*****	0.22	0.56	(19)	0	1/7	CONT
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LB/DY	*****	30DA AVG	DAILY MX	MG/L		WEEKLY	
TOTAL PHOSPHORUS (AS P)	2.60	*****	*****		*****	2.60	2.70	(19)	0	1/7	CONT
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT	MG/L		WEEKLY	
THROUGH CONDUIT OR THRU TREATMENT PLANT	0.114	*****	*****	(03)	*****	*****	*****		0	1/10	4/11
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	*****		CONT	INVT
RESIDUAL CHLORINE, TOTAL	<0.010	*****	*****		*****	<0.010	<0.011	(19)	0	1/7	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	0.011	0.019	MG/L		WEEKLY	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H. E. SCARBOROUGH 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.

James E. Port...
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 502 540-6000
DATE: 07 10 21
AREA CODE: 502 NUMBER: 540-6000 YEAR: 07 MO: 10 DAY: 21

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

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

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

Form Approved
OMB No. 2040-0004

NAME STARVIEW ESTATES SUBD MSD
ADDRESS C/O LOUISVILLE/JEFF CO MSD
4512 ALMONQUIN PKWY
LOUISVILLE KY 40211-2497
FACILITY STARVIEW ESTATES SUBD MSD
LOCATION LOUISVILLE KY 40240

PERMIT NUMBER KY00031712

DISCHARGE NUMBER 001 1

MINOR (SUGR LV)
F - FINAL
SANITARY WASTEWATER EFFLUENT

JEFFERSON

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	10	01		07	10	31

*** NO DISCHARGE [] ***

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 GROSS VALUE		*****	*****		*****	5.57	74.00	(13)		1/7	3100
PERMIT REQUIREMENT		*****	*****	***	*****	200	400	100ML		WEEKLY	3100
EFFLUENT GROSS VALUE		*****	*****	***	*****	300A GED	7 DA GED	100ML		WEEKLY	3100
EFFLUENT GROSS VALUE		1.36	1.62	(26)	*****	2.00	2.00	(19)		1/7	comp
PERMIT REQUIREMENT		25.0	50.0		*****	30	60	MG/L		WEEKLY	comp
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L			
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
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H. J. SCHARUBIN JR.
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TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
James E. Pugh Jr.

TELEPHONE 502 540-6000
DATE 07 11 21
AREA CODE NUMBER YEAR MO DAY

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