



MSD

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

June 25, 2008

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 – May 2008.**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Starview WTP, KPDES No.: KY0031712 for the month of May 2008.

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 0508

Enclosures

cc: C. Roth (DOW Louisville)
R. Shaw
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 STARVIEW ESTATES SUBD MSD
ADDRESS C/O CEDAR CREEK STP
8405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY STARVIEW ESTATES SUBD MSD
LOCATION LOUISVILLE KY 40243
ATTN: DENNIS THOMASSON, SR METRO OPS

KY00031712
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MINOR
(SUBR LV)
F - FINAL

JEFFI

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	05	01		08	05	31

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			
OXYGEN, DISSOLVED (DO)		*****	*****		7.1	*****	*****	(19)		1/7	WEEKLY GRAB
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	INST MIN	*****	*****	MG/L			
PH		*****	*****		6.7	*****	*****	(12)		1/7	WEEKLY GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	*****	SU			
SOLIDS, TOTAL SUSPENDED		6.11	11.68	(26)	*****	5.75	8.00	(19)		1/7	WEEKLY COMPOS
00500 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L			
NITROGEN, AMMONIA TOTAL (AS N)		0.84	1.07	(26)	*****	0.28	0.73	(19)		1/7	WEEKLY COMPOS
00610 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L			
PHOSPHORUS, TOTAL (AS P)		*****	*****		*****	1.56	2.58	(19)		1/7	WEEKLY COMPOS
00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.125	0.284	(03)	*****	*****	*****			1/11	CONTINUOUS
00090 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	*****			
CHLORINE, TOTAL RESIDUAL		*****	*****		*****	<0.010	<0.010	(19)		1/7	WEEKLY GRAB
00060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	30DA AVG	DAILY MX	MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H. J. SPARTICO JR.
SYNDICATE 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
[Signature]

TELEPHONE 502-510-6000
DATE 08 06 21
AREA CODE NUMBER YEAR MO DAY

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

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

NAME STARVIEW ESTATES SUBD MSD
 ADDRESS C/O CEDAR CREEK STP
 8405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY STARVIEW ESTATES SUBD MSD
 LOCATION LOUISVILLE KY 40243
 ATTN DENNIS THOMASSON SR METRO OPS

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

KV0091712
 PERMIT NUMBER

001 1
 DISCHARGE NUMBER

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

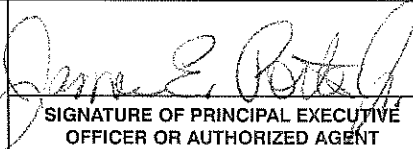
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
05	05	01		05	05	31

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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 VALUE	SAMPLE MEASUREMENT	*****	*****		*****	1.00	1.00	(13)		1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	200	400	*/		WEEKLY	GRAB
505 CARBONACEOUS 5 DAY, BOD 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	3.27	5.84	(26)	*****	3.25	4.00	(17)		1/7	CONP
	PERMIT REQUIREMENT	25.0	50.0	*****	*****	30	50	*/		WEEKLY	COMPOS
	SAMPLE MEASUREMENT	30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 H. E. SINGROBIN SR.
 TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE
 502-540-0100
 DATE
 06 24

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