



MSD

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

July 24, 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 – June 2008.**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Starview WTP, KPDES No.: KY0031712 for the month of June 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 0608

Enclosures

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

KY0031712
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	05	01		08	06	30

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) 00300 1 0 0 EFFLUENT GROSS VALUE	7.2	*****	*****	(19)	*****	*****	*****	*****	φ	1/7	WEEKLY GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALUE	6.8	*****	*****	(12)	*****	*****	*****	*****	φ	1/7	WEEKLY GRAB
SOLIDS, TOTAL SUSPENDED 00500 1 0 0 EFFLUENT GROSS VALUE	2.81	*****	*****	(26)	*****	*****	*****	*****	φ	1/7	WEEKLY COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 1 0 EFFLUENT GROSS VALUE	0.22	*****	*****	(26)	*****	*****	*****	*****	φ	1/7	WEEKLY COMPOS
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	3.09	*****	*****	(19)	*****	*****	*****	*****	φ	1/7	WEEKLY COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 00050 1 0 0 EFFLUENT GROSS VALUE	0.083	*****	*****	(02)	*****	*****	*****	*****	φ	1/1	CONTIN UOUS
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	<0.010	*****	*****	(19)	*****	*****	*****	*****	φ	1/7	WEEKLY GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H. J. SERRA...
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. Butcher
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 502-540-6000
DATE: 08 07 22
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)

Form Approved.
 OMB No. 2040-0004

KY0031712
 PERMIT NUMBER

001 1
 DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
05	05	01		05	05	30

NOTE: Read Instructions before completing this form.

PARAMETER	QUANTITY OR LOADING	QUALITY OR CONCENTRATION						NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
COLIFORM, FECAL GENERAL	*****	*****	*****	*****	*****	*****	(13)	0	1/7	GRAB
74055 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	30DA QED	7 DA QED	100ML	WEEKLY GRAB
5DD, CARBONACEOUS 05 DAY, 20C	*****	*****	*****	*****	*****	*****	(25)	0	1/7	COMB
80082 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	30DA AVG	DAILY MX	MG/L	WEEKLY COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 H. J. SCHARUBIN JR.
 EXECUTIVE DIRECTOR
 TYPED OR PRINTED

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James E. [Signature]
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 502-40-6000
 DATE
 08 07 02

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