

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

November 25, 2008

Ms. Carolena Bentley, DMR Coordinator Kentucky Division of Water 200 Fair Oaks Lane, 4<sup>th</sup> Floor Frankfort, Kentucky 40601

Re: MSD Metro Operations

Starview WTP; KPDES No.: KY0031712 Discharge Monitoring Reports – October 2008.

Dear Ms. Bentley:

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

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

Sincerely,

Jamés E. Porter Jr.

Process Supervisor Central Region

JEP/Starview 1008

Enclosures

cc: C. Roth (DOW Louisville)

R. Shaw

T. Singleton

STARVIEW ESTATES SUBD MED

ADDRESS CAD CEDAR CREEK STP

SADS CHDAR CREEK PD

LOUISVILLE

LOCATION LOUISVILLE

KY 40211

FACILITY STARVIEW ESTATES SUBD MSD

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KY0031712

**PERMIT NUMBER** 

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

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DISCHARGE NUMBER

MINDR

(SUBM LV)

F - FINAL

OMB No. 2040-0004

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SANITARY WASTEWATER

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

STARVIEW ESTATES SUBD MED

ADDRESS C/O CEDAR CREEK STP

EACE CEDAR CREEK RD

LOUISVILLE

MY 40211

FACILITY STARVIEW ESTATES SUBD MED

LOCATION LOUISVILLE MY 40240 ATTN: DERWIS THOMASSON, SR METRO OPS

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

MONITORING PERIOD

TO

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YEAR

**FROM** 

UUX DISCHARGE NUMBER

DAY.

YEAR MO.

MINDA (SUBA LV) F - FINAL

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OMB No. 2040-0004

SANITARY WASTEWATER

EFFLUENT

\*\*\* NO DISCHARGE !

NOTE: Read Instructions before completing this form.

PARAMETER		QUAN	TITY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	ANALYSIS	TYPE
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74055 ! 0 0 <u>Effluent Gross value</u>	PERMIT REQUIREMENT	各部部部幹会	香养香染香香 彩	<ul><li>会会を</li><li>で会会を</li></ul>	<b>冷学会餐物价</b>	ZOU GODA GED	400 7 DA GEC	TAZ N LOOML	<del>- (                                   </del>	VEEKLY	ZA NE
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  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							Jan A.	TELEPHON	I <u> </u>	DA	TE
TYPED OR PRINTED COMMENTS AND EXPLANATION OF A	submitte I am aw includin	ed is, to the best of my knowl are that there are significant g the possibility of fine and in	edge and belief, true, accura penalties for submitting fals mprisonment for knowing vi	te, and complete. e information,	SIGNA	TURE OF PRINCIPAL		NUMBER		OZ /	/ 25 0 DAY

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Starview Tot. Flow=	R 2.615	eport for	Oct-08 Concentra	Tot. Exc.= 0 ations			Pounds			
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.	
10/1/08	0.086	3	3	0.17	1	2.152	2.152	0.122	2.53	
10/2/08	0.079									
10/3/08	0.074									
10/4/08	0.078		•							
10/5/08	0.083									
10/6/08	0.078									
10/7/08	0.08									
10/8/08	0.121	2	3	0.17	1	2.018	3.027	0.172	2.72	
10/9/08	0.098									
10/10/08	0.084									
10/11/08	0.084									
10/12/08	0.082									
10/13/08	0.072									
10/14/08	0.073									
10/15/08	0.074	13	3	0.11	1	8.023	1.851	0.068	1.01	
10/16/08	0.075									
10/17/08	0.078									
10/18/08	0.078									
10/19/08	0.151									
10/20/08	0.076									
10/21/08	0.07	_								
10/22/08	0.069	6	3	0.34	1	3.453	1.726	0.196	0.867	
10/23/08	0.065									
10/24/08	0.117									
10/25/08	0.119									
10/26/08	0.082									
10/27/08	0.078									
10/28/08	0.076									
10/29/08	0.08									
10/30/08 10/31/08	0.08 0.075									
		6.00	2.00	0.00	4.00	2.04	0.40	A 4 4	4 70	
Average Maximum	0.084 0.151	6.00 13.00	3.00 3.00	0.20 0.34	1.00 1.00	3.91	2.19	0.14	1.78	
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