



**MSD**

*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,

James E. Porter Jr.  
Process Supervisor Central Region

JEP/Starview 1008

Enclosures

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



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

NAME STARVIEW ESTATES SUBD MSD  
 ADDRESS C/O CEDAR CREEK STP  
 5405 CEDAR CREEK RD  
 LOUISVILLE KY 40211  
 FACILITY STARVIEW ESTATES SUBD MSD  
 LOCATION LOUISVILLE KY 40243  
 ATTN: DENNIS THOMASSON, SR METRO OPS

KY0031712  
 PERMIT NUMBER

09130  
 DISCHARGE NUMBER

MONITORING PERIOD  
 FROM 08 10 01 TO 08 10 01

MINOR (SUBR LV)  
 F - FINAL  
 SANITARY WASTEWATER EFFLUENT  
 \*\*\* 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				
OXYGEN, DISSOLVED (DO)	00300 1 0 0	*****	*****		7.0	*****	*****	( 17 )	0	1/7	GOOD	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		WEEKLY	GOOD	
PH	00400 1 0 0	*****	*****		6.8	*****	7.1	( 12 )	0	1/7	GOOD	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	BU		WEEKLY	GOOD	
SOLIDS, TOTAL SUSPENDED	00530 1 0 0	3.9	8	( 26 )	*****	6	13	( 17 )	0	1/7	GOOD	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L		WEEKLY	GOOD	
NITROGEN, AMMONIA TOTAL (AS N)	00610 1 1 0	0.14	0.50	( 26 )	*****	0.2	0.3	( 17 )	0	1/7	GOOD	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L		WEEKLY	GOOD	
PHOSPHORUS, TOTAL (AS P)	00665 1 0 0	*****	*****		*****	1.7	2.7	( 17 )	0	1/7	GOOD	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L		WEEKLY	GOOD	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	00050 1 0 0	0.084	0.051	( 03 )	*****	*****	*****		0	CIN	CIN	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	****		CONTINUOUS	CONTINUOUS	
CHLORINE, TOTAL RESIDUAL	00060 1 0 0	*****	*****		*****	< 0.010	< 0.010	( 17 )	0	1/7	GOOD	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.011	0.017	MG/L		WEEKLY	GOOD	
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 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			TELEPHONE	DATE			
H.E. SCHROEDER JR EXECUTIVE DIRECTOR TYPED OR PRINTED					James E. Porter Jr.			555 540 6000	08	11	25	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)								AREA CODE	NUMBER	YEAR	MO	DAY

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 THOMASSEN, SR METRO OPS

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

KY00091712  
PERMIT NUMBER

001 J  
DISCHARGE NUMBER

MINOR

(SUBR LV)

F - FINAL

SANITARY WASTEWATER  
EFFLUENT

\*\*\* NO DISCHARGE ( ) \*\*\*

NOTE: Read Instructions before completing this form.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
00	10	01		00	10	01

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			
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT *****	*****	*****	( 13 )	*****	1	1	( 13 )	0	1/9	2900
	PERMIT REQUIREMENT	*****	*****	*****	*****	200	400	100ML		WEEKLY	GRAB
BOD, CARBONACEOUS 5 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT 2	3	( 26 )	*****	*****	3	3	( 19 )	0	1/9	2000
	PERMIT REQUIREMENT	25.0	50.0	*****	*****	30	50	100ML		WEEKLY	COMPL
		30DA AVG	DAILY MX	LEB/DY		30DA AVG	DAILY MX	MG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
H. J. SCHAPPEL 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: 502-570-6000  
DATE: 11 25  
AREA CODE: 502 NUMBER: 570-6000 YEAR: 02 MO: 11 DAY: 25

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

Starview	Report for		Oct-08		Tot. Exc.= 0						
Tot. Flow=	2.615			Concentrations				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	0.08										
10/31/08	0.075										
Average	0.084	6.00	3.00	0.20	1.00	3.91	2.19	0.14	1.78		
Maximum	0.151	13.00	3.00	0.34	1.00	8.02	3.03	0.20	2.72		
Exceed.	4	0	0	0	0	0	0	0			