



MSD

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

March 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 – February 2008.**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Starview WTP, KPDES No.: KY0031712 for the month of February 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 0208

Enclosures

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



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

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

MINDR

(SUBR LV)

F - FINAL

SANITARY WASTEWATER
EFFLUENT

*** NO DISCHARGE [] ***

JEFFE

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
2405 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	02	01		08	02	29

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			
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT 7.1	*****	*****		7.1	*****	*****	(19)	0	W/	3000
	PERMIT REQUIREMENT	*****	*****	*****	INST MIN	*****	*****	MG/L		WEEKLY	
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT 6.7	*****	*****		6.7	*****	6.9	(12)	0	W/	3000
	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	GU		WEEKLY	
SOLIDS, TOTAL SUSPENDED 00500 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT 4.74	*****	7.30	(25)	*****	4.00	5.00	(19)	0	W/	3000
	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L		WEEKLY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT 0.06	*****	0.08	(25)	*****	0.06	0.06	(19)	0	W/	3000
	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L		WEEKLY	COMPOS
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT 1.22	*****	*****		*****	REPORT	REPORT	(19)	0	W/	3000
	PERMIT REQUIREMENT	*****	*****	*****	*****	30DA AVG	DAILY MX	MG/L		WEEKLY	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 00050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT 0.162	*****	0.308	(02)	*****	*****	*****	*****	0	C/W	4/M
	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	*****		CONTINUOUS	UDUS
CHLORINE, TOTAL RESIDUAL 00060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT <0.010	*****	*****		*****	<0.010	<0.010	(19)	0	W/	3000
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.011	0.011	MG/L		WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H. J. SCHARCOBIN 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 OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
[Signature]

TELEPHONE
502 540-6000
DATE
08 03 24

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
 8409 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)

KY0031712
 PERMIT NUMBER

001 I
 DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
05	02	01		05	02	29

FROM

TO

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			
COLIFORM, FECAL GENERAL 14055 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****		*****	1.32	3.00	(13)		WEEKLY	GRAB
PERMIT REQUIREMENT	*****	*****	*****		*****	30DA GED	7 DA GED	100ML			
BOD, CARBONACEOUS 05 DAY, ZOC 30082 1 0 0 EFFLUENT GROSS VALUE	*****	3.19	4.38	(26)	*****	2.75	3.00	(19)		WEEKLY	COMPOS
PERMIT REQUIREMENT	*****	25.0	50.0		*****	30DA AVG	DAILY MX	MG/L			
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
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 H. J. SCHWARTZ SR
 EXECUTIVE DIRECTOR
 TYPED OR PRINTED

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Jerry E. Potts
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
502	510-6000	08	03	24
AREA CODE	NUMBER	YEAR	MO	DAY

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