



**MSD**

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

April 22, 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 – March 2008.**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Starview WTP, KPDES No.: KY0031712 for the month of March 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 0308

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)

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)

KY0031712 PERMIT NUMBER  
 0011 DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	03	01		08	03	31

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	*****	*****	( 19 )	0	1/2	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	INST MIN	*****	*****	MG/L			
PH	00400 1 0 0	*****	*****		6.7	*****	7.0	( 12 )	0	1/2	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	SU			
SOLIDS, TOTAL SUSPENDED	00530 1 0 0	*****	*****	( 25 )	*****	*****	*****	( 19 )	0	1/2	COMPO
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	30DA AVG	DAILY MX	MG/L				
NITROGEN, AMMONIA TOTAL (AS N)	00610 1 2 0	*****	*****	( 25 )	*****	*****	*****	( 19 )	0	1/2	COMPO
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	30DA AVG	DAILY MX	MG/L				
PHOSPHORUS, TOTAL (AS P)	00665 1 0 0	*****	*****		*****	*****	*****	( 19 )	0	1/2	COMPO
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	REPORT	REPORT	MG/L				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	50050 1 0 0	*****	*****	( 00 )	*****	*****	*****	*****	0	2/1	CONTIN
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	*****			
CHLORINE, TOTAL RESIDUAL	50060 1 0 0	*****	*****		*****	*****	*****	( 19 )	0	1/2	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 H. J. SCHARDEIN 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: 502-540-6000  
 DATE: 04 21

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

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ADDRESS C/O CEDAR CREEK STP  
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KY0031712  
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\*\*\* NO DISCHARGE ( ) \*\*\*

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YEAR	MO	DAY	YEAR	MO	DAY
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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLIFORM, FECAL GENERAL		*****	*****		*****	2.45	4.00	( 13)		1/9	COND
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	200	400	#/100ML		WEEKLY	
30D, CARBONACEOUS 25 DAY, 20C		3.77	4.55	( 26)	*****	3.00	3.00	( 19)		1/9	COND
30062 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	25.0	50.0	*****	*****	30	60	MG/L		WEEKLY	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
502 540-6000  
AREA CODE NUMBER  
DATE  
08 24 01  
YEAR MO DAY

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