



MSD

Louisville and Jefferson County Metropolitan Sewer District  
700 West Liberty Street  
Louisville Kentucky 40203-1911  
502-540-6000  
[www.msdlouky.org](http://www.msdlouky.org)

August 22, 2007

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 – July 2007**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Starview WTP, KPDES No.: KY0031712 for the month of July 2007.  
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 0707

Enclosures

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



Beneficial Use of Louisville's Biosolids  
[www.louisvillegreen.com](http://www.louisvillegreen.com)

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

NAME STRAVIEL ASTATE SURD M30

ADDRESS 975 LEXINGTON/JEFF CO MSO

3472 GILMARTIN, PERRY

COURTNEY L. LEE

NY 40611-5497

FACILITY: CHANDLER HOSPITAL AUTO RENT

LOCATION: OBTAIN FILE NO. KY 40243

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

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

KY0031712

0021

PERMIT NUMBER

DISCHARGE NUMBER

## MONITORING PERIOD

YEAR	MO	DAY
------	----	-----

YEAR	MO	DAY
------	----	-----

FROM

TC

## METHOD

(ENTER LV)

$$\frac{1}{\sqrt{2\pi}} \int_{-\infty}^{\infty} \frac{e^{-i\omega x}}{\omega} d\omega = \begin{cases} -i\pi & x > 0 \\ i\pi & x < 0 \end{cases}$$


## CONTINUED WASTEWATER

W. J. G. M. J. VAN DER WERF

\*\*\* NO DISCHARGE \*\*\*

JEFF

**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	UNITS			
TAKE (GR. DISSOLVED (DD))	SAMPLE MEASUREMENT				7.8				φ	1/7	Good
20000 1 0 0	PERMIT REQUIREMENT				INST MIN			MG/L			
EFFLUENT GROSS VALUE											
TAKE (GR. DISSOLVED (DD))	SAMPLE MEASUREMENT				6.8		7.2		φ	1/7	Good
20000 1 0 0	PERMIT REQUIREMENT				MINIMUM		MAXIMUM	SU			
EFFLUENT GROSS VALUE											
SOLIDS (TSS) SUSPENDED	SAMPLE MEASUREMENT	1.92	2.38	( 25 )		2.50	3.00	( 17 )	φ	1/7	Good
20000 1 0 0	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
EFFLUENT GROSS VALUE											
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.12	0.22	( 25 )		0.18	0.28	( 17 )	φ	1/7	Good
20000 1 1 0	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
EFFLUENT GROSS VALUE											
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT					1.85	2.11	( 17 )	φ	1/7	Good
20000 1 0 0	PERMIT REQUIREMENT					REPORT	REPORT	MG/L			
EFFLUENT GROSS VALUE						30DA AVG	DAILY MX				
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	0.100	0.203	( 25 )				( 17 )	φ	9/10	Good
20000 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT					MG/L			
EFFLUENT GROSS VALUE		30DA AVG	INST MAX	MGD							
RESIDUAL	SAMPLE MEASUREMENT					40.010	40.010	( 17 )	φ	1/7	Good
20000 1 0 0	PERMIT REQUIREMENT					30DA AVG	DAILY MX	MG/L			
EFFLUENT GROSS VALUE											
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.					TELEPHONE		DATE		
H. J. SCHROEDER JR							502 540-6000		07 08 21		
EXECUTIVE DIRECTOR											
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					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 KIRKLAND ESTATES SUBD MSD

ADDRESS 170 LOUISVILLE/JEFF CO MSD  
5502 ALCOQUIN PKWY  
LOUISVILLE KY 40211-2497

FACILITY KIRKLAND ESTATES SUBD MSD

LOCATION LOUISVILLE KY 40243

ATTN: ALEX E NOVAK, OPER MGR

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

PERMIT NUMBER KY0001712

DISCHARGE NUMBER 0011

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

MONITORING PERIOD								
YEAR	MO	DAY	YEAR	MO	DAY	YEAR	MO	DAY
01	01	01	01	01	01	01	01	01

FROM

TO

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	UNITS			
GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	4.85	24.00	( 15 )	8	1/1	Sebe
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	30DA GEO	7 DA GEO	100ML			
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.44	2.43	( 20 )	*****	2.00	3.00	( 17 )	8	1/1	Combr
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
H.J. Seppala/SA  
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  
James E. Brite

TELEPHONE  
502 546-6000

DATE  
07 08 21

AREA CODE NUMBER YEAR MO DAY

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