



MSD

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

March 20, 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 –February 2007**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Starview WTP, KPDES No.: KY0031712 for the month of February 2007. On the 15th of February we exceeded the weekly average for fecal coliform. This was a direct result of significant rainfall in excess of 1.75 inches combined on the 13th and 14th of February. We are in the process of replacing the air system and enlarging the east aeration tank. We are hopeful these improvements will reduce the impact of such rain events in the future.

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

Sincerely,

James E. Porter
Process Supervisor - Operations

JEP/Starview 0207

Enclosures

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



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



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March 20, 2007

Mr. Mike Mudd
Division of Water
Louisville Regional Offices
9116 Leesgate Rd
Louisville, Ky. 40222-5084

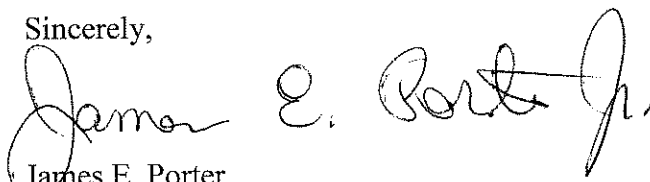
**Re: MSD Metro Operations
Starview WTP; KPDES No.: KY0031712
Discharge Monitoring Reports –February 2007**

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Enclosures

cc: K. Thurman (KDOW)
P. Burgin
R. Shaw
E. G. Brady
T. Singleton



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

NAME STARVIEW ESTATES SUDD MSD
ADDRESS C/O LOUISVILLE/JEFF CD MSD
4522 ALBONQUIN PKWY
LOUISVILLE KY 40211-2497
FACILITY STARVIEW ESTATES SUDD MSD
LOCATION LOUISVILLE KY 40243
ATTN: ALEX E NOVAK, OPER MGR

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

KY0031712 PERMIT NUMBER
001 1 DISCHARGE NUMBER

MINOR (SUBR LV)
F - FINAL JEFFI
SANITARY WASTEWATER EFFLUENT
*** NO DISCHARGE 1 1 ***

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	02	01		07	02	28

NOTE: Read Instructions before completing this form.

PARAMETER	X	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	*****	*****		7.5	*****	*****	(19)	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	****	7	*****	*****			WEEKLY	GRAB
				****	INST MIN			MG/L			
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.1	*****	7.3	(12)	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0			WEEKLY	GRAB
				****	MINIMUM		MAXIMUM	SU			
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	8.23	22.68	(26)	*****	9.00	17.00	(19)	0	1/7	COMB
	PERMIT REQUIREMENT	25.0	50.0		*****	30	60			WEEKLY	COMPOS
		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.13	0.37	(26)	*****	0.12	0.28	(19)	0	1/7	COMB
	PERMIT REQUIREMENT	8.34	16.7		*****	10	20			WEEKLY	COMPOS
		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
PHOSPHORUS, TOTAL (AS P) 00660 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	1.87	2.24	(19)	0	1/7	COMB
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT			WEEKLY	COMPOS
				****		30DA AVG	DAILY MX	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 00050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.106	0.219	(03)	*****	*****	*****		0	1/4	C/N
	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		CONTIN	CONTIN
		30DA AVG	INST MAX	MGD				****		UOUS	
CHLORINE, TOTAL RESIDUAL 00640 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	(19)	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	0.011	0.019			WEEKLY	GRAB
				****		30DA AVG	DAILY MX	MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H. J. SCHROEDER JR.
BY SEC. 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.

James E. Butler Jr.
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 502-540-6000
DATE 07 03 20
AREA CODE NUMBER YEAR MO DAY

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

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

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

NAME STARVIEW ESTATES SUBD MSD
ADDRESS C/O LOUISVILLE/JEFF CD MSD
4522 ALGOUNGUIN PKWY
LOUISVILLE KY 40211-2497
FACILITY STARVIEW ESTATES SUBD MSD
LOCATION LOUISVILLE KY 40243
ATTN: ALEX E NOVAK, OPER MGR

KY0031712
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MINOR (SUBR LV)
F - FINAL
SANITARY WASTEWATER EFFLUENT
JEFFE

MONITORING PERIOD table with columns YEAR, MO, DAY and FROM/TO dates.

*** NO DISCHARGE 1 1 ***
NOTE: Read Instructions before completing this form.

Main data table with columns: PARAMETER, QUANTITY OR LOADING (AVERAGE, MAXIMUM, UNITS), QUALITY OR CONCENTRATION (MINIMUM, AVERAGE, MAXIMUM, UNITS), NO. EX, FREQUENCY OF ANALYSIS, SAMPLE TYPE.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H. J. SCHAADEN JR.
BYEC 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 James E. Boyd
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 502 540 6000
DATE 07 03 20
AREA CODE NUMBER YEAR MO DAY

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

BYCBBDBO fecal maximum 2/15/07 due to rain event 2/13, 2/14/07. SSS ATTACHED US/BLR.