



MSD

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

April 25, 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 –March 2007**

Dear Ms. Thurman:

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

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 0307

Enclosures

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



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

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

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

MINOR
(SUBR LV)
F - FINAL
SANITARY WASTEWATER
EFFLUENT

JEFFE

NAME STARVIEW ESTATES SUBD MSD
ADDRESS C/O LOUISVILLE/JEFF CO MSD
4522 ALGONQUIN 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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	03	01		07	03	31

*** NO DISCHARGE 1 1 ***
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 EFFLUENT GROSS VALUE	*****	*****	*****	*****	7.4	*****	*****	(19)	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	****	7	*****	*****	MG/L		WEEKLY	GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	7.1	*****	7.3	(12)	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	*****	4.12	6.21	(25)	*****	4.00	5.00	(19)	0	1/7	GRAB
	PERMIT REQUIREMENT	25.0	50.0	LBS/DY	*****	30	60	MG/L		WEEKLY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALUE	*****	0.10	0.12	(25)	*****	.10	.10	(19)	0	1/7	GRAB
	PERMIT REQUIREMENT	8.34	16.7	LBS/DY	*****	10	20	MG/L		WEEKLY	COMPOS
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	.66	1.01	(19)	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L		WEEKLY	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 00050 1 0 0 EFFLUENT GROSS VALUE	*****	0.128	0.270	(03)	*****	*****	*****	****	0	1/7	GRAB
	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	****		CONT IN CONT IN	CONT IN CONT IN
CHLORINE, TOTAL RESIDUAL 00060 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	20.010	40.010	(19)	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	0.011	0.019	MG/L		WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H. J. EDWARDS JR.
OPER 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. Porter
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 502-510-6000
DATE 7 4 19
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 ALBONQUIN 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

MINDR
(SUBR LV)
F - FINAL JEFFE
SANITARY WASTEWATER
EFFLUENT
*** NO DISCHARGE [] ***
NOTE: Read Instructions before completing this form.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	03	01		07	03	31

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 ***** PERMIT REQUIREMENT *****	*****	*****		*****	1.00	1.00	(13)	0	1/1	GRAB
BOD, CARBONACEOUS 5 DAY, 20C 30082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT 1.69 PERMIT REQUIREMENT 25.0	2.75		(26)	*****	1.75	3.00	(19)	0	1/1	COMP
	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. Schindler Jr.
OPER 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.

Alex E. Novak
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
502-540-6000
DATE
7 4 19
AREA CODE NUMBER YEAR MO DAY

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