

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



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

STARVIEW ESTATES GUED MED

ADDRESS C/O LOUISVILLE/JEFF CO MSD

4522 ALGONGUIN PANY

INVISVILLE

KY 40211-2497

FACILITY STARVIEW ESTATES SUBD MSD

KY 40243

YEAR MO DAY FROM

07

MYOOST712 PERMIT NUMBER

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

MONITORING PERIOD

TO

001 DISCHARGE NUMBER

YEAR MO

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SANITARY WASTEWATER

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*** NO DISCHARGE | | ***

NOTE: Read Instructions before completing this form.

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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 there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. 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, 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, or those persons directly responsible for gathering 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 submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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 submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information submitted. Based on my inquiry of the person or persons who manage the system. SECURITY OF THE PRINCIPAL SECURITY OF THE PRINCIPAL SECURITY OF TH											

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

Form Approved. OMB No. 2040-0004

	NAME/ADDRESS		

NAME

STARVIEW ESTATES SUED MGD

ADDRESS C/O LOUISVILLE/JEFF CO MGO

ASER ALGONOVIN PKWY

LOUISVILLE KY 40211-2497

FACILITY STARVIEW ESTATES SUED MED LOCATION OUTSVILLE

MY 40243

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

MONITORING PERIOD

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KY0031712 PERMIT NUMBER

YEAR MO DAY

FROM

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YEAR MO DAY

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SANITARY WASTEWATER

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