



MSD

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

June 26, 2007

Ms. Kathy Thurman
Kentucky Division of Water
14 Reilly Road
Frankfort, Kentucky 40601

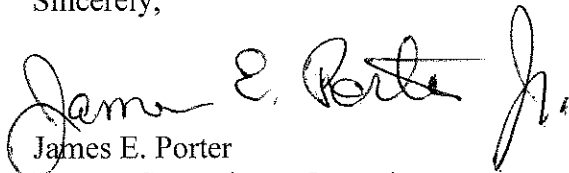
**Re: MSD Metro Operations
Starview WTP; KPDES No.: KY0031712
Discharge Monitoring Reports –May 2007**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Starview WTP, KPDES No.: KY0031712 for the month of May 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 0507

Enclosures

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



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www.louisvillegreen.com*

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

MINOR
(SUHR LV)
F - FINAL
SANITARY WASTEWATER
EFFLUENT

NO DISCHARGE

NOTE: Read instructions before completing this form.

KY0031712
0011
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
YEAR MO DAY TO YEAR MO DAY

FROM

TO

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME 51... ESTATED SUBD MSD
ADDRESS 170... BRISVILLE... CO MSO
400...
LOUISVILLE KY 40211-2477
FACILITY 51... ESTATED SUBD MSD
LOCATION LOUISVILLE KY 40243
UNIT 1... OPEN TWR

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			
PHOSPHORUS (PO4)	SAMPLE MEASUREMENT	7.2			7.2			MG/L	0	1/1	GRAB
	PERMIT REQUIREMENT	INST MIN						MG/L			
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	6.8			6.8		7.0	MG/L	0	1/1	GRAB
	PERMIT REQUIREMENT	MINIMUM					MAXIMUM	MG/L			
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	2.01	3.15			3.75	6.00	MG/L	0	1/1	COMB
	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.05	0.06			0.09	0.10	MG/L	0	1/1	COMB
	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT					1.74	3.01	MG/L	0	1/1	COMB
	PERMIT REQUIREMENT					30DA AVG	DAILY MX	MG/L			
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.081	0.140					MG/L	0	2/1	GRAB
	PERMIT REQUIREMENT	30DA AVG	INST MAX	MGD				MG/L			
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT					20.010	20.010	MG/L	0	1/1	GRAB
	PERMIT REQUIREMENT					30DA AVG	DAILY MX	MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H.J. SCHWARZEM
EXECUTING 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. ...
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 502 542-6000
DATE 6 25
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)

MINOR
(SUBR LV)
F - FINAL
SANITARY WASTEWATER
EFFLUENT

*** NO DISCHARGE () ***

NOTE: Read Instructions before completing this form.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME STARVING STATIS SUBD MSD
ADDRESS 170 LOUISVILLE/JEFF CO MSD
3525 GLOUGHIN PKWY
LOUISVILLE KY 40211-2497
FACILITY STARVING STATIS SUBD MSD
LOCATION LOUISVILLE KY 40243
NTPM AREA E NTPM/OTR MGR

PERMIT NUMBER
KY0031712

DISCHARGE NUMBER
001

MONITORING PERIOD						
YEAR	MO.	DAY	TO	YEAR	MO.	DAY

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			
GENERAL	SAMPLE MEASUREMENT					2.78	5.55	100L	4	47	GLASS
INFLUENT GROSS VALUE	PERMIT REQUIREMENT					30DA QED	7 DA QED	100NL			
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.32	2.10			2.50	4.00		4	47	COND
	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										

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H. J. SCHILDREN JR
EXECUTIVE DIRECTOR
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
[Signature]

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
	502 510-6000	07	6	25

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