MSD

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

December 19, 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 – November 2007

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Starview WTP, KPDES No.: KY0031712 for the month of November 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 1107

Enclosures

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

Form Approved.
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME LOUISVILLE/JEFFERSON COUNTY MSD
ADDRESS C/O LOUISVILLE/JEFF CO MSD
1522 ALGONQUIN PKWY
LOUISVILLE KY 40211-2497
FACILITY LOUISVILLE/JEFFERSON COUNTY MSD
LOCATION LOUISVILLE KY 40243
1522 ALGONQUIN PKWY

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

KY0031712	001 1
PERMIT NUMBER	DISCHARGE NUMBER

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

JEFFE

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	11	01	TO	07	11	30

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
00400 PH (SU)	SAMPLE MEASUREMENT	******	******		7.3	******	******	(19)	0	1/7	GRAB
1 0 0 0 0 C 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		7 INST MIN	******	******	MG/L		WEEKLY	GRAB
	SAMPLE MEASUREMENT	******	******		6.8	******	6.9	(12)	0	1/7	GRAB
1 0 0 2 1 C 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		6.0 MINIMUM	******	9.0 MAXIMUM	SU		1 WEEKLY	GRAB
00530 SOLIDS, TOTAL SUSPENDED 1 0 0 2 C 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	2.70	4.90	(26)	******	3.50	6.00	(19)	0	1/7	COMP
	PERMIT REQUIREMENT	25.0 30DA AVG	50.0 DAILY MX	LBS/DY	******	30 30DA AVG	60 DAILY MX	MG/L		WEEKLY	COMPOS
00625 NITROGEN, TOTAL (AS N) 1 0 0 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.12	0.21	(26)	******	0.15	0.22	(19)	0	1/7	COMP
	PERMIT REQUIREMENT	8.34 30DA AVG	16.7 DAILY MX	LBS/DY	******	10 30DA AVG	20 DAILY MX	MG/L		WEEKLY	COMPOS
00665 PHOSPHORUS, TOTAL (AS P) 1 0 0 5 1 C 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	2.08	2.40	(19)	0	1/7	COMP
	PERMIT REQUIREMENT	******	****** **** ****		******	REPORT 30DA AVG	REPORT DAILY MX	MG/L		WEEKLY	COMPOS
50050 FLOW, IN CONDUIT OR THRU TREATMENT PLANT 1 1 0 2 1 C 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.092	0.183	(03)	******	******	******		0	C/H	CALC
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	******	******	****** **** ****			CONTINUOUS	CONTIN
50060 CHLORINE, TOTAL RESIDUAL 1 0 2 6 1 C 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	<0.010	<0.010	(19)	0	1/7	GRAB
	PERMIT REQUIREMENT	******	****** **** ****		******	0.011 30DA AVG	0.019 DAILY MX	MG/L		WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE		
W.J. SCHMUDEIN JR.	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.	5025410600	07	12	19
EXECUTIVE DIRECTOR	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	YEAR	MO	DAY
TYPED OR PRINTED					

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

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

NAME [illegible] ESTATES SUBD MSD

ADDRESS C/O LOUISVILLE/JEFF CO MSD
[illegible]
LOUISVILLE KY 40211-2497

FACILITY [illegible] ESTATES SUBD MSD

LOCATION LOUISVILLE KY 40243

[illegible] E NOVAK, OPER MGR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

PERMIT NUMBER	DISCHARGE NUMBER
KY0031712	001 1

	MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	11	01	TO	07	11	30

MINOR
(SUBR LV)
F - FINAL
SANITARY WASTEWATER
EFFLUENT
*** NO DISCHARGE |__| ***

JEFFE

Form Approved.
OMB No. 2040-0004

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			
[illegible] GENERAL [illegible] 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	1.00	1.00	(13)	Ø	1/7	Grab
	PERMIT REQUIREMENT	******	******	**** ****	******	200 30DA GEO	400 7 DA GEO	#/ 100ML		WEEKLY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C [illegible] 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.70	2.45	(26)	******	2.25	3.00	(19)	Ø	1/7	Comp
	PERMIT REQUIREMENT	25.0 30DA AVG	50.0 DAILY MX	LBS/DY	******	30 30DA AVG	60 DAILY MX	MG/L		WEEKLY	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
H. J. SCHARDEIN JR., EXECUTIVE DIRECTOR	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]	502	540-6000	07	12	19
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)*