



MSD

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

January 28, 2008

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 – December 2007.**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Starview WTP, KPDES No.:
KY0031712 for the month of December 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 1207

Enclosures

cc: M. Roth (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)

NAME STARVIEW ESTATES SUBD MSD
 ADDRESS C/O LOUISVILLE/JEFF CO MSD
 8512 ALGONQUIN PKWY
 LOUISVILLE KY 40211-2497
 FACILITY STARVIEW ESTATES SUBD MSD
 LOCATION LOUISVILLE KY 40243

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

KY0031712 PERMIT NUMBER
 0011 DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	12	01		07	12	31

*** NO DISCHARGE 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			
PHENOL, DISSOLVED (20)	*****	*****	*****		7.4	*****	*****	(19)	0	1/7	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		WEEKLY GRAB	
CHLORIDE, TOTAL	*****	*****	*****		6.9	*****	7.2	(12)	0	1/7	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	SU		WEEKLY GRAB	
AMMONIA, TOTAL (AS N)	*****	*****	*****	(26)	*****	5.25	8.00	(19)	0	1/7	COMB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	25.0	30.0	LB5/DY	*****	30DA AVG	DAILY MX	MG/L		WEEKLY COMPOS	
AMMONIA, TOTAL (AS N)	*****	*****	*****	(26)	*****	0.13	0.22	(19)	0	1/7	COMB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	8.34	16.7	LB5/DY	*****	30DA AVG	DAILY MX	MG/L		WEEKLY COMPOS	
PHOSPHORUS, TOTAL (AS P)	*****	*****	*****		*****	1.20	1.51	(19)	0	1/7	COMB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L		WEEKLY COMPOS	
FLOW IN CONDUIT OR THRU TREATMENT PLANT	*****	*****	*****	(03)	*****	*****	*****		0	9/1	9/1
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	100	*****	*****	*****	****		CONTINUOUS IN	UDUS
CHLORINE, TOTAL RESIDUAL	*****	*****	*****		*****	<0.010	<0.010	(19)	0	1/7	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.011	0.017	MG/L		WEEKLY GRAB	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 H. J. SCHORDAIN JR.
 EXECUTIVE 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. Pugh
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
502	540-6000	08	01	24

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

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

NAME STARVIEW ESTATES BUND MSD
 ADDRESS C/O LOUISVILLE/JEFF CO MSD
 9502 ALCOQUIN PKWY
 LOUISVILLE KY 40211-2497

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

HY0031712 PERMIT NUMBER 0011 DISCHARGE NUMBER

MINOR (SUBR LV)
 F - FINAL

Form Approved.
 OMB No. 2040-0004

JEFFE

FACILITY STARVIEW ESTATES BUND MSD
 LOCATION LOUISVILLE KY 40243

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	12	01		07	12	31

FROM

TO

SANITARY WASTEWATER EFFLUENT

*** NO DISCHARGE [] ***

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			
GENERAL EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	1.00	1.00	(13)		1/7	GROB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	100ML		WEEKLY	GROB
500, CARBONACEOUS 05 DAY, 200	SAMPLE MEASUREMENT	3.24	5.27	(26)	*****	1.75	2.00	(19)		1/7	COMPOS
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30	60	MG/L		WEEKLY	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										

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James E. Porter
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 502-540-6000
 DATE 08 01 24
 AREA CODE NUMBER YEAR MO DAY

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