



MSD

*Louisville and Jefferson County Metropolitan Sewer District*  
700 West Liberty Street  
Louisville Kentucky 40203-1911  
502-540-6000  
[www.msdlouky.org](http://www.msdlouky.org)

August 27, 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 – July 2008.**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Starview WTP, KPDES No.: KY0031712 for the month of July 2008.

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 0708

Enclosures

cc: C. Roth (DOW Louisville)  
R. Shaw  
T. Singleton



*Beneficial Use of Louisville's Biosolids*  
[www.louisvillegreen.com](http://www.louisvillegreen.com)

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

AME STARVIEW ESTATES SUBD MSD

DDRESS C/O CEDAR CREEK STP

8405 CEDAR CREEK RD

LOUISVILLE KY 40211

ACILITY STARVIEW ESTATES SUBD MSD

OCATION LOUISVILLE KY 40240

ATTN: DENNIS THOMASSON, SR METRO OPS

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

KY00031712  
PERMIT NUMBER

001 1  
DISCHARGE NUMBER

MINOR  
(SUBR LV)  
F - FINAL

JEFFE

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	08	07	01		08	07	31

SANITARY WASTEWATER  
EFFLUENT

\*\*\* NO DISCHARGE 1 1 \*\*\*

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			
XYGEN, DISSOLVED (DO)		*****	*****		7.0	*****	*****	( 19 )		1/7	CONT
00300 1 0 0		*****	*****	*****	7	*****	*****			WEEKLY	CONT
EFFLUENT GROSS VALUE		*****	*****	*****	INST MIN	*****	*****	MG/L			
0400 1 0 0		*****	*****		7.2	*****	7.3	( 12 )		1/7	CONT
EFFLUENT GROSS VALUE		*****	*****	*****	6.0	*****	9.0	MG/L			
SOLIDS, TOTAL SUSPENDED		*****	*****	( 26 )	*****	*****	*****	( 19 )		1/7	CONT
0530 1 0 0		*****	*****	*****	*****	*****	*****	MG/L			
EFFLUENT GROSS VALUE		*****	*****	*****	30DA AVG	*****	*****	MG/L			
NITROGEN, AMMONIA TOTAL (AS N)		*****	*****	( 26 )	*****	*****	*****	( 19 )		1/7	CONT
0610 1 1 0		*****	*****	*****	*****	*****	*****	MG/L			
EFFLUENT GROSS VALUE		*****	*****	*****	30DA AVG	*****	*****	MG/L			
PHOSPHORUS, TOTAL (AS P)		*****	*****		*****	*****	*****	( 19 )		1/7	CONT
0665 1 0 0		*****	*****	*****	*****	*****	*****	MG/L			
EFFLUENT GROSS VALUE		*****	*****	*****	30DA AVG	*****	*****	MG/L			
LOW, IN CONDUIT OR THRU TREATMENT PLANT		*****	*****	( 03 )	*****	*****	*****			9/11	CONT
0050 1 0 0		*****	*****	*****	*****	*****	*****	MG/L			
EFFLUENT GROSS VALUE		*****	*****	*****	30DA AVG	*****	*****	MG/L			
CHLORINE, TOTAL RESIDUAL		*****	*****		*****	*****	*****	( 19 )		1/7	CONT
0060 1 0 0		*****	*****	*****	*****	*****	*****	MG/L			
EFFLUENT GROSS VALUE		*****	*****	*****	30DA AVG	*****	*****	MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

H.J. SCHROEDER 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. Butler*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

512.540-6000

DATE

08 08 25

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

JEFFE

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

NAME STARVIEW ESTATES SUBD MSD  
ADDRESS C/O CEDAR CREEK STP  
8405 CEDAR CREEK RD  
LOUISVILLE KY 40211

FACILITY STARVIEW ESTATES SUBD MSD

LOCATION LOUISVILLE KY 40243

ATTN: DENNIS THOMASSON, SR METRO OPS

KY0031712  
PERMIT NUMBER

001 1  
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
05	07	01		05	07	31

\*\*\* NO DISCHARGE 1-1 \*\*\*

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			
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	1.19	2.00	(13)		1/7	GRAB
4055 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	#/		WEEKLY	GRAB
EFFLUENT GROSS VALUE				****		30DA GEO	7 DA GEO	100ML			
OD, CARBONACEOUS 5 DAY, 20C	SAMPLE MEASUREMENT	2.45	3.24	(26)	*****	3.00	4.00	(19)		1/7	COMP
0062 1 0 0	PERMIT REQUIREMENT	25.0	50.0		*****	30	60			WEEKLY	COMPOS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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*James E. Pugh*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
502 546-6000  
DATE  
08 08 25  
AREA CODE NUMBER YEAR MO DAY

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