MSD

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

December 18, 2008

Ms. Carolena Bentley, DMR Coordinator
Kentucky Division of Water
200 Fair Oaks Lane, 4th Floor
Frankfort, Kentucky 40601

Re: MSD Metro Operations
Starview WTP; KPDES No.: KY0031712
Discharge Monitoring Reports – November 2008.

Dear Ms. Bentley:

Attached is the Discharge Monitoring Reports (DMRs) and the Monthly Operating Report (MOR) for the Starview WTP, KPDES No.: KY0031712 for the month of November 2008.

If you have any questions concerning the attached DMRs, please contact me at (502)239-7695.

Sincerely,

Kevin D. Ries
Process Supervisor Central Region

KDR/Starview 1108

Enclosures

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

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME STARVIEW ESTATES SUBD MSD
ADDRESS C/O CEDAR CREEK STP
9406 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY STARVIEW ESTATES SUBD MSD
LOCATION LOUISVILLE KY 40243
ATTN. DENNIS THOMASSON, SR METRO OPS

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

Form Approved.
OMB No. 2040-0004

KY0031712	001 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO.	DAY		YEAR	MO.	DAY
FROM	05	11	01	TO	05	11	30

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

JEFFE

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
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		7	******	******	(19)	Ø	01/07	GR
	PERMIT REQUIREMENT	******	******	****	7 INST MIN	******	******	MG/L		WEEKLY	GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.9	******	7.2	(12)	Ø	01/07	GR
	PERMIT REQUIREMENT	******	******	****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	3.8	5.2	(26)	******	6	9	(19)	0	01/07	CP
	PERMIT REQUIREMENT	25.0 30DA AVG	50.0 DAILY MX	LBS/DY	******	30 30DA AVG	60 DAILY MX	MG/L		WEEKLY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.1	0.2	(26)	******	0.2	0.2	(19)	Ø	01/07	CP
	PERMIT REQUIREMENT	8.34 30DA AVG	16.7 DAILY MX	LBS/DY	******	10 30DA AVG	20 DAILY MX	MG/L		WEEKLY	COMPOS
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	1	2	(19)	Ø	01/07	CP
	PERMIT REQUIREMENT	******	******	****	******	REPORT 30DA AVG	REPORT DAILY MX	MG/L		WEEKLY	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.083	0.128	(03)	******	******	******		Ø	CN	CN
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	******	******	******	**** ****		CONTIN UOUS	CONTIN
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	<0.010	<0.010	(19)	Ø	01/07	GR
	PERMIT REQUIREMENT	******	******	****	******	0.011 30DA AVG	0.017 DAILY MX	MG/L		WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
H.J. Schaefer Exec. 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.	Ken D. Lee	502	540-6000	08	12 22
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)*

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

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

Form Approved.
OMB No. 2040-0004

KY0031712	001 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO.	DAY		YEAR	MO.	DAY
FROM	98	11	01	TO	98	11	30

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

JEFFE

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	1	1	(13)	Ø	01/07	GR
	PERMIT REQUIREMENT	******	******	**** ****	******	200 30DA GEO	400 #/ 7 DA GEO	100ML		WEEKLY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	2.1	3.1	(26)	******	3	3	(19)	Ø	01/07	CP
	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										
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
H.J. Schnitzlein Exec. 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.	Ken D. Rus	502	540-6811	98	12	22
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)*

Starview Report for **Nov-08** Tot. Exc.= 0

Tot. Flow=	2.477		Concentrations				Pounds		
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
11/1/08	0.079								
11/2/08	0.062								
11/3/08	0.054	3	3	0.22	1	1.351	1.351	0.099	2.02
11/4/08	0.057								
11/5/08	0.066								
11/6/08	0.061								
11/7/08	0.06								
11/8/08	0.07								
11/9/08	0.068								
11/10/08	0.068	9	3	0.11	1	5.104	1.701	0.062	0.807
11/11/08	0.126								
11/12/08	0.067								
11/13/08	0.085								
11/14/08	0.072								
11/15/08	0.128								
11/16/08	0.119								
11/17/08	0.086	5	3	0.055	1	3.586	2.152	0.039	0.8
11/18/08	0.079								
11/19/08	0.085								
11/20/08	0.073								
11/21/08	0.08								
11/22/08	0.081								
11/23/08	0.079								
11/24/08	0.125	5	3	0.22	1	5.213	3.128	0.229	1.63
11/25/08	0.105								
11/26/08	0.09								
11/27/08	0.093								
11/28/08	0.086								
11/29/08	0.087								
11/30/08	0.086								
12/1/08									
Average	0.083	5.50	3.00	0.15	1.00	3.81	2.08	0.11	1.31
Maximum	0.128	9.00	3.00	0.22	1.00	5.21	3.13	0.23	2.02
Exceed.	5	0	0	0	0	0	0	0	