

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

January 23, 2009

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

Re:

**MSD Metro Operations** 

Starview WTP; KPDES No.: KY0031712

Discharge Monitoring Reports - December 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 December 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 1208

Enclosures

cc:

C. Roth (DOW Louisville)

R. Shaw

T. Singleton



STARVISH ESTATES SUPD MSD

ADDRESS C/O CEDAR CREEK STP

6405 CEDAR CREEK RD

LOUISVILLE MY 40211

FACILITY STARVIEW ESTATES SUBD MSD

LOCATION LOUISVILLE KY 40243 ATTN: DENVIS THOMASSON, SR METRO DES NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

TO

DAY

KYUDUTTTE PERMIT NUMBER

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YEAR

FROM

 $\circ\circ 1$ DISCHARGE NUMBER

DAY

YEAR MO.

(SUBR LV) F - FINAL

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Form Approved. OMB No. 2040-0004

SANITARY WASTEWATER

EFFLUENT

MINOR

\*\*\* NO DISCHARGE I\_\_ I \*\*\*

NOTE: Read Instructions before completing this form.

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H.J. Schardein	to assur- submitte	e that qualified personnel pro ed. Based on my inquiry of th	pperly gather and evaluate t ie person or persons who ma	he information mage the system.	. 7	~ ~		-			
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OMMENTS AND EXPLANATION OF A	ANV VIOLATIONS	(Deference of the and it	opersonment for knowing vi	ioiations.	UFF	ICER OR AUTHORIZED	AGENT	NUMBER		YEAR M	O DAY

STARVIEW ESTATES SURD MSD

ADDRESS C/O CEDAR CREEK STP

8405 CEDAR CREEK RD

LOUISVILLE

KYOOB1712 PERMIT NUMBER

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

001 1 DISCHARGE NUMBER

DAY

MINOR (SUBA LV) F - FINAL

Form Approved.

OMB No. 2040-0004

BAMITARY WASTEWATER

EFFLUENT

\*\*\* NO DISCHARGE I\_\_! \*\*\*

NOTE: Read Instructions before completing this form.

MONITORING PERIOD FACILITY STARVIEW ESTATES SUBD MOD YEAR DAY MO\_ YEAR | MO. LOCATION LOUISVILLE KY 40243 FROM TO ATTN: DEWNIS THOMASSON, SR METRO OFS

**PARAMETER** FREQUENCY QUANTITY OR LOADING NO. QUALITY OR CONCENTRATION SAMPLE EX TYPE ANALYSIS **AVERAGE** MAXIMUM UNITS MINIMUM **AVERAGE** MAXIMUM UNITS COLIFORM, FECAL 李本学李本本 **技术学会行为** 茶茶茶茶茶茶 SAMPLE GENERAL MEASUREMENT 74055 本本本本本 安安安安安安 表示分类 PERMIT 200 400 EFFLUENT GROSS VALUE REQUIREMENT 安安安安 JODA SEC 7 DA GED LOOME CARBONACEOUS ( 26) 法法法法法法 ( 19) SAMPLE 3 OS DAY, 200 MEASUREMENT 5005Z 0 25. 0 PERMIT 传染安安安安 30 EFFLUENT GROSS VALUE REQUIREMENT BVA ACCE DAILY MX LES/DY BODA AVG MG/L DAILY MX SAMPLE MEASUREMENT PERMIT REQUIREMENT NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were TELEPHONE DATE prepared under my direction or supervision in accordance with a system designed H.J. Scharde in 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 Exec. Director submitted is, to the best of my knowledge and belief, true, accurate, and complete. SIGNATURE OF PRINCIPAL EXECUTIVE .. I am aware that there are significant penalties for submitting false information. TYPED OR PRINTED including the possibility of fine and imprisonment for knowing violations. OFFICER OR AUTHORIZED AGENT YEAR MO COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1.75		Tot. Exc.= 0 Concentrations BOD NH3 Fecal TSS BOD NH3 T 5 3 0.22 1 3.586 2.152 0.158  5 3 0.17 1 3.169 1.902 0.108
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