



MSD

*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, 4th 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



Beneficial Use of Louisville's Biosolids
www.louisvillegreen.com

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 THOMASSEN, SR METRO OPS

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

KY0000712
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MINOR
(SUBR LV)
F - FINAL

JEFF

SANITARY WASTEWATER
EFFLUENT

*** NO DISCHARGE () ***

NOTE: Read Instructions before completing this form.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
00	12	01		00	12	01

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DO)	00300 1 0 0	*****	*****		7	*****	*****	(17)		0 1/07	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		WEEKLY	GR
PH	00400 1 0 0	*****	*****		6.8	*****	*****	(12)		0 1/07	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	*****	SU		WEEKLY	GR
SOLIDS, TOTAL SUSPENDED	00500 1 0 0	3.6	4.5	(26)	*****	5	6	(17)		0 1/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30	60	MG/L		WEEKLY	CP
NITROGEN, AMMONIA TOTAL (AS N)	00610 1 2 0	0.1	0.2	(26)	*****	0.1	0.2	(17)		0 1/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	10	20	MG/L		WEEKLY	CP
PHOSPHORUS, TOTAL (AS P)	00665 1 0 0	*****	*****		*****	1.6	2.1	(17)		0 1/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L		WEEKLY	CP
FLOW, IN CONDUIT OF THRU TREATMENT PLANT	00050 1 0 0	0.117	0.281	(03)	*****	*****	*****			0 1/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	INST MAX	MGD	*****	*****	*****	****		WEEKLY	CP
CHLORINE, TOTAL RESIDUAL	00080 1 0 0	*****	*****		*****	20.010	20.010	(17)		0 1/07	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.011	0.017	MG/L		WEEKLY	GR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H. S. Scharlein
Exec. 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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Ken D. Zuk

TELEPHONE: 502-540-6000
DATE: 09 1 73
AREA CODE NUMBER YEAR MO DAY

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

NAME STARVIEW ESTATES SUBD MSD

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*** NO DISCHARGE 1-1 ***

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MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
00	12	01		00	12	31

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	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	1	(13)		01/07	GR
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	*/		WEEKLY	GRAS
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	2.1	2.4	(26)	*****	3	3	(19)		01/07	CP
80082 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	25.0	50.0		*****	30	60			WEEKLY	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H.J. Schardon
Exec. Director
TYPED OR PRINTED

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Signature of Principal Executive Officer or Authorized Agent
Kest D. [Signature]

TELEPHONE: 502, 546-6000
DATE: 09 01 23
AREA CODE: NUMBER: YEAR: MO: DAY:

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

