



**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)*

October 23, 2008

Ms. Vickie L. Prather  
Kentucky Division of Water  
14 Reilly Road  
Frankfort, Kentucky 40601

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

Dear Ms. Prather:

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

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

Sincerely,

Kevin D. Ries  
Process Supervisor - Operations

JEP/Starview 0908

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 40243  
TTN: DENNIS THOMASSON, SR METRO OPS

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

KY00031712	001 1
PERMIT NUMBER	DISCHARGE NUMBER

MINOR (SUDBR LV)  
F - FINAL JEFFE  
SANITARY WASTEWATER  
EFFLUENT  
\*\*\* NO DISCHARGE ( ) \*\*\*  
NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
XYGEN, DISSOLVED (DD)	SAMPLE MEASUREMENT	*****	*****		7.1	*****	*****	( 19 )	Ø	%07	GR
0300 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	7	*****	*****	MG/L		WEEKLY	GRAB
FFLUENT GROSS VALUE					INST MIN						
H	SAMPLE MEASUREMENT	*****	*****		6.7	*****	6.9	( 12 )	Ø	%07	GR
0400 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	9.0	MG/L		WEEKLY	GRAB
FFLUENT GROSS VALUE					MINIMUM		MAXIMUM	MG/L			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	4	7	( 26 )	*****	3	4	( 19 )	Ø	%07	CP
0530 1 0 0	PERMIT REQUIREMENT	25.0	50.0	*****	*****	30	60	MG/L		WEEKLY	COMPOS
FFLUENT GROSS VALUE		30DA AVG	DAILY MX	LB/DY		30DA AVG	DAILY MX	MG/L			
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.3	0.4	( 26 )	*****	0.2	0.3	( 19 )	Ø	%07	CP
0610 1 1 0	PERMIT REQUIREMENT	3.34	6.68	*****	*****	4	8	MG/L		WEEKLY	COMPOS
FFLUENT GROSS VALUE		30DA AVG	DAILY MX	LB/DY		30DA AVG	DAILY MX	MG/L			
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	3.0	3.4	( 19 )	Ø	%07	CP
0665 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT	MG/L		WEEKLY	COMPOS
FFLUENT GROSS VALUE						30DA AVG	DAILY MX	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.081	0.098	( 03 )	*****	*****	*****		Ø	CN	CN
0050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT	*****	*****	*****	*****	*****		CONTIN	CONTIN
FFLUENT GROSS VALUE		30DA AVG	INST MAX	MGD				*****		DUUS	
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	( 19 )	Ø	%07	GR
0060 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.011	0.019	MG/L		WEEKLY	GRAB
FFLUENT GROSS VALUE						30DA AVG	DAILY MX	MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.	TELEPHONE	DATE		
H. J. Schardein Exec. Director			502 540-6000	08	10
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	502 540-6000	08	10
			AREA CODE	NUMBER	YEAR

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

KY00031712  
PERMIT NUMBER

001 1  
DISCHARGE NUMBER

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

MONITORING PERIOD								
YEAR	MO	DAY	FROM	YEAR	MO	DAY	TO	
06	07	01		06	07	30		

NOTE: Read Instructions before completing this form.

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)	0	0/07	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	200	400	*/		WEEKLY	CPAS
BOD, CARBONACEOUS 5 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	3	3	( 26)	*****	2	2	( 19)	0	0/07	CP
	PERMIT REQUIREMENT	25.0	50.0		*****	30	60			WEEKLY	COMPOS
	SAMPLE MEASUREMENT	30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		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.			TELEPHONE			DATE			
H.J. Schardein Exec. Director											
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			502.540-6000			08	10	24	
					AREA CODE	NUMBER		YEAR	MO	DAY	

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