MSD
Metropolitan Sewer District

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

June 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 – May 2009.

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 May 2009.

If you have any questions concerning the attached DMRs, please contact me at (502)239-7574.

Sincerely,

Duane V. Wright
Process Supervisor Central Region

DVW/Starview 0509

Enclosures

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

Form Approved.
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME STARVIEW ESTATES SUBD MSD
ADDRESS C/O CEDAR CREEK WTP
6905 - FOUR CREEK RD
LOUISVILLE KY 40211
FACILITY STARVIEW ESTATES SUBD MSD
LOCATION LOUISVILLE KY 40243
CITY OHIO THOMASSON SR METRO DPS

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

KY0031712	001 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO.	DAY		YEAR	MO.	DAY
FROM	07	12	01	TO	07	12	31

MINOR
(SUBP I.V)
F - FINAL
SANITARY WASTEWATER
EFFLUENT
*** NO DISCHARGE [ ] ***

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)	0	01/07	GK
	PERMIT REQUIREMENT	******	******	**** ****	7 INST MIN	******	******	MG/L		WEEKLY	GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.8	******	7.0	(12)	0	01/07	GK
	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	5.1	8.5	(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 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.08	0.13	(26)	******	0.1	0.2	(19)	0	01/07	CP
	PERMIT REQUIREMENT	3.34 30DA AVG	6.68 DAILY MX	LBS/DY	******	4 30DA AVG	8 DAILY MX	MG/L		WEEKLY	COMPOS
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	1.4	1.9	(19)	0	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	0.115	0.250	(03)	******	******	******		0	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)	0	01/07	GR
	PERMIT REQUIREMENT	******	******	**** ****	******	0.011 30DA AVG	0.019 DAILY MX	MG/L		WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
W J SCHNOEIN, JR	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	AREA CODE	NUMBER	YEAR	MO	DAY
EXECUTIVE DIRECTOR			502	540-6333	19	01	26
TYPED OR PRINTED							

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
6405 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)*

PERMIT NUMBER	DISCHARGE NUMBER
KY0031712	001 1

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

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

JEFFL

Form Approved.
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COLIFORM FECAL GENERAL	SAMPLE MEASUREMENT	******	******		******	1	1	(19)	0	01/07	GR
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	******	200 30DA GEO	400 7 DA GEO	#/100ML		WEEKLY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	2.8	4.2	(26)	******	3	3	(19)	0	01/07	CP
80082 1 0 0 EFFLUENT GROSS VALUE	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										
	PERMIT REQUIREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

H J SCH[illegible], 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.

[illegible signature]

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
502	540 [illegible]	07	06	26
AREA CODE	NUMBER	YEAR	MO	DAY

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

Starview Report for **May-09** Tot. Exc.= 0

Tot. Flow=	3.557		Concentrations				Pounds		
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
5/1/09	0.132								
5/2/09	0.164								
5/3/09	0.154								
5/4/09	0.146	7	3	0.11	1	8.523	3.653	0.134	1.66
5/5/09	0.133								
5/6/09	0.145								
5/7/09	0.167								
5/8/09	0.238								
5/9/09	0.28								
5/10/09	0.196								
5/11/09	0.167	3	3	0.055	1	4.178	4.178	0.077	0.903
5/12/09	0.143								
5/13/09	0.131								
5/14/09	0.142								
5/15/09	0.138								
5/16/09	0.108								
5/17/09	0.083								
5/18/09	0.057	9	3	0.011	1	4.278	1.426	0.005	1.88
5/19/09	0.042								
5/20/09	0.063								
5/21/09	0.063								
5/22/09	0.061								
5/23/09	0.066								
5/24/09	0.062								
5/25/09	0.082								
5/26/09	0.076								
5/27/09	0.069	6	3	0.17	1	3.453	1.726	0.098	0.97
5/28/09	0.067								
5/29/09	0.061								
5/30/09	0.062								
5/31/09	0.059								
Average	0.115	6.25	3.00	0.09	1.00	5.11	2.75	0.08	1.35
Maximum	0.280	9.00	3.00	0.17	1.00	8.52	4.18	0.13	1.88