



MSD

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

July 25, 2007

Ms. Kathy Thurman  
Kentucky Division of Water  
14 Reilly Road  
Frankfort, Kentucky 40601

**Re: MSD Metro Operations  
Bancroft WTP; KPDES No.: KY0039021  
Discharge Monitoring Reports – June 2007**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Bancroft WTP; KPDES No.: KY0039021 for the month of June 2007.

If you have any questions concerning the attached DMRs, please contact me at (502)241-9093.

Sincerely,

John Kessel  
Process Supervisor, East Region

JMK/Bancroft 0607

Enclosures

cc: M. Mudd (DOW Louisville)  
E. Brady  
T. Singleton  
P. Burgin  
R. Shaw



**Beneficial Use of Louisville's Biosolids**  
[www.louisvillegreen.com](http://www.louisvillegreen.com)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HAINES, JIP MSD  
 ADDRESS: 640 LOUISVILLE/JEFF CO MSD  
 527 ALABAMA BLVD  
 LOUISVILLE KY 40211-2477  
 FACILITY: WASTEWATER TREATMENT  
 LOCATION: LOUISVILLE KY  
 ATTN: ALAN E. NOBLE, CHIEF NDR

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

KY0039021	001 1
PERMIT NUMBER	DISCHARGE NUMBER

MINOR  
 (SUBR LV)  
 F - FINAL

SANITARY WASTEWATER  
 EFFLUENT

\*\*\* NO DISCHARGE 1 1 \*\*\*

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

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			
DIYCEL, STEADY STATE (100)	SAMPLE MEASUREMENT	*****	*****		7.7	*****	*****	( 17 )	0	1/30	Grab
DIYCEL, STEADY STATE (100)	PERMIT REQUIREMENT	*****	*****	*****	INST MIN	*****	*****	MG/L		MONTH	
DIYCEL, STEADY STATE (100)	SAMPLE MEASUREMENT	*****	*****		6.9	*****	6.9	( 12 )	0	1/30	Grab
DIYCEL, STEADY STATE (100)	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	SU		MONTH	
DIYCEL, STEADY STATE (100)	SAMPLE MEASUREMENT	1.25	1.25	( 24 )	*****	6.0	6.0	( 17 )	0	1/30	Comp
DIYCEL, STEADY STATE (100)	PERMIT REQUIREMENT	20.0	40.0	MG AVG	*****	30	60	MG/L		MONTH	
DIYCEL, STEADY STATE (100)	SAMPLE MEASUREMENT	0.01	0.01	( 24 )	*****	0.06	0.06	( 17 )	0	1/30	Comp
DIYCEL, STEADY STATE (100)	PERMIT REQUIREMENT	2.57	5.34	MG AVG	*****	4	8	MG/L		MONTH	
DIYCEL, STEADY STATE (100)	SAMPLE MEASUREMENT	*****	*****		*****	4.0	4.0	( 17 )	0	1/30	Comp
DIYCEL, STEADY STATE (100)	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT	MG/L		MONTH	
DIYCEL, STEADY STATE (100)	SAMPLE MEASUREMENT	0.035	0.075	( 03 )	*****	*****	*****	*****	0	1/30	Comp
DIYCEL, STEADY STATE (100)	PERMIT REQUIREMENT	REPORT	REPORT	*****	*****	*****	*****	*****		MONTH	
DIYCEL, STEADY STATE (100)	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	( 17 )	0	1/30	Grab
DIYCEL, STEADY STATE (100)	PERMIT REQUIREMENT	*****	*****	*****	*****	0.010	0.010	MG/L		MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER H.S. Schaefer 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	TELEPHONE	DATE				
			AREA CODE	NUMBER	YEAR	MO	DAY	
			502	241	9093	07	07	03

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ARACROFT WIA MSD  
 ADDRESS: 170 LOUISVILLE/JEFF CO MSD  
 FACILITY: ARACROFT WIA MSD  
 LOCATION: LOUISVILLE KY  
 CITY: A 24 E N 34 W, OPER MOR

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

KY0039021  
 PERMIT NUMBER

COI 1  
 DISCHARGE NUMBER

MINOR  
 (BOD/LV)  
 F - FINAL

SANITARY WASTEWATER  
 EFFLUENT

\*\*\* NO DISCHARGE \*\*\*

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	07	01	07	07	01

FROM

TO

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 BOD	SAMPLE MEASUREMENT	*****	*****		*****	1.0	1.0	(10)	0	1/30	Grab
GENERAL	PERMIT REQUIREMENT	*****	*****	***	*****	200	400	MG/L		MONTH	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.63	0.63	(28)	*****	3000 GPD	7 DA GPD	100ML	0	1/30	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MO AVG	MX WK AV	LBS/DY	*****	MO AVG	MX WK AV	MG/L		MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

H.J. Schadein  
 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

TELEPHONE

DATE

509 241 9693 57 07 23  
 AREA CODE NUMBER YEAR MO DAY

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