



MSD

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

August 23, 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 – July 2007**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Bancroft WTP; KPDES No.: KY0039021 for the month of July 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 0707

Enclosures

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



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

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

NAME BANCROFT STP MSD
 ADDRESS C/O CEDAR CREEK WWTP
 8405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY BANCROFT STP MSD
 LOCATION LOUISVILLE KY
 ATTN: DENNIS THOMASSON

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

KY0039021
 PERMIT NUMBER

001 1
 DISCHARGE NUMBER

MINOR
 (SUBR LV)
 F - FINAL
 SANITARY WASTEWATER
 EFFLUENT
 *** NO DISCHARGE 1 ***

JEFFE

MONITORING PERIOD						
YEAR	MO.	DAY	TO	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			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****		7.7	*****	*****	(17)	0	1/31	Grab
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	INST MIN	*****	*****	MG/L		ONCE / MONTH	
EFFLUENT GROSS VALUE											
PH	SAMPLE MEASUREMENT	*****	*****		6.1	*****	6.1	(12)	0	1/31	Grab
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	SU		ONCE / MONTH	
EFFLUENT GROSS VALUE											
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	1.00	1.00	(26)	*****	6.0	6.0	(19)	0	1/31	Comp
00530 1 0 0	PERMIT REQUIREMENT	20.0 MD AVG	40.0 MX WK AV	LBS/DY	*****	30 MD AVG	60 MX WK AV	MG/L		ONCE / MONTH	
EFFLUENT GROSS VALUE											
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.03	0.03	(26)	*****	0.10	0.10	(17)	0	1/31	Comp
00610 1 1 0	PERMIT REQUIREMENT	2.0 MD AVG	5.0 MX WK AV	LBS/DY	*****	4 MD AVG	8 MX WK AV	MG/L		ONCE / MONTH	
EFFLUENT GROSS VALUE											
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	4.02	4.02	(17)	0	1/31	Grab
00665 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		ONCE / MONTH	
EFFLUENT GROSS VALUE											
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.053	0.050	(03)	*****	*****	*****	*****	0	6/1	6/1
00050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	*****		ONCE / MONTH	
EFFLUENT GROSS VALUE											
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	0.010	0.010	(17)	0	1/31	Grab
00060 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.018 MD AVG	0.017 DAILY MX	MG/L		ONCE / MONTH	
EFFLUENT GROSS VALUE											
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. Scherlein Exec Director											
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE	NUMBER	YEAR	MO	DAY	
						509	241-9698	07	08	21	

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

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FROM

TO

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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	*****	*****		*****	1.0	1.0	(10)	0	1/31	Lab
	PERMIT REQUIREMENT	*****	*****	***	*****	200	400	100ML		ONCE/MONTH	LAB
BOD, CARBONACEOUS 5 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.80	0.80	(20)	*****	3.0	3.0	(17)	0	1/31	Lab
	PERMIT REQUIREMENT	18.7 MO AVG	33.4 MX WK AV	LBS/DY	*****	25 MO AVG	50 MX WK AV	MG/L		ONCE/MONTH	LAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

H.T. Schindler
 Exec Director

TYPED OR PRINTED

500 911 9093 07 08 21
 AREA CODE NUMBER YEAR MO DAY

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