



MSD

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

September 11, 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 – August 2007**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Bancroft WTP; KPDES No.: KY0039021 for the month of August 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 0807

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

Form Approved
 OMB No. 2040-0004

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
 97 06 01 97 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			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****		7.4	*****	*****	(17)	0	1/31	Grab
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		ONCE / MONTH	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.7	*****	6.7	(12)	0	1/31	Grab
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	SU		ONCE / MONTH	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	(26)	*****	3.0	3.0	(17)	0	1/31	Comp
SOLIDS, TOTAL SUSPENDED	PERMIT REQUIREMENT	*****	*****	****	*****	MD AVG	MX WK AV	MG/L		ONCE / MONTH	
00530 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	0.22	0.22	(17)	0	1/31	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	MD AVG	MX WK AV	MG/L		ONCE / MONTH	
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****		*****	2.93	2.93	(17)	0	1/31	Comp
00610 1 1 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L		ONCE / MONTH	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.018	0.017	(17)	0	1/31	Grab
PHOSPHORUS, TOTAL (AS P)	PERMIT REQUIREMENT	*****	*****	****	*****	MD AVG	DAILY MX	MG/L		ONCE / MONTH	
00665 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	*****	0	1/31	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****		ONCE / MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	*****	0	1/31	Grab
00050 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****		ONCE / MONTH	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	*****	0	1/31	Grab
CHLORINE, TOTAL RESIDUAL	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****		ONCE / MONTH	
00060 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	*****	0	1/31	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****		ONCE / MONTH	

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			
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR

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

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

KY00039021
 PERMIT NUMBER

001 I
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MINOR
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 SANITARY WASTEWATER
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 *** NO DISCHARGE 1 1 ***

Form Approved
 OMB No. 2040-0004

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

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	68.0	68.0	(15)	0	1/31	Grab
BOD, CARBONACEOUS 5 DAY, 20C 30082 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	300A GEO	7 DA GEO	100ML		ONCE / MONTH	GRAB
	SAMPLE MEASUREMENT	6.63	0.63	(26)	*****	3.0	3.0	(19)	0	1/31	Comp
	PERMIT REQUIREMENT	16.7 MD AVG	33.4 MX WK AV	LBS/DY	*****	25 MD AVG	50 MX WK AV	MG/L		ONCE / MONTH	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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		AREA CODE	NUMBER	YEAR	MO	DAY
H.J. Scherlein Exec Director		502	241-9093	07	09	10

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