



MSD

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

November 26, 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 – October 2007**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Bancroft WTP; KPDES No.: KY0039021 for the month of October 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 1007

Enclosures

cc: C. Roth (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 HANCOCK STP MSD

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

Form Approved.
 OMB No. 2040-0004

ADDRESS C/O CEDAR CREEK WWTP
 1405 CEDAR CREEK RD
 LOUISVILLE KY 40211

440000021
 PERMIT NUMBER

001 1
 DISCHARGE NUMBER

MINOR
 (SUBR LV)
 F - FINAL

JEFF

FACILITY HANCOCK STP MSD
 LOCATION LOUISVILLE KY

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	10	01		07	10	31

SANITARY WASTEWATER
 EFFLUENT

*** NO DISCHARGE [] ***

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PHOSPHORUS DISSOLVED (DO)		*****	*****		8.1	*****	*****	(19)	0	1/31	Grab
EFFLUENT GROSS VALUE		*****	*****	*****	INST MIN	*****	*****	MG/L		ONCE/MONTH	GRAB
PHOSPHORUS TOTAL		*****	*****		6.3	*****	6.3	(12)	0	1/31	Grab
EFFLUENT GROSS VALUE		*****	*****	*****	MINIMUM	*****	MAXIMUM	SU		ONCE/MONTH	GRAB
SILICA TOTAL		*****	*****	(26)	*****	7.0	7.0	(19)	0	1/31	Comp
EFFLUENT GROSS VALUE		20.0	40.0	LB/DY	*****	NO AVG	NO AVG	MG/L		ONCE/MONTH	COMPOS
AMMONIA TOTAL (AS N)		*****	*****	(26)	*****	0.22	0.22	(19)	0	1/31	Comp
EFFLUENT GROSS VALUE		2.57	5.34	LB/DY	*****	NO AVG	NO AVG	MG/L		ONCE/MONTH	COMPOS
PROTEIN TOTAL (AS P)		*****	*****		*****	3.40	3.40	(19)	0	1/31	Comp
EFFLUENT GROSS VALUE		*****	*****	*****	*****	REPORT	REPORT	MG/L		ONCE/MONTH	COMPOS
CONDUCTIVITY THRU TREATMENT PLANT		*****	*****	(03)	*****	*****	*****		0	1/31	CU
EFFLUENT GROSS VALUE		REPORT	REPORT	MG	*****	*****	*****	*****		CONTINUOUS	CONTIN
RESIDUAL		*****	*****		*****	0.010	0.010	(19)	0	1/31	Grab
EFFLUENT GROSS VALUE		*****	*****	*****	*****	0.018	0.019	MG/L		ONCE/MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Exec Director
 H.S. Shandrew
 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 502 241-9063
 DATE 07 11 20
 AREA CODE NUMBER YEAR MO DAY

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

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

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

Form Approved.
OMB No. 2040-0004

NAME: **PARSONS SIP MSD**
ADDRESS: **C/O CEDAR CREEK WWTP**
4405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY: **PARSONS SIP MSD**
LOCATION: **LOUISVILLE KY**
ATTN: FRANK THOMAS

KY00099021
PERMIT NUMBER

001 1
DISCHARGE NUMBER

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

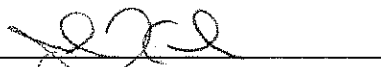
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	10	01		07	10	31

NOTE: Read Instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
GENERAL		*****	*****		*****	1.0	1.0	(13)	0	1/31	Grab
EFFLUENT GROSS VALUE		*****	*****	****	*****	200	400	MG/L		ONCE / MONTH	GRAB
EFFLUENT GROSS VALUE		1.03	1.03	(26)	*****	4.0	4.0	(19)	0	1/31	Comp
EFFLUENT GROSS VALUE		18.7	33.4	LBS/DY	*****	25	50	MG/L		ONCE / MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Eric Director
H J Schneider
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: **502 241 9093**
DATE: **07 11 20**
AREA CODE: **502** NUMBER: **241 9093** YEAR: **07** MO: **11** DAY: **20**

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