



MSD

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

March 20, 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 – February 2007**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Bancroft WTP; KPDES No.: KY0039021 for the month of February 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 0207

Enclosures

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



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www.louisvillegreen.com*

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

MINOR
(SUBR LV)
F-- FINAL
SANITARY WASTEWATER
EFFLUENT

JEFF

*** NO DISCHARGE 1 1 ***

NOTE: Read Instructions before completing this form.

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

NAME BANCROFT STP MSD

ADDRESS 0/0 LOUISVILLE/JEFF CO MSD
4522 ALCONQUIN PKWY

LOUISVILLE KY 40211-2477

FACILITY BANCROFT STP MSD

LOCATION LOUISVILLE KY

ATTN: ALEX E NOVAK, OPER MGR

KY0039021
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	02	01		07	02	20

FROM

TO

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
XYWEN, DISSOLVED (DB)	SAMPLE MEASUREMENT				7.8			(17)	0	1/2	6.6
00300 1 0 0	PERMIT REQUIREMENT				INST MIN			MG/L		1/2	GRAB
EFFLUENT GROSS VALUE											
TP	SAMPLE MEASUREMENT				6.2		6.2	(12)	0	1/2	6.6
00400 1 0 0	PERMIT REQUIREMENT				6.0 MINIMUM		7.0 MAXIMUM	SU		1/2	GRAB
EFFLUENT GROSS VALUE											
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	2.75	2.75	(26)		16.0	10.0	(17)	0	1/2	6.6
00500 1 0 0	PERMIT REQUIREMENT	20.0 MD AVG	40.0 MX WK AV	LBS/DY		30 MD AVG	50 MX WK AV	MG/L		1/2	COMPOS
EFFLUENT GROSS VALUE											
NITROGEN, AMMONIA (TOTAL AS N)	SAMPLE MEASUREMENT	0.08	0.08	(26)		0.28	0.37	(17)	0	1/2	6.6
00600 1 2 0	PERMIT REQUIREMENT	6.67 MD AVG	13.3 MX WK AV	LBS/DY		10 MD AVG	20 MX WK AV	MG/L		1/2	COMPOS
EFFLUENT GROSS VALUE											
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT					3.90	3.90	(17)	0	1/2	6.6
00660 1 0 0	PERMIT REQUIREMENT					REPORT MD AVG	REPORT DAILY MX	MG/L		1/2	COMPOS
EFFLUENT GROSS VALUE											
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.035	0.048	(03)					0	9	4/1
00050 1 0 0	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD						1/2	INST IN CONDUIT
EFFLUENT GROSS VALUE											
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT					<0.010	<0.010	(17)	0	1/2	6.6
00060 1 0 0	PERMIT REQUIREMENT					0.010 MD AVG	0.017 DAILY MX	MG/L		1/2	GRAB
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. Schindler Jr. Exec. Director						92 341 9093		07 03 20			
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE	NUMBER	YEAR	MO	DAY	

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

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

MINOR
(SUBR LV)
F - FINAL

SANITARY WASTEWATER
EFFLUENT

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

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

NAME SANCROFT SIP MSD

ADDRESS C/O LOUISVILLE/JEFF CO MSD

2522 ALCONQUIN PARK

LOUISVILLE KY 40211-2497

FACILITY SANCROFT SIP MSD

LOCATION LOUISVILLE KY

ATTN: ALEX E NOVAK, OPER MGR

KY00039021
PERMIT NUMBER

001
DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	1	1	100	0	1/2	6.5
74095 : O O EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	100ML		MONTH	
NO. CARBONACEOUS SS DAY, 90C	SAMPLE MEASUREMENT	1.10	1.10	(25)	*****	4.0	4.0	(14)	0	1/2	6.5
30092 : O O EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	18.7 MD AVG	33.4 MX WK AV	LBS/DY	*****	25	50	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

A. J. Schuler Jr

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

[Signature]

TELEPHONE

508 241-9073

DATE

07 03 20

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