



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 – March 2007**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Bancroft WTP; KPDES No.: KY0039021 for the month of March 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 0307

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)

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

MINOR

NAME BANCROFT STP MSD
ADDRESS C/O LOUISVILLE/JEFF CO MSD
4522 ALGONQUIN PKWY
LOUISVILLE KY 40211-2497
FACILITY BANCROFT STP MSD
LOCATION LOUISVILLE KY
ATTN: ALEX E NOVAK, OPER MGR

KY0037021
PERMIT NUMBER

001 1
DISCHARGE NUMBER

(SUBR LV)
F - FINAL
SANITARY WASTEWATER
EFFLUENT

JEFF CO

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	05	01	07	05	31

FROM

TO


*** NO DISCHARGE 1 1 ***

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			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****		7.6	*****	*****	(19)	0	1/31	Grab
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		INCE/ MONTH	GRAB
PH	SAMPLE MEASUREMENT	*****	*****		6.7	*****	6.7	(12)	0	1/31	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	BU		INCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	1.60	1.60	(26)	*****	8.0	8.0	(19)	0	1/31	Comp
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	20.0 MO AVG	40.0 MX WK AV	LBS/DY	*****	30 MO AVG	50 MX WK AV	MG/L		INCE/ MONTH	COMPL
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.06	0.06	(26)	*****	0.28	0.28	(19)	0	1/31	Comp
00610 1 2 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	6.67 MO AVG	13.3 MX WK AV	LBS/DY	*****	10 MO AVG	20 MX WK AV	MG/L		INCE/ MONTH	COMPL
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	0.06	0.06	(19)	0	1/31	Comp
00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		INCE/ MONTH	COMPL
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.043	0.040	(03)	*****	*****	*****		0	C/N	C/N
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	*****	*****	*****	****		UNTLN/ UNTLN/ UNTLN/	
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	(19)	0	1/31	Grab
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.015 MO AVG	0.015 DAILY MX	MG/L		INCE/ MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
A.J. Schwab
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
508	211-9693	07	04	19

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

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

NAME BANCROFT STP MSD
ADDRESS C/O LOUISVILLE/JEFF CD MSD
4522 ALGONQUIN PKWY
LOUISVILLE KY 40211-2497
FACILITY BANCROFT STP MSD
LOCATION LOUISVILLE KY
ATTN: ALEX E NOVAK, OPER MGR

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

KY0009021
001 1
PERMIT NUMBER DISCHARGE NUMBER

MINOR
(SUBR LV)
F - FINAL
SANITARY WASTEWATER
EFFLUENT

JEP:1

MONITORING PERIOD
FROM YEAR MO DAY TO YEAR MO DAY
07 03 01 TO 07 03 01

*** 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			
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	1.0	1.0	(13)	0	1/31	Grb
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	200 30DA GED	400 7 DA GED	#/ 100ML		1/31	Grb
BOD, CARBONACEOUS 5 DAY, 20C	SAMPLE MEASUREMENT	1.0	1.0	(25)	*****	5.0	5.0	(19)	0	1/31	Comp
80082 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	16.7 MG AVG	33.4 MX WK AV	LBS/DY	*****	25 MG AVG	50 MX WK AV	MG/L		1/31	Comp
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H.S. Schwab
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
500 201-9093 07 04 19
AREA CODE NUMBER YEAR MO DAY

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



Report Selections: Excluding PPI, CSO, Result: WUS, Act Code: DISDW, DISREV

KPDES # KY0039021	Facility ID MSD0290	Treatment Plant Name BANGCROFT	Receiving Stream of Treatment Plant GOOSE CREEK	Region EAST
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Facility Type SPL Sewer Treatment Plant	Facility ID MSD0290	Facility Address 7610 OLD ORCHARD CIR	If Pump Station, Name of Pump Station:	Receiving Stream GOOSE CREEK	Discharge to STREAM
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<u>Activity Code / Description</u>	<u>WO #</u>	<u>Initiated</u>	<u>Initiated By</u>	<u>Problem</u>	<u>Resolution</u>	<u>Completed</u>
DISDW: DRY WEATHER DISCHARGE	645334	03/13/07 06:00 PM	PATRICK ELDER	BYPASS AT TREATMENT PLANT	DISCHARGE TO WATERS OF THE US	03/13/07 07:48 PM

Spot Inspections:

Discharge Amount:	3,000 GAL
Cause:	LWC SHUT OFF WATER TO PLANT CAUSING CHLORINE TREATMENT TO STOP. EFFLUENT REC'D PRIMARY & SECONDARY TREATMENT
Clean Up:	PLANT EFFLUENT WAS DISCHARGED TO THE CREEK W/O CHLORINE DISINFECTION.PLACED CHLORINE TABLETS IN THE CONTACT CHAMBER TO PROVIDE A LEVEL OF DISINFECTION
Control Zone:	TEMPORARY SIGNS DOWNSTREAM TO 100 YARDS OF BYPASS IN GOOSE CREEK
Impact:	NO VISUAL IMPACTS WERE OBSERVED TO THE CREEK.
Repair:	WORKED WITH LWC TO HAVE WATER RETURNED TO SERVICE.

Notifications:

03/13/07 01:00 PM	Email notification of unauthorized discharge sent to Harkins.John@epamail.epa.gov and eppc.ert@ky.gov
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Total Facilities Printed: 18