



MSD

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

January 24, 2008

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 – December 2007**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Bancroft WTP; KPDES No.: KY0039021 for the month of December 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 1/08

Enclosures

cc: C. Roth (DOW Louisville)
E. Brady
T. Singleton
P. Burgin
R. Shaw



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

NAME
ADDRESS
CITY
STATE
ZIP

PERMIT NUMBER

DISCHARGE NUMBER

MINOR
(SUDBR LV)
F - FINAL

SANITARY WASTEWATER
EFFLUENT

MONITORING PERIOD
FROM YEAR MO DAY TO YEAR MO DAY

*** 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			
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		8.7	*****	*****	(19)	0	1/31	Grab
	PERMIT REQUIREMENT	*****	*****	*****	INST MIN	*****	*****	MG/L		ONCE / MONTH	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.5	*****	6.5	(12)	0	1/31	Grab
	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	SU		ONCE / MONTH	GRAB
SUSPENDED EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.75	1.75	(26)	*****	7.0	7.0	(19)	0	1/31	Comp
	PERMIT REQUIREMENT	NO AVG	MX WK AV	LB/DAY	*****	30	50	MG/L		ONCE / MONTH	COMPOS
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.03	0.03	(26)	*****	0.11	0.11	(19)	0	1/31	Comp
	PERMIT REQUIREMENT	NO AVG	MX WK AV	LB/DAY	*****	10	20	MG/L		ONCE / MONTH	COMPOS
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	2.67	2.67	(19)	0	1/31	Comp
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT	MG/L		ONCE / MONTH	COMPOS
THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.033	0.070	(03)	*****	*****	*****	*****	0	1/31	Comp
	PERMIT REQUIREMENT	REPORT	REPORT	MG	*****	*****	*****	*****		CONT INCONTIN	UOUS
RESIDUAL EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	(19)	0	1/31	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.018	0.019	MG/L		ONCE / MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER H.S. Schneider Jr Zone 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		
			508 AREA CODE	941-9093 NUMBER	08 YEAR	01 MO

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

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

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

Form Approved.
 OMB No. 2040-0004

ADDRESS C/O CEDAR CREEK WWTP

PERMIT NUMBER

DISCHARGE NUMBER

MINOR
 (SUPER LV)
 F - FINAL

FACILITY LOCATION
 LOUISVILLE

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY
 07 12 01 TO 07 12 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			
GENERAL EFFLUENT CROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	6.0	6.0	(13)	0	1/31	Grb
	PERMIT REQUIREMENT	*****	*****		*****	200	400			ONCE / MONTH	GRAB
5 DAY BOD	SAMPLE MEASUREMENT	0.75	0.75	(28)	*****	3.0	3.0	(15)	0	1/31	Comp
	PERMIT REQUIREMENT	16.7	33.4	MD AVG	*****	25	50			ONCE / MONTH	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Exec Director
 H.T. Sch... Jr
 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
 1241 9093
 DATE
 08 01 22
 AREA CODE NUMBER YEAR MO DAY

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