



**MSD**

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

August 26, 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 – July 2008**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Bancroft WTP; KPDES No.: KY0039021 for the month of July 2008.

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 0708

Enclosures

cc: C. Roth (DOW Louisville)  
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)

Form Approved.  
OMB No. 2040-0004

NAME: BANCROFT STP MSD  
ADDRESS: C/O CEDAR CREEK STP  
8405 CEDAR CREEK RD  
LOUISVILLE KY 40211  
CITY: BANCROFT STP MSD  
LOCATION: LOUISVILLE KY  
ATTN: DENNIS THOMASSON, SR METRO OPS

KY00039021  
PERMIT NUMBER

001 1  
DISCHARGE NUMBER

MINOR  
(SUBR LV)  
F - FINAL JEFFE  
SANITARY WASTEWATER  
EFFLUENT  
\*\*\* NO DISCHARGE [ ] \*\*\*

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	07	01		08	07	31

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	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	*****	*****		7.1	*****	*****	( 19 )	0	1/31	Grab
0300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	7 INST MIN	*****	*****	MG/L		ONCE/ MONTH	GRAB
PH	SAMPLE MEASUREMENT	*****	*****		6.6	*****	6.6	( 12 )	0	1/31	Grab
0400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
SOLIDS, TOTAL UNPENDED	SAMPLE MEASUREMENT	2.0	2.0	( 26 )	*****	7.0	7.0	( 19 )	0	1/31	Comp
0530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	20.0 MO AVG	40.0 MX WK AV	LBS/DY	*****	30 MO AVG	60 MX WK AV	MG/L		ONCE/ MONTH	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.10	0.10	( 26 )	*****	0.39	0.39	( 19 )	0	1/31	Comp
0610 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.67 MO AVG	5.34 MX WK AV	LBS/DY	*****	4 MO AVG	8 MX WK AV	MG/L		ONCE/ MONTH	COMPOS
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	4.91	4.91	( 19 )	0	1/31	Comp
0665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMPOS
LOW, IN CONDUIT OR HRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.031	0.041	( 03 )	*****	*****	*****		0	1/31	1/2
0050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	*****	*****	*****	****		CONTINGENT DUES	
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	( 19 )	0	1/31	Grab
0060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.018 MO AVG	0.017 DAILY MX	MG/L		ONCE/ MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
Exec Director  
H.J. Schuler, 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

AREA CODE	TELEPHONE NUMBER	YEAR	MO	DAY
502	540-6000	08	08	25

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

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	3.0	3.0	( 13)	0	1/31	Grab
4055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	200	400 #/	30DA GED	7 DA GED	100ML	ONCE/ GRAB MONTH
OD, CARBONACEOUS 5 DAY, 20C	SAMPLE MEASUREMENT	0.78	0.78	( 26)	*****	3.0	3.0	( 19)	0	1/31	Comp
0082 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	16.7 MO AVG	33.4 MX WK AV	LB5/DY	*****	25	50	MO AVG	MX WK AV	MG/L	ONCE/ COMPOS MONTH
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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TELEPHONE: 502 546-6000  
DATE: 08 08 25  
AREA CODE NUMBER YEAR MO DAY

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