



MSD

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

May 22, 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 – April 2008

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Bancroft WTP; KPDES No.: KY0039021 for the month of April 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 0408

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)

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

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

KY00039021
 PERMIT NUMBER
 001 1
 DISCHARGE NUMBER

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

JEFF

Form Approved.
 OMB No. 2040-0004

| MONITORING PERIOD | | | | | | | | |
|-------------------|----|-----|----|------|----|-----|--|--|
| YEAR | MO | DAY | TO | YEAR | MO | DAY | | |
| 05 | 04 | 01 | | 05 | 04 | 30 | | |

NOTE: Read Instructions before completing this form.

| PARAMETER | | 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 | ***** | ***** | | 7.9 | ***** | ***** | (19) | 0 | 1/30 | Grab |
| 00300 1 0 0 EFFLUENT GROSS VALUE PH | PERMIT REQUIREMENT | ***** | ***** | ***** | INST MIN | ***** | ***** | MG/L | | ONCE / MONTH | GRAB |
| 00400 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | 6.5 | ***** | 6.5 | (12) | 0 | 1/30 | Grab |
| 00500 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | ***** | MINIMUM | ***** | MAXIMUM | SU | | ONCE / MONTH | GRAB |
| SOLIDS, TOTAL SUSPENDED | SAMPLE MEASUREMENT | 2.0 | 2.0 | (26) | ***** | 8.0 | 8.0 | (19) | 0 | 1/30 | Comp |
| 00530 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | 20.0 MD AVG | 40.0 MX WK AV | LBS/DY | ***** | 30 MD AVG | 60 MX WK AV | MG/L | | ONCE / MONTH | COMPOS |
| NITROGEN, AMMONIA TOTAL (AS N) | SAMPLE MEASUREMENT | 0.01 | 0.01 | (26) | ***** | 0.06 | 0.06 | (19) | 0 | 1/30 | Comp |
| 00510 1 2 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | 6.67 MD AVG | 13.3 MX WK AV | LBS/DY | ***** | 10 MD AVG | 20 MX WK AV | MG/L | | ONCE / MONTH | COMPOS |
| PHOSPHORUS, TOTAL (AS P) | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 2.0 | 2.0 | (19) | 0 | 1/30 | Comp |
| 00665 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | REPORT MD AVG | REPORT DAILY MX | MG/L | | ONCE / MONTH | COMPOS |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT | SAMPLE MEASUREMENT | 0.033 | 0.071 | (03) | ***** | ***** | ***** | | 0 | 1/2 | 1/2 |
| 50050 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | REPORT 30DA AVG | REPORT INST MAX | MGD | ***** | ***** | ***** | ***** | | CONT INCONT IN UDUS | |
| CHLORINE, TOTAL RESIDUAL | SAMPLE MEASUREMENT | ***** | ***** | | ***** | <0.010 | <0.010 | (19) | 0 | 1/30 | Grab |
| 50060 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 0.018 MD AVG | 0.019 DAILY MX | MG/L | | ONCE / MONTH | GRAB |

| 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.S. Schneider Jr Exec Director TYPED OR PRINTED | | | AREA CODE | NUMBER | YEAR MO DAY |
| | | 502 1241-9093 | 05 | 05 | 21 |

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

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

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FROM

TO

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| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| COLIFORM: FECAL GENERAL | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 1.0 | 1.0 | (13) | 0 | 1/30 | Grab |
| 74055 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 200 30DA GED | 400 #/ 7 DA GED | 100ML | | ONCE/ MONTH | GRAB |
| BOD, CARBONACEOUS 05 DAY, ZOC | SAMPLE MEASUREMENT | 1.0 | 1.0 | (26) | ***** | 4.0 | 4.0 | (19) | 0 | 1/30 | Comp |
| 80082 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | 16.7 MO AVG | 33.4 MX WK AV | LBS/DY | ***** | 25 MO AVG | 50 MX WK AV | HG/L | | ONCE/ MONTH | COMPOS |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
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|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|----------------------------------------|------------|----------|-----------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Exec Director H.J. Schneider 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 | DATE | | |
| | | | 502 AREA CODE 241-9093 NUMBER | 08 YEAR | 05 MO | 21 DAY |

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