



**MSD**

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

June 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 – May 2008**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Bancroft WTP; KPDES No.: KY0039021 for the month of May 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 0508

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  
#40S CEDAR CREEK RD  
LOUISVILLE KY 40211  
CITY BANCROFT STP MSD  
LOCATION LOUISVILLE KY  
ATTN: DENNIS THOMASSON, SR METRO DPS

KY0009021  
PERMIT NUMBER

001 1  
DISCHARGE NUMBER

MINOR (SUBR LV)  
F - FINAL JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	05	01		08	05	31

SANITARY WASTEWATER EFFLUENT

\*\*\* NO DISCHARGE 1 1 \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DO)	0300 1 0 0	8.1			7			MG/L	0	1/31	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	INST MIN								ONCE / MONTH	
	0400 1 0 0	6.4			6.0	9.0		MG/L	0	1/31	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MINIMUM			MAXIMUM					ONCE / MONTH	
SOLIDS, TOTAL SUSPENDED	0530 1 0 0	1.0	1.0	( 26 )		6	6	MG/L	0	1/31	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MO AVG	MX WK AV	LBS/DY		30	60			ONCE / MONTH	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	0610 1 1 0	0.05	0.05	( 26 )		0.28	0.28	MG/L	0	1/31	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MO AVG	MX WK AV	LBS/DY		4	8			ONCE / MONTH	COMPOS
PHOSPHORUS, TOTAL (AS P)	0665 1 0 0					4	4	MG/L	0	1/31	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT					REPORT MO AVG	REPORT DAILY MX			ONCE / MONTH	COMPOS
FLOW, IN CONDUIT OR HRU TREATMENT PLANT	0050 1 0 0	0.032	0.043	( 03 )					0	1/31	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD						ONCE / MONTH	COMPOS
CHLORINE, TOTAL RESIDUAL	0060 1 0 0					<0.010	<0.010	MG/L	0	1/31	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT					0.018	0.019			ONCE / MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
Exec Director  
H.S. Schaefer  
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 508 241-9093  
DATE 08 06 23  
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

JEFFI

SANITARY WASTEWATER  
EFFLUENT

\*\*\* NO DISCHARGE [ ] \*\*\*

NOTE: Read Instructions before completing this form.

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

NAME BANCROFT STP MSD  
ADDRESS C/O CEDAR CREEK STP  
B405 CEDAR CREEK RD  
LOUISVILLE KY 40211

FACILITY BANCROFT STP MSD  
LOCATION LOUISVILLE KY

ATTN: DENNIS THOMASSON, SR METRO OPS

KY0039021  
PERMIT NUMBER

001 1  
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	05	01		08	05	31

FROM

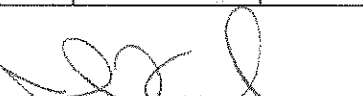
TO

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLIFORM, FECAL GENERAL	*****	*****			*****	1	1	(13)	0	1/31	Grab
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	200	400 #/			ONCE/MONTH	GRAB
30D, CARBONACEOUS 5 DAY, 20C	*****	*****	(26)		*****	4	4	(19)	0	1/31	Comp
30082 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	MG/L		ONCE/MONTH	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

502 211 9073  
AREA CODE NUMBER

DATE

08 06 23  
YEAR MO DAY

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