



MSD

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

July 23, 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 – June 2008**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Bancroft WTP; KPDES No.: KY0039021 for the month of June 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 0608

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)

JAME BANCROFT STP MSD  
 ADDRESS C/O CEDAR CREEK STP  
 6405 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)

KY0029621  
 PERMIT NUMBER  
 0011  
 DISCHARGE NUMBER

MINOR

(SUBR LV)

F - FINAL

SANITARY WASTEWATER  
 EFFLUENT

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

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 (OD)	SAMPLE MEASUREMENT	*****	*****		7.8	*****	*****	( 19 )	0	1/30	Grab
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	7	*****	*****	MG/L		ONCE / MONTH	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.8	*****	6.8	( 12 )	0	1/30	Grab
PH	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0	SU		ONCE / MONTH	GRAB
00400 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****		0	1/30	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM			ONCE / MONTH	COMPOS
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	1.0	1.0	( 26 )	*****	4.0	4.0	( 19 )	0	1/30	Comp
00530 1 0 0	PERMIT REQUIREMENT	20.0	40.0	LBS/DY	*****	30	60	MG/L		ONCE / MONTH	COMPOS
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.01	0.01	( 26 )	*****	0.06	0.06	( 19 )	0	1/30	Comp
NITROGEN, AMMONIA TOTAL (AS N)	PERMIT REQUIREMENT	2.67	5.34	LBS/DY	*****	4	8	MG/L		ONCE / MONTH	COMPOS
00610 1 1 0	SAMPLE MEASUREMENT	*****	*****		*****	3.0	3.0	( 19 )	0	1/30	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L		ONCE / MONTH	COMPOS
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	0.037	0.199	( 03 )	*****	*****	*****		0	1/30	Comp
00665 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****		ONCE / MONTH	COMPOS
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****		0	1/30	Comp
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****		ONCE / MONTH	COMPOS
00050 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****		0	1/30	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****		ONCE / MONTH	COMPOS
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****		0	1/30	Comp
00060 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****		ONCE / MONTH	COMPOS
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****		0	1/30	Comp
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****		ONCE / MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Exec Dir.  
 H.J. Schaefer 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

302 241-9693 08 07 22  
 AREA CODE NUMBER YEAR MO DAY

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 CEDAR CREEK STP  
8405 CEDAR CREEK RD  
LOUISVILLE KY 40211

FACILITY BANCROFT STP MSD  
LOCATION LOUISVILLE KY

ATTN: DENNIS THOMASSEN SR METRO OPS

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

KY0039021  
PERMIT NUMBER  
001 1  
DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
00	00	01	00	00	00

FROM

TO

MINOR  
(SUBR LV)  
F - FINAL

SANITARY WASTEWATER  
EFFLUENT

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

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PARAMETER		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	1/30	Grab
	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	#/100ML		ONCE/MONTH	GRAB
MOD, CARBONACEOUS 5 DAY, 20C	SAMPLE MEASUREMENT	0.78	0.78	(26)	*****	3.0	3.0	(19)	0	1/30	Comp
	PERMIT REQUIREMENT	15.7 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										
	PERMIT REQUIREMENT										
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TYPED OR PRINTED

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TELEPHONE

DATE

502 241 7093  
AREA CODE NUMBER  
08 07 22  
YEAR MO DAY

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