MSD

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

December 22, 2008

Ms. Carolena Bentley
DMR Coordinator
200 Fair Oaks Lane
Frankfort, Kentucky 40601

Re: MSD Metro Operations
Bancroft WTP; KPDES No.: KY0039021
Discharge Monitoring Reports – November 2008

Dear Ms. Bentley

Attached is the Discharge Monitoring Reports (DMRs) and the Monthly operators report(MOR) for the Bancroft WTP; KPDES No.: KY0039021 for the month of November 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 1108

Enclosures

cc: C. Roth (DOW Louisville)
T. Singleton
R. Shaw

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)*

KY0059021	001 I
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO.	DAY		YEAR	MO.	DAY
FROM	02	11	01	TO	02	11	30

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

Form Approved.
OMB No. 2040-0004

JEFFE

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) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		8.3	******	******	(19)	0	1/30	Grab
	PERMIT REQUIREMENT	******	******	*** ****	7.0 INST MIN	******	******	MG/L		ONCE/ MONTH	GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.7	******	6.7	(12)	0	1/30	Grab
	PERMIT REQUIREMENT	******	******	*** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	3.5	3.5	(26)	******	15.0	15.0	(19)	0	1/30	Comp
	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) 00610 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.10	0.10	(26)	******	0.50	0.50	(19)	0	1/30	Comp
	PERMIT REQUIREMENT	6.67 MO AVG	13.3 MX WK AV	LBS/DY	******	10 MO AVG	20 MX WK AV	MG/L		ONCE/ MONTH	COMPOS
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	3.0	3.0	(19)	0	1/30	Comp
	PERMIT REQUIREMENT	******	******	*** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.028	0.033	(03)	******	******	******		0	C/E	C/E
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	******	******	******	**** ****		CONTINUOUS	CONTIN
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	<0.010	<0.010	(19)	0	1/30	Grab
	PERMIT REQUIREMENT	******	******	*** ****	******	0.018 MO AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
[illegible]	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	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED			502	540-1401	02	12	02

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
8408 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)*

Form Approved.
OMB No. 2040-0004

KY0039021	001 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	11	01	TO	03	11	30

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

JEFFS

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	1.0	1.0	(13) #/ 100ML	0	1/30	Grab
	PERMIT REQUIREMENT	******	******	**** ****	******	200 30DA GEO	400 7 DA GEO			ONCE/ MONTH	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.0	1.0	(26)	******	3.0	3.0	(19) MG/L	0	1/30	Comp
	PERMIT REQUIREMENT	16.7 MO AVG	33.4 MX WK AV	LBS/DY	******	25 MO AVG	50 MX WK AV			ONCE/ MONTH	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Exec. Dir H. J. Schadwinkel 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 502	NUMBER 574-6460	YEAR 03	MO 12	DAY 22

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

Bancroft Report for **Nov-08** Tot. Exc.= 0

Tot. Flow= 0.843 Concentrations Pounds

Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3
11/1/08	0.026							
11/2/08	0.027							
11/3/08	0.027							
11/4/08	0.026							
11/5/08	0.025							
11/6/08	0.024							
11/7/08	0.024							
11/8/08	0.028							
11/9/08	0.029							
11/10/08	0.029							
11/11/08	0.031							
11/12/08	0.026							
11/13/08	0.028	15	3	0.50	1	3.503	0.701	0.117
11/14/08	0.025							
11/15/08	0.029							
11/16/08	0.028							
11/17/08	0.028							
11/18/08	0.029							
11/19/08	0.029							
11/20/08	0.028							
11/21/08	0.03							
11/22/08	0.033							
11/23/08	0.032							
11/24/08	0.03							
11/25/08	0.027							
11/26/08	0.029							
11/27/08	0.029							
11/28/08	0.028							
11/29/08	0.031							
11/30/08	0.028							
12/1/08								
Average	0.028	15.00	3.00	0.50	1.00	3.50	0.70	0.12
Maximum	0.033	15.00	3.00	0.50	1.00	3.50	0.70	0.12
Exceed.	0	0	0	0	0	0	0	0
Day Viol.								
Mo. Viol								
Minimum	0.024	MIN	MAX					
	DO (min)							
	pH							

This plant has a summer ammonia limit of 4/6 mg/L and 2.67/4.01 pounds
This plant has a winter ammonia limit of 10/15 mg/L and 6.67/10.0 pounds
Winter limits are from November - April, Summer is from May - October