



Louisville and Jefferson County Metropolitan Sewer District  
700 West Liberty Street  
Louisville Kentucky 40203-1911  
502-540-6000  
[www.msdlouky.org](http://www.msdlouky.org)

October 22, 2009

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

**Re: MSD Metro Operations  
Bancroft WQTC; KPDES No.: KY0039021  
Discharge Monitoring Reports – September 2009**

Dear Ms. Bentley

Attached is the Discharge Monitoring Reports (DMRs) and the Monthly Operator Report (MOR) for the Bancroft WQTC; KPDES No.: KY0039021 for the month of September 2009.

If you have any questions concerning the attached DMRs, please contact me at (502)587-5856.

Sincerely,

A handwritten signature in black ink, appearing to read "D.J. Rheinlaender", is written over a large, stylized, light-colored graphic element that resembles a signature or a decorative flourish.

D.J. Rheinlaender  
Process Supervisor, East Region

DJR/Bancroft 0909

Enclosures

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



Beneficial Use of Louisville's Biosolids  
[www.louisvillegreen.com](http://www.louisvillegreen.com)

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

MINOR  
(SUBR LV)  
7 - FINAL

JEFFE

SANITARY WASTEWATER  
EFFLUENT

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

NOTE: Read Instructions before completing this form.

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

NAME BANCROFT WQTC MSD  
ADDRESS C/O CEDAR CREEK WQTC  
16405 CEDAR CREEK RD  
LOUISVILLE KY 40211  
FACILITY BANCROFT WQTC MSD  
LOCATION LOUISVILLE KY  
ATTN: DENNIS THOMASSON, SR METRO OPS

KY0037021  
PERMIT NUMBER

001 1  
DISCHARGE NUMBER

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	07	09	01		07	07	30

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 (DD) 00300 I C O EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7	*****	*****	( 17 )	0	1/30	GRAB
	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		MONTH	
PH 00400 I C O EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.5	*****	6.5	( 12 )	0	1/30	GRAB
	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	9.0		MONTH	
SOLID, TOTAL SUSPENDED 00500 I C O EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.4	1.4	( 26 )	*****	8	8	( 19 )	0	1/30	CP
	PERMIT REQUIREMENT	20.0	40.0	LBS/DY	*****	30	60	MG/L		MONTH	
NITROGEN, AMMONIA TOTAL (AS N) 00510 I I O EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.04	0.04	( 26 )	*****	0.2	0.2	( 19 )	0	1/30	CP
	PERMIT REQUIREMENT	2.67	5.34	LBS/DY	*****	4	8	MG/L		MONTH	
PHOSPHORUS, TOTAL (AS P) 00605 I C O EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	2.7	2.7	( 19 )	0	1/30	CP
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L		MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 00050 I C O EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.027	0.056	( 03 )	*****	*****	*****		0	C/N	C/N
	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	****		CONTIN	CONTIN
CHLORINE, TOTAL RESIDUAL 00060 I C O EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	20.010	20.010	( 19 )	0	1/30	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	0.018	0.019	MG/L		MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
EXCPT. DIR  
H.J. Schaudin  
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  
504 506 6000  
DATE  
09 10 19  
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)  
7 - FINAL  
SANITARY WASTEWATER  
EFFLUENT

JEFFE

KY0039021  
PERMIT NUMBER

001 1  
DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY  
09 09 01 TO 09 09 30

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

NOTE: Read Instructions before completing this form.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAME BANCROFT WQTC MSD  
ADDRESS C/O CEDAR CREEK WQTC  
6405 CEDAR CREEK RD  
LOUISVILLE KY 40211  
FACILITY BANCROFT WQTC MSD  
LOCATION LOUISVILLE KY  
ATTN: DENNIS THOMASSON, SR METRO OPS

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLIFORM, FECAL GENERAL		*****	*****		*****			( 19 )	0	1/30	GP
14055 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	200	400 #/			ONCE / MONTH	WRAB
300, CARBONACEOUS 15 DAY, 20C		0.5	0.5	( 26 )	*****			( 19 )	0	1/30	CP
30052 1 0 0 EFFLUENT GROSS VALUE		16.7 MO AVG	33.4 MX WK AV	LBS/DY	*****	25 MO AVG	50 MX WK AV	MG/L		ONCE / MONTH	WRPUB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
*BOOT-LIT*  
*H.J. Schindler, 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]*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
501 546 6888  
DATE  
09 10 19  
AREA CODE NUMBER YEAR MO DAY

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

Bancroft		Report for		Sep-09		Tot. Exc.=		0	
Tot. Flow=		0.817		Concentrations				Pounds	
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
9/1/09	0.021	8	3	0.22	1	1.401	0.525	0.039	2.65
9/2/09	0.022								
9/3/09	0.024								
9/4/09	0.026								
9/5/09	0.028								
9/6/09	0.026								
9/7/09	0.035								
9/8/09	0.031								
9/9/09	0.027								
9/10/09	0.023								
9/11/09	0.024								
9/12/09	0.027								
9/13/09	0.029								
9/14/09	0.025								
9/15/09	0.023								
9/16/09	0.023								
9/17/09	0.022								
9/18/09	0.025								
9/19/09	0.026								
9/20/09	0.056								
9/21/09	0.034								
9/22/09	0.029								
9/23/09	0.028								
9/24/09	0.026								
9/25/09	0.025								
9/26/09	0.032								
9/27/09	0.031								
9/28/09	0.025								
9/29/09	0.023								
9/30/09	0.021								
Average	0.027	8.00	3.00	0.22	1.00	1.40	0.53	0.04	2.65
Maximum	0.056	8.00	3.00	0.22	1.00	1.40	0.53	0.04	2.65
Exceed.	0	0	0	0	0	0	0	0	0

BANCROFT STP MSE  
C/O ERIC G. BRADY  
4522 ALGONQUIN PA  
LOUISVILLE KY  
BANCROFT STP MSE  
LOUISVILLE KY  
ATTN: H. J. SCHARDI

OXYGEN, DISSOLVEI  
(DO)  
00300 1 0 0  
EFFLUENT GROSS V  
PH

00400 1 0 0  
EFFLUENT GROSS V  
SOLIDS, TOTAL  
SUSPENDED  
00530 1 0 0  
EFFLUENT GROSS V  
NITROGEN, AMMONI.  
TOTAL (AS N)  
00610 1 1 0  
EFFLUENT GROSS V  
FLOW, IN CONDUIT C  
THRU TREATMENT P  
50050 1 0 0  
EFFLUENT GROSS V  
CHLORINE, TOTAL  
RESIDUAL  
50060 1 0 0  
EFFLUENT GROSS V  
COLIFORM, FECAL  
GENERAL  
74055 1 0 0  
EFFLUENT GROSS V  
BOD, CARBONACEOI