



**MSD**

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

February 23, 2009

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

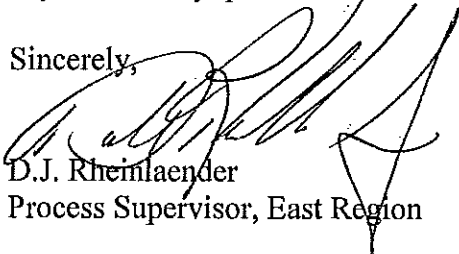
**Re: MSD Metro Operations  
Bancroft WTP; KPDES No.: KY0039021  
Discharge Monitoring Reports – January 2009**

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 January 2009.

If you have any questions concerning the attached DMRs, please contact me at (502)241-9093.

Sincerely,



D.J. Rheinlaender  
Process Supervisor, East Region

DJR/Bancroft 0109

Enclosures

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



*Beneficial Use of Louisville's Biosolids  
www.louisvillegreen.com*

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**

**KY0029021**  
PERMIT NUMBER

**001 1**  
DISCHARGE NUMBER

MINOR  
(SUBR LV)  
F - FINAL  
SANITARY WASTEWATER  
EFFLUENT  
JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	01	01		07	01	31

\*\*\* NO DISCHARGE [ ] \*\*\*  
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)	*****	*****	*****	*****	9.6	*****	*****	( 17 )	0	1/31	Cont.	
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	7	*****	*****		0	1/31	Cont.	
EFFLUENT GROSS VALUE				****	INST MIN			MG/L		MONTH		
PH	*****	*****	*****	*****	6.4	*****	*****	( 12 )	0	1/31	Cont.	
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0		0	1/31	Cont.	
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM	SU		MONTH		
SOLIDS, TOTAL SUSPENDED	*****	*****	*****	*****	11	7	7	( 19 )	0	1/31	Cont.	
00530 1 0 0	PERMIT REQUIREMENT	20.0	40.0		*****	30	60		0	1/31	Cont.	
EFFLUENT GROSS VALUE		MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV	MG/L		MONTH		
NITROGEN, AMMONIA TOTAL (AS N)	*****	*****	*****	*****	1.14	0.17	0.17	( 19 )	0	1/31	Cont.	
00510 1 0 0	PERMIT REQUIREMENT	6.87	13.3		*****	10	20		0	1/31	Cont.	
EFFLUENT GROSS VALUE		MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV	MG/L		MONTH		
PHOSPHORUS, TOTAL (AS P)	*****	*****	*****	*****	*****	3.79	3.79	( 17 )	0	1/31	Cont.	
00685 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT		0	1/31	Cont.	
EFFLUENT GROSS VALUE				****		MO AVG	DAILY MX	MG/L		MONTH		
FLOW, IN CONDUIT DR THRU TREATMENT PLANT	*****	*****	*****	*****	1136	1136	1136	( 03 )	0	1/31	Cont.	
00050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****		0	1/31	Cont.	
EFFLUENT GROSS VALUE		30DA AVG	INST MAX	MGD				MGD		CONTINUOUS		
CHLORINE, TOTAL RESIDUAL	*****	*****	*****	*****	*****	0.018	0.019	( 19 )	0	1/31	Cont.	
00060 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	0.018	0.019		0	1/31	Cont.	
EFFLUENT GROSS VALUE				****		MO AVG	DAILY MX	MG/L		MONTH		
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.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE	DATE			
TYPED OR PRINTED								AREA CODE	NUMBER	YEAR	MO	DAY

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

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**

**KY0039021**  
PERMIT NUMBER

**001 1**  
DISCHARGE NUMBER

MINOR  
(SUBR LV)  
F - FINAL  
SANITARY WASTEWATER  
EFFLUENT

JEFFE

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	01	01	07	01	31

FROM

TO

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

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			
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****				( 13 )	
74055 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	#/		1/21 10:00 AM
EFFLUENT GROSS VALUE				****		3000A 600	7 DA 600	100ML		ONCE/MONTH GRAB
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	0.5	1.0	( 26 )	*****				( 19 )	
80082 1 0 0	PERMIT REQUIREMENT	16.7	33.4		*****	25	50			1/31 10:00 AM
EFFLUENT GROSS VALUE		MG AVG	MG WK AV	LBS/DY		MG AVG	MG WK AV	MG/L		ONCE/MONTH COMPOS
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
  
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
DATE  
AREA CODE NUMBER YEAR MO DAY

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

Bancroft	Report for	Jan-01			Tot. Exc.=		0	
Tot. Flow=	0.81161	Concentrations					Pounds	
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3
1/1/01	0.00031							
1/2/01	0.0003							
1/3/01	0.03							
1/4/01	0.028							
1/5/01	0.025							
1/6/01	0.026							
1/7/01	0.028							
1/8/01	0.022							
1/9/01	0.026							
1/10/01	0.028							
1/11/01	0.028							
1/12/01	0.027							
1/13/01	0.027							
1/14/01	0.028	7	4	0.17	1	1.635	0.934	0.040
1/15/01	0.032							
1/16/01	0.033							
1/17/01	0.036							
1/18/01	0.032							
1/19/01	0.03							
1/20/01	0.027							
1/21/01	0.026							
1/22/01	0.026							
1/23/01	0.024							
1/24/01	0.027							
1/25/01	0.031							
1/26/01	0.022							
1/27/01	0.026							
1/28/01	0.033							
1/29/01	0.028							
1/30/01	0.028							
1/31/01	0.027							
Average	0.026	7.00	4.00	0.17	1.00	1.63	0.93	0.04
Maximum	0.036	7.00	4.00	0.17	1.00	1.63	0.93	0.04
Exceed.	0	0	0	0	0	0	0	0
Day Viol.								
Mo. Viol								
Minimum	0.0003	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

BANCROFT STP MSD  
 C/O ERIC G. BRADY  
 4522 ALGONQUIN PARKWAY  
 LOUISVILLE KY 40211-2407  
 BANCROFT STP MSD  
 LOUISVILLE KY  
 ATTN: H. J. SCHARDI

KY003902'001 1

Tot. Phos.

3.79

	Quantity or Loading			Quality or Cx	
	Average	Maximum	Units	Minimum	Average
OXYGEN, DISSOLVEI (DO)	*****	*****	***		*****
00300 1 0 0	*****	*****	***	7	*****
EFFLUENT GROSS VALUE PH	*****	*****	***	INST MIN	*****
00400 1 0 0	*****	*****	***	6.0	*****
EFFLUENT GROSS VALUE SOLIDS, TOTAL SUSPENDED			(26)	MINIMUM	*****
00530 1 0 0	20.0	40.0	LBS/DY	*****	30
EFFLUENT GROSS V NITROGEN, AMMONIA TOTAL (AS N)	MO AVG	MX WK AV	(26)	*****	MO AVG
00610 1 1 0	6.67	13.3	LBS/DY	*****	10
EFFLUENT GROSS V FLOW, IN CONDUIT OR THRU TREATMENT PLANT	MO AVG	MX WK AV	(03)	*****	MO AVG
50050 1 0 0	REPORT	REPORT	MGD	*****	*****
EFFLUENT GROSS V CHLORINE, TOTAL RESIDUAL	MO AVG	INST MAX	***	*****	
50060 1 0 0	*****	*****	***	*****	0.018
EFFLUENT GROSS VALUE COLIFORM, FECAL GENERAL	*****	*****	***	*****	MO AVG
74055 1 0 0	*****	*****	***	*****	200
EFFLUENT GROSS VALUE BOD, CARBONACEOUS 05 DAY, 20C			(26)	*****	30DA GEO
80082 1 0 0	16.7	33.4	LBS/DY	*****	25
EFFLUENT GROSS V	MO AVG	MX WK AV			MO AVG

3.79

3.79

0