MSD

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

March 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 – February 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 February 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 0209

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)*

Form Approved.
OMB No. 2040-0004

KY0039021 — PERMIT NUMBER
001 J — DISCHARGE NUMBER

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

JEFFS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	02	01	TO	07	02	28

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
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		7.5	******	******	(19)	C	1/WK	GRAB
	PERMIT REQUIREMENT	******	******	*** ****	7 INST MIN	******	******	MG/L		ONCE/MONTH	
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.4	******	6.4	(12)	C	1/WK	GRAB
	PERMIT REQUIREMENT	******	******	*** ****	5.0 MINIMUM	******	9.0 MAXIMUM	SU		ONCE/MONTH	
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	3.20	3.20	(26) LBS/DY	******	11	14	(19)	C	1/WK	COMPOS
	PERMIT REQUIREMENT	20.0 MO AVG	40.0 MX WK AV		******	30 MO AVG	60 MX WK AV	MG/L		ONCE/MONTH	
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.01	0.01	(26) LBS/DY	******	<0.16	<0.16	(19)	C	1/WK	COMPOS
	PERMIT REQUIREMENT	6.67 MO AVG	13.3 MX WK AV		******	10 MO AVG	20 MX WK AV	MG/L		ONCE/MONTH	
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	2	3	(19)	C	1/WK	COMPOS
	PERMIT REQUIREMENT	******	******	*** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		ONCE/MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.028	0.035	(03) MGD	******	******	******	**** ****	C	CONTINUOUS	CONTIN
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX		******	******	******				
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	<0.01	<0.01	(19)	C	1/WK	GRAB
	PERMIT REQUIREMENT	******	******	*** ****	******	0.015 MO AVG	0.019 DAILY MX	MG/L		ONCE/MONTH	

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]	AREA CODE 502	NUMBER 544-[illegible]	YEAR 07	MO 03	DAY 13
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

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

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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

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

JEFFE

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	99	02	01	TO	99	02	28

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			
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	******	******		******	1	1	(13)	0	1/28	Grab
74055 , 0 0	PERMIT REQUIREMENT	******	******	**** ****	******	200 30DA GEO	400 7 DA GEO	#/ 100ML		ONCE/ MONTH	GRAB
EFFLUENT GROSS VALUE											
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	1.07	1.07	(26)	******	4	4	(19)	0	1/28	24hr Composite
80082 , C 0	PERMIT REQUIREMENT	16.7 MO AVG	33.4 MX WK AV	LBS/DY	******	25 MO AVG	50 MX WK AV	MG/L		ONCE/ MONTH	COMPOSITE
EFFLUENT GROSS VALUE											
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
G. Tim [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]	[illegible]	[illegible]	03	03	99
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

Bancroft Report for **Feb-09** Tot. Exc.= 0

Tot. Flow=	0.788	Concentrations				Pounds		
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3
2/1/09	0.029							
2/2/09	0.026							
2/3/09	0.03							
2/4/09	0.028							
2/5/09	0.028							
2/6/09	0.024							
2/7/09	0.026							
2/8/09	0.026							
2/9/09	0.021							
2/10/09	0.026							
2/11/09	0.03							
2/12/09	0.028							
2/13/09	0.027							
2/14/09	0.031							
2/15/09	0.035							
2/16/09	0.032	12	4	0.055	1	3.203	1.068	0.015
2/17/09	0.028							
2/18/09	0.025							
2/19/09	0.027							
2/20/09	0.029							
2/21/09	0.032							
2/22/09	0.032							
2/23/09	0.029							
2/24/09	0.029							
2/25/09	0.024							
2/26/09	0.025							
2/27/09	0.032							
2/28/09	0.029							
3/1/09								
3/2/09								
3/3/09								
Average	0.028	12.00	4.00	0.06	1.00	3.20	1.07	0.01
Maximum	0.035	12.00	4.00	0.06	1.00	3.20	1.07	0.01
Exceed.	0	0	0	0	0	0	0	0
Day Viol.								
Mo. Viol								
Minimum	0.021	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