



*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)

June 18, 2009

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

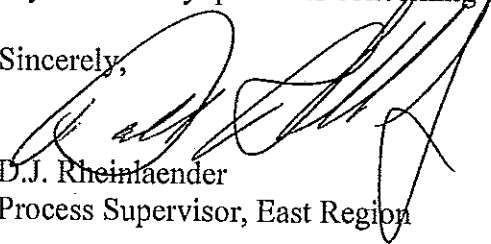
**Re: MSD Metro Operations  
Bancroft WTP; KPDES No.: KY0039021  
Discharge Monitoring Reports – May 2009**

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 May 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 0509

Enclosures

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



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

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

NAME RAYCROFT STP MND  
ADDRESS 670 CEDAR CREEK STP  
4045 CEDAR CREEK RD  
LOUISVILLE KY 40211

FACILITY RAYCROFT STP MND

LOCATION LOUISVILLE

ATTN: DEAN THOMASSEN SR METRO DPE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

MINOR

(GUSR LV)

2 - FINAL

SANITARY WASTEWATER

EFFLUENT

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

JEFF

Form Approved.  
OMB No. 2040-0004

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY

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)	*****	*****	*****	*****	*****	*****	*****	*****	0	1/31	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	INST MIN	*****	*****	MG/L		MONTH	
PH	*****	*****	*****	*****	*****	*****	*****	*****	0	1/31	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	*****	BU		MONTH	
POLYMER TOTAL SUSPENDED SOLIDS	*****	*****	*****	*****	*****	*****	*****	*****	0	1/31	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	*****	BU		MONTH	
NITROGEN, AMMONIA TOTAL (AS N)	*****	*****	*****	*****	*****	*****	*****	*****	0	1/31	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	*****	BU		MONTH	
PHOSPHORUS, TOTAL (AS P)	*****	*****	*****	*****	*****	*****	*****	*****	0	1/31	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	*****	BU		MONTH	
THRU TREATMENT PLANT	*****	*****	*****	*****	*****	*****	*****	*****	0	1/31	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	*****	BU		MONTH	
CHLORINE, TOTAL RESIDUAL	*****	*****	*****	*****	*****	*****	*****	*****	0	1/31	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	*****	BU		MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

*Exec Dir*

*H. J. Scherlein 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

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

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

NAME BANCROFT STP MBL  
ADDRESS 670 CEDAR CREEK STP  
6405 CEDAR CREEK RD  
LOUISVILLE KY 40211  
FACILITY BANCROFT STP MBL  
LOCATION LOUISVILLE KY  
ATTN: ANNIE THOMASSEN SR METRO OPS

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

KY0039021  
PERMIT NUMBER  
001  
DISCHARGE NUMBER

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

Form Approved.  
OMB No. 2040-0004

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	05	01				

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			
GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	1	1	(1.0)	0	1/31	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	200	400	1/		ONCE	GR
PHOSPHORUS	SAMPLE MEASUREMENT	1.0	1.0	(1.25)	*****	4	4	(1.37)	0	1/31	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	NO AVG	MX WK AV	LBS/DY	*****	NO AVG	MX WK AV	MG/L		ONCE	CP
	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	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.	TELEPHONE	DATE				
Exec. Dir H. J. Scharden Jr TYPED OR PRINTED			516 611	19	06 16		
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

Bancroft	Report for	May-09	Tot. Exc.= 0							
Tot. Flow=	0.942	Concentrations		Pounds						
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.	
5/1/09	0.03									
5/2/09	0.03									
5/3/09	0.032									
5/4/09	0.032									
5/5/09	0.027									
5/6/09	0.027									
5/7/09	0.029									
5/8/09	0.04									
5/9/09	0.038									
5/10/09	0.031									
5/11/09	0.03									
5/12/09	0.028									
5/13/09	0.028									
5/14/09	0.029									
5/15/09	0.031									
5/16/09	0.031									
5/17/09	0.029									
5/18/09	0.031	11	4	0.055	1	2.844	1.034	0.014	3.51	
5/19/09	0.03									
5/20/09	0.031									
5/21/09	0.027									
5/22/09	0.033									
5/23/09	0.029									
5/24/09	0.029									
5/25/09	0.032									
5/26/09	0.03									
5/27/09	0.03									
5/28/09	0.031									
5/29/09	0.029									
5/30/09	0.028									
5/31/09	0.03									
Average	0.030	11.00	4.00	0.06	1.00	2.84	1.03	0.01	3.51	
Maximum	0.040	11.00	4.00	0.06	1.00	2.84	1.03	0.01	3.51	
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 MSD  
LOUISVILLE KY  
ATTN: H. J. SCHARDI

OXYGEN, DISSOLVE  
(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, CARBONACEO