



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

August 18, 2010

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

Re: MSD Metro Operations
Bancroft WQTC; KPDES No.: KY0039021
Discharge Monitoring Reports – July 2010

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 July 2010.

There were no exceedences, overflow reports or bypass reports to report this month.

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

Sincerely,

A handwritten signature in cursive script that reads "Richard W. Mills".

Richard W. Mills
Process Supervisor, East Region

RWM/Bancroft 0710

Enclosures

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



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

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 40000
 ATTN: DENNIS THOMASSON, SR METRO OPS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
 KY0034021
 PERMIT NUMBER

 001 1
 DISCHARGE NUMBER

 MINOR
 (SUBR LV)
 F - FINAL
 SANITARY WASTEWATER
 EFFLUENT
 *** NO DISCHARGE 1 ***

JEFFRE

MONITORING PERIOD							
FROM	YEAR	MO.	DAY	TO	YEAR	MO.	DAY
	10	07	01		10	07	01

FROM

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)	PERMIT REQUIREMENT	*****	*****		7	*****	*****	MG/L	0	5/31	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	INST MIN	*****	*****	*****	MG/L	0	5/31	GR
PH	PERMIT REQUIREMENT	*****	*****		6.3	*****	7.1	MG/L	0	5/31	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	MINIMUM	*****	*****	*****	MG/L	0	5/31	GR
SOLIDS, TOTAL SUSPENDED	PERMIT REQUIREMENT	*****	*****	(25)	*****	*****	*****	MG/L	0	1/31	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	MG/L	0	1/31	CP
NITROGEN, AMMONIA TOTAL (AS N)	PERMIT REQUIREMENT	*****	*****	(25)	*****	*****	*****	MG/L	0	1/31	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	MG/L	0	1/31	CP
PHOSPHORUS, TOTAL (AS P)	PERMIT REQUIREMENT	*****	*****	(15)	*****	*****	*****	MG/L	0	1/31	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	MG/L	0	1/31	CP
FLOW IN CONDUIT OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	*****	*****	(03)	*****	*****	*****	MG/L	0	CN	CN
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	MG/L	0	CN	CN
CHLORINE, TOTAL RESIDUAL	PERMIT REQUIREMENT	*****	*****	(15)	*****	*****	*****	MG/L	0	5/31	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	MG/L	0	5/31	GR
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		
H. J. Schardon Jr. Exec. Director											
TYPED OR PRINTED					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				502.540-6000		
									AREA CODE	NUMBER	YEAR MO DAY

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

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

NAME RANOCROFT WOTC MSU

ADDRESS 0/0 CEDAR CREEK WOTC

8406 CEDAR CREEK RD

LOUISVILLE

KY 40211

FACILITY RANOCROFT WOTC MSU

LOCATION LOUISVILLE

KY 00000

ATTN: DENNIS THOMASSON, SR METRO DP5

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

KY0039021
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MINOR

(SUPER LV)

F - FINAL

SANITARY WASTEWATER

EFFLUENT

*** NO DISCHARGE [] ***

NOTE: Read Instructions before completing this form.

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	SAMPLE MEASUREMENT	*****	*****		*****	20	20	(15)	0	1/31	GR
74053 : 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	1/		ONCE / MONTH	
BOD, CARBONACEOUS 5 DAY, 20C	SAMPLE MEASUREMENT	1.4	1.4	(25)	*****	5	5	(19)	0	1/31	CP
30053 : 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	25.7 MO AVG	33.4 MX WK AV	LBS/DY	*****	25 MO AVG	50 MX WK AV	MG/L		ONCE / MONTH	
	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

H. J. Schardein Jr.
Exec. Director

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

Richard Mills

TELEPHONE

522-540-6000

AREA CODE NUMBER

DATE

10 08 26

YEAR MO DAY

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

Bancroft	Report for		Jul-10	Tot. Exc.=		0				
Tot. Flow=	1.174			Concentrations			Pounds			
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.	
7/1/10	0.034	5	5	0.17	20	1.418	1.418	0.048	2.85	
7/2/10	0.034									
7/3/10	0.035									
7/4/10	0.039									
7/5/10	0.044									
7/6/10	0.033									
7/7/10	0.035									
7/8/10	0.036									
7/9/10	0.035									
7/10/10	0.04									
7/11/10	0.04									
7/12/10	0.036									
7/13/10	0.06									
7/14/10	0.038									
7/15/10	0.038									
7/16/10	0.038									
7/17/10	0.039									
7/18/10	0.038									
7/19/10	0.039									
7/20/10	0.041									
7/21/10	0.039									
7/22/10	0.037									
7/23/10	0.036									
7/24/10	0.037									
7/25/10	0.04									
7/26/10	0.035									
7/27/10	0.036									
7/28/10	0.035									
7/29/10	0.036									
7/30/10	0.032									
7/31/10	0.039									
Average	0.038	5.00	5.00	0.17	20.00	1.42	1.42	0.05	2.85	
Maximum	0.060	5.00	5.00	0.17	20.00	1.42	1.42	0.05	2.85	
Exceed.	0	0	0	0	0	0	0	0	0	