



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

September 22, 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 – August 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 August 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 0810

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 MSO
ADDRESS C/O CEDAR CREEK WQTC
6405 CEDAR CREEK RD
LOUISVILLE KY 40211

FACILITY BANCROFT WQTC MSO

LOCATION LOUISVILLE KY 40000

ATTN: DENNIS THOMASSEN, SR METRO OPS

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

PERMIT NUMBER KY0034021

DISCHARGE NUMBER 001 1

MINOR
(SUBR LV)

F - FINAL

SANITARY WASTEWATER

EFFLUENT

*** NO DISCHARGE ***

JEFF

MONITORING PERIOD						
YEAR	MO.	DAY	TO	YEAR	MO.	DAY

FROM

TO

NOTE: Read Instructions before completing this form.

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 (DO)		*****	*****		7				0	0/07	GR
EFFLUENT GROSS VALUE		*****	*****	****	INST/MIN			MG/L		MONTH	
EFFLUENT GROSS VALUE		*****	*****	****	6.0		7.0	MG/L	0	5/31	GR
EFFLUENT GROSS VALUE		*****	*****	****	MINIMUM		MAXIMUM	MG/L		MONTH	
SOLIDS, TOTAL SUSPENDED		*****	*****	****	4.6		14	MG/L	0	0/31	CP
EFFLUENT GROSS VALUE		*****	*****	****	MO AVG		MX WK AV	MG/L		MONTH	
NITROGEN, AMMONIA TOTAL (AS N)		*****	*****	****	0.11		0.3	MG/L	0	0/31	CP
EFFLUENT GROSS VALUE		*****	*****	****	MO AVG		MX WK AV	MG/L		MONTH	
PHOSPHORUS, TOTAL (AS P)		*****	*****	****	2.8		2.8	MG/L	0	0/31	CP
EFFLUENT GROSS VALUE		*****	*****	****	MO AVG		DAILY MX	MG/L		MONTH	
THRU TREATMENT PLANT		*****	*****	****	0.035		0.045	MG/L	0	EN	EN
EFFLUENT GROSS VALUE		*****	*****	****	MO AVG		INST MAX	MG/L		MONTH	
CHLORINE, TOTAL RESIDUAL		*****	*****	****	<0.010		<0.010	MG/L	0	0/31	GR
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.				Richard W. Mills		TELEPHONE		DATE		
TYPED OR PRINTED							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR

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

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

NAME BANCROFT WQTC MSN

ADDRESS C/O CEDAR CREEK WQTC

8905 CEDAR CREEK RD

LOUISVILLE

KY 40211

FACILITY BANCROFT WQTC MSN

LOCATION LOUISVILLE

KY 40000

ATTN: DENNIS THOMASSEN, SR METRO OPS

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

PERMIT NUMBER KY0037021

DISCHARGE NUMBER 001

MINOR

(SUBR LV)

F - FINAL

SANITARY WASTEWATER

EFFLUENT

*** NO DISCHARGE ***

JEFFE

MONITORING PERIOD						
YEAR	MO.	DAY	TO	YEAR	MO.	DAY

FROM

TO

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	*****	*****		*****	2	2		0	0/1	CR
740ES 1 OF 0	PERMIT REQUIREMENT	*****	*****	****	*****	30DA GED	7 DA GED	100ML		MONTH	
EFFLUENT GROSS VALUE											
BOD, CARBONACEOUS 5 DAY, 20C	SAMPLE MEASUREMENT	2.9	2.9	(25)	*****	9	9		0	0/1	CR
80082 1 OF 0	PERMIT REQUIREMENT	MO AVG	MX WK AV	LBS/DY	*****	MO AVG	MX WK AV	MG/L		MONTH	
EFFLUENT GROSS VALUE											
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	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.	Richard W. Mills	TELEPHONE	DATE			
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO
Eric D.			502	546-6000	10	09	22

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

Bancroft Tot. Flow= Date	Report for TSS	Aug-10 Concentrations BOD NH3	Tot. Exc.= Fecal	Pounds TSS BOD	NH3	Tot. Phos.
8/1/10	Flow	0.039				
8/2/10	0.039	14	9	0.34	2	4.554
8/3/10	0.036					2.927
8/4/10	0.036					0.111
8/5/10	0.036					2.8
8/6/10	0.03					
8/7/10	0.033					
8/8/10	0.036					
8/9/10	0.036					
8/10/10	0.034					
8/11/10	0.033					
8/12/10	0.031					
8/13/10	0.036					
8/14/10	0.045					
8/15/10	0.043					
8/16/10	0.034					
8/17/10	0.031					
8/18/10	0.035					
8/19/10	0.032					
8/20/10	0.031					
8/21/10	0.036					
8/22/10	0.039					
8/23/10	0.033					
8/24/10	0.031					
8/25/10	0.033					
8/26/10	0.031					
8/27/10	0.027					
8/28/10	0.037					
8/29/10	0.039					
8/30/10	0.036					
8/31/10	0.032					
Average	0.035	14.00	9.00	0.34	2.00	4.55
Maximum	0.045	14.00	9.00	0.34	2.00	4.55
Exceed.	0	0	0	0	0	0