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

October 6, 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 – September 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 September 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 black ink that reads "Richard W. Mills". The signature is written in a cursive style with a large initial "R".

Richard W. Mills
Process Supervisor, East Region

RWM/Bancroft 0910

Enclosures

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



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

NAME BANCROFT WQTC MSD
 ADDRESS C/O CEDAR CREEK WQTC
 8405 CEDAR CREEK RD
 LOUISVILLE KY 40211

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

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

PERMIT NUMBER
 KY00497021

DISCHARGE NUMBER
 0011

FACILITY BANCROFT WQTC MSD
 LOCATION LOUISVILLE KY 40000
 ATTN: DENNIS THOMASSON, SR METRO OPS

MONITORING PERIOD						
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)	00300				7					3/30	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT				INST MIN			MG/L		MONTH	
PH	00400				6.3		7.1			3/30	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT				MINIMUM		MAXIMUM	SU		MONTH	
SOLIDS, TOTAL SUSPENDED	00530	1.9	1.9			7	7			1/30	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV	MG/L		MONTH	
NITROGEN, AMMONIA TOTAL (AS N)	00670	0.15	0.15			0.6	0.6			1/30	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV	MG/L		MONTH	
PHOSPHORUS, TOTAL (AS P)	00665					3.7	3.7			1/30	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT					MO AVG	DAILY MX	MG/L		MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	00050	0.031	0.039							LN	CN
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	INST MAX	MGD						00US	
CHLORINE, TOTAL RESIDUAL	00080					<0.010	<0.010			3/30	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT					MO AVG	DAILY MX	MG/L		MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 H.J. Schurlein 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 DATE
 502-540-6000 10 10 6
 AREA CODE NUMBER YEAR MO DAY

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

NAME BANORFT WQTC MSD
 ADDRESS C/O CEDAR CREEK WQTC
 8405 CEDAR CREEK RD
 LOUISVILLE KY 40211

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

MINOR
 (SUBR LV)
 F - FINAL
 SANITARY WASTEWATER
 EFFLUENT

JEFFE

FACILITY BANORFT WQTC MSD

LOCATION LOUISVILLE KY 40000

ATTN: DENNIS THOMASSEN, SR METRO OPS

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO.	DAY	TO	YEAR	MO.	DAY

FROM

TO

*** NO DISCHARGE 1 1 ***

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 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	2	2		0	1/30	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	30DA GED	7 DA GED	100ML		MONTH	
BOD, CARBONACEOUS 5 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.5	0.5	(20)	*****	2	2				CP
	PERMIT REQUIREMENT	16.7	20.4	LBS/DY	*****	MO AVG	MX MK AV	MG/L		MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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Richard Mills
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 502 540-6000
 DATE
 10 10 6
 AREA CODE NUMBER YEAR MO DAY

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

