



**Metropolitan Sewer District**

*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)

November 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 – October 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 October 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,

Richard W. Mills  
Process Supervisor, East Region

RWM/Bancroft 1010

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 BANCROFT WQTC MSD  
 ADDRESS C/D CEDAR CREEK WQTC  
 8405 CEDAR CREEK RD  
 LOUISVILLE KY 40211  
 FACILITY BANCROFT WQTC MSD  
 LOCATION LOUISVILLE KY 00000  
 ATTN: DENNIS THOMASSEN, SR METRO OPS

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

000037021  
 PERMIT NUMBER

001 1  
 DISCHARGE NUMBER

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

JEFFRE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
10	10	01		10	10	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			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****		8	*****	*****	( 17 )	Ø	1/31	GR
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	7 INST MIN	*****	*****	MG/L		1/31	GR
PH	SAMPLE MEASUREMENT	*****	*****		6.9	*****	6.9	( 12 )	Ø	1/31	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	7.0 MAXIMUM	SU		1/31	GR
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	0.8	0.8	( 26 )	*****	3	3	( 19 )	Ø	1/31	CP
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	20.0 MO AVG	40.0 MX WK AV	LBS/DY	*****	30 MO AVG	50 MX WK AV	MG/L		1/31	CP
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.08	0.08	( 26 )	*****	0.3	0.3	( 17 )	Ø	1/31	CP
00610 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.57 MO AVG	5.34 MX WK AV	LBS/DY	*****	4 MO AVG	8 MX WK AV	MG/L		1/31	CP
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	3.3	3.3	( 17 )	Ø	1/31	CP
00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		1/31	CP
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.028	0.032	( 03 )	*****	*****	*****		Ø	CN	CN
00050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT GODA AVG	REPORT INST MAX	MGD	*****	*****	*****	****		1/31	CN
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	( 17 )	Ø	1/31	GR
00060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.015 MO AVG	0.019 DAILY MX	MG/L		1/31	GR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 H.J. Scharden 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.

Richard W. Mills

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

502 540-6000

10 11 17

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 BANCROFT WQTC MSD  
 ADDRESS C/O CEDAR CREEK WQTC  
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)

KY00039021  
 PERMIT NUMBER

001 1  
 DISCHARGE NUMBER

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

JEFF

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
10	12	01	10	10	01

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	*****	*****		*****	1	1	(13)		1/31	GR
74055 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	#/100ML		1/31	GR
EFFLUENT GROSS VALUE				****		300A GED	7 DA GED	100ML		1/31	GR
BOD, CARBONACEOUS 5 DAY, 20C	SAMPLE MEASUREMENT	0.5	0.5	(24)	*****	2	2	(19)		1/31	CP
50052 1 0 0	PERMIT REQUIREMENT	16.7	33.4		*****	25	50			1/31	CP
EFFLUENT GROSS VALUE		MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV	MG/L		1/31	CP
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	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			
H.I. Schardein Jr. Exec. Director						
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	562 502	540-6000	10	11	17
		AREA CODE	NUMBER	YEAR	MO	DAY

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

Bancroft Tot. Flow= Date	Report for 0.856 Flow TSS	Oct-10 Concentrations BOD NH3	Tot. Exc.= Fecal	0 TSS Pounds BOD NH3 Tot. Phos.
10/1/10	0.027			
10/2/10	0.029			
10/3/10	0.031	3	2	0.3
10/4/10	0.026		1	0.776
10/5/10	0.021			0.517
10/6/10	0.025			0.078
10/7/10	0.028			3.32
10/8/10	0.026			
10/9/10	0.03			
10/10/10	0.032			
10/11/10	0.03			
10/12/10	0.032			
10/13/10	0.027			
10/14/10	0.025			
10/15/10	0.023			
10/16/10	0.028			
10/17/10	0.029			
10/18/10	0.025			
10/19/10	0.026			
10/20/10	0.024			
10/21/10	0.025			
10/22/10	0.025			
10/23/10	0.029			
10/24/10	0.032			
10/25/10	0.03			
10/26/10	0.03			
10/27/10	0.026			
10/28/10	0.026			
10/29/10	0.027			
10/30/10	0.03			
10/31/10	0.032			
Average	0.028	3.00	2.00	0.30
Maximum	0.032	3.00	2.00	0.30
Exceed.	0	0	0	0