



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

January 18, 2011

Crystal Thompson
DMR Coordinator
200 Fair Oaks Lane
Frankfort, Kentucky 40601


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

Dear Ms. Thompson:

Attached is the Discharge Monitoring Reports (DMRs) and the Monthly Operator Report (MOR) for the Bancroft WQTC; KPDES No.: KY0039021 for the month of December 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. Mills
Process Supervisor, East Region

RM/Bancroft 1210

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
8405 CEDAR CREEK RD
LOUISVILLE KY 40211

FACILITY BANCROFT WQTC MSD
LOCATION LOUISVILLE KY 00000

ATTN: DENNIS THOMASSON, SR METRO DPE

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

KY0039021
PERMIT NUMBER

001 1
DISCHARGE NUMBER

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

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
20	12	01		20	12	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			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****		9	*****	*****	(17)	0	2/30	GR
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	7	*****	*****				
EFFLUENT GROSS VALUE				****	INST MIN			MG/L		MONTH	
PH	SAMPLE MEASUREMENT	*****	*****		6.7	*****	7.1	(12)	0	3/30	GR
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	8.0	*****	9.0				
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM	SU		MONTH	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	4.8	8.0	(26)	*****	20	32	(19)	0	2/30	CP
00530 1 0 0	PERMIT REQUIREMENT	20.0	40.0		*****	30	50				
EFFLUENT GROSS VALUE		MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV	MG/L		MONTH	
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.09	0.1	(26)	*****	0.3	0.3	(19)	0	1/30	CP
00610 1 2 0	PERMIT REQUIREMENT	5.67	13.3		*****	10	20				
EFFLUENT GROSS VALUE		MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV	MG/L		MONTH	
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	2.5	2.5	(19)	0	1/30	CP
00665 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT				
EFFLUENT GROSS VALUE				****		MD AVG	DAILY MX	MG/L		MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.031	0.037	(03)	*****	*****	*****		0	CN	CN
00680 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****			
EFFLUENT GROSS VALUE		30DA AVG	INST MAX	MGD				****		MONTH	
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	0.010	0.010	(19)	0	2/30	GR
00660 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	0.018	0.019				
EFFLUENT GROSS VALUE				****		MD 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.				TELEPHONE		DATE			
HJ Starden Jr. Exec. Director											
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE		NUMBER			
		Richard Mills				407		540-6000			
								11 1 20			
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
 2405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY BANCROFT WQTC MSD
 LOCATION LOUISVILLE KY 00000
 ATTN: DENNIS THOMASSON, SR METRO OPS

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

KY00039021
 PERMIT NUMBER

001 1
 DISCHARGE NUMBER

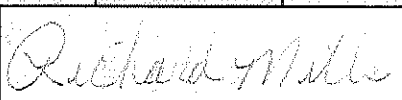
MINOR (SUBR LV)
 F - FINAL JEFFE
 SANITARY WASTEWATER
 EFFLUENT
 *** NO DISCHARGE [] ***

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
10	12	01		10	12	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	*****	*****		*****	10	10	(13)	0	1/30	GR
74015 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	*/		1/30	GR
EFFLUENT GROSS VALUE				****		30DA GED	7 DA GED	100ML		MONTH	
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	0.8	0.8	(26)	*****	3	3	(19)	0	1/30	CP
50082 1 0 0	PERMIT REQUIREMENT	16.7	33.4		*****	25	50			1/30	CP
EFFLUENT GROSS VALUE		MO AVG	MX WK AV	LEB/DY		MO AVG	MX WK AV	MG/L		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	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		
HJ. Swarden Jr - Exec. Director TYPED OR PRINTED			502 540-6000 AREA CODE NUMBER	11 1 20 YEAR MO DAY		

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

Bancroft		Report for		Dec-10		Tot. Exc.=		0			
Tot. Flow=		0.959		Concentrations				Pounds			
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.		
12/1/10	0.03	32	3	0.34	10	8.006	0.751	0.085	2.5		
12/2/10	0.028										
12/3/10	0.028										
12/4/10	0.035										
12/5/10	0.033										
12/6/10	0.026										
12/7/10	0.024										
12/8/10	0.028										
12/9/10	0.028	7				1.635					
12/10/10	0.024										
12/11/10	0.033										
12/12/10	0.034										
12/13/10	0.029										
12/14/10	0.027										
12/15/10	0.029										
12/16/10	0.034										
12/17/10	0.031										
12/18/10	0.032										
12/19/10	0.034										
12/20/10	0.029										
12/21/10	0.029										
12/22/10	0.026										
12/23/10	0.032										
12/24/10	0.036										
12/25/10	0.036										
12/26/10	0.034										
12/27/10	0.034										
12/28/10	0.032										
12/29/10	0.031										
12/30/10	0.036										
12/31/10	0.037										
Average	0.031	19.50	3.00	0.34	10.00	4.82	0.75	0.09	2.50		
Maximum	0.037	32.00	3.00	0.34	10.00	8.01	0.75	0.09	2.50		