

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)

KardMello

T. Singleton

R. Shaw

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

BANCHOFT WOTC MSD

ADDRESS C/O CEDAR CREEK WOTO

8405 CEDAR CREEK RD

LOUISVILLE FACILITY

KY 40211

LOCATION LOUISVILLE mennera ruamacane, co metan apa NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

TO

DAY

KY0037021 PERMIT NUMBER

YEAR MO

FROM

DISCHARGE NUMBER

DAY

YEAR MO

MINOR (SUBR LV) F - FINAL

JEFFE

Form Approved.

OMB No. 2040-0004

SAMITARY WASTEWATER

EFFLUENT

*** NO DISCHARGE / 1 ***

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OF

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

NAME

BANCROFT WOTC MED

ADDRESS C/O CEDAR CREEK WOTO

8405 CEDAR CREEK RD

ATTN: DENNIS THOMASSON, SR METRO OFS

LOUISVILLE FACILITY

KY 40211

BANCROFT WOTC MED LOCATION LOUISVILLE

MA 00000

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

MONITORING PERIOD

TO

DAY

KY0039021 PERMIT NUMBER

МО

YEAR

FROM

001 DISCHARGE NUMBER

DAY

YEAR MO

MINOR (SUBR LV) F - FINAL

And New York State State

Form Approved.

OMB No. 2040-0004

SANITARY WASTEWATER

EFFLUENT

*** NO DISCHARGE I I ***

NOTE: Read Instructions before completing this form.

| PARAMETER | | | QUAN | TITY OR LOADING | | .* | | NO. | FREQUENCY | OWN FF | | |
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| Exec. Director | | submitted. Based on or those persons dire | my inquiry of the | operry gather and evaluate t he person or persons who ma for gathering the information ledge and belief, true, accura | inage the system, on, the informatio | - | Chad n | | 12/51/0-6 | OAA | *** | 1 20 |
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