MSD
Metropolitan Sewer District

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

May 23, 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 – April 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 April 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,

D.J. Rheinlaender
Process Supervisor, East Region

DJR/Bancroft 0410

Enclosures

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

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 LOCATION BANCROFT WQTC MSD
LOUISVILLE KY

ATTN: DENNIS THOMASSON, SR METRO OPS

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

KY0039021	001 1
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	10	04	01	TO	10	04	30

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

Form Approved.
OMB No. 2040-0004

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	******	******	(19)	0	3/30	GR
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	7 INST MIN	******	******	MG/L		ONCE/ MONTH	GRAB
PH	SAMPLE MEASUREMENT	******	******		7.1	******	7.3	(12)	0	3/30	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	2.3	2.3	(26)	******	9	9	(19)	0	1/30	CP
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	20.0 MO AVG	40.0 MX WK AV	LBS/DY	******	30 MO AVG	60 MX WK AV	MG/L		ONCE/ MONTH	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.11	0.1	(26)	******	0.5	0.5	(19)	0	1/30	CP
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	6.67 MO AVG	13.3 MX WK AV	LBS/DY	******	10 MO AVG	20 MX WK AV	MG/L		ONCE/ MONTH	COMPOS
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	******	******		******	3.45	3.45	(19)	0	1/30	CP
00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.031	0.041	(03)	******	******	******		0	[illegible]	[illegible]
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	******	******	******	**** ****		CONTINUOUS	CONTIN
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******	<0.010	<0.010	(19)	0	6/30	GR
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.018 MO AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Exec. Dir

H. J. Sakaeckan Jr.

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]

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
502	540 6000	10	5	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)*

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

FACILITY LOCATION BANCROFT WQTC MSD
LOUISVILLE KY

ATTN. DENNIS THOMASSON, SR METRO OPS

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

PERMIT NUMBER	DISCHARGE NUMBER
KY0039021	001 I

	MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	[illegible]	[illegible]	[illegible]	TO	[illegible]	[illegible]	[illegible]

MINOR
(SUBR LV)
F - FINAL JEFF2
SANITARY WASTEWATER
EFFLUENT
*** NO DISCHARGE [ ] ***

Form Approved.
OMB No. 2040-0004

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PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	5	5	(13)	0	1/30	GR
	PERMIT REQUIREMENT	******	******	**** ****	******	200 30DA GEO	400 7 DA GEO	#/ 100ML		ONCE/ MONTH	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.3	1.3	(26)	******	5	5	(19)	0	1/30	CP
	PERMIT REQUIREMENT	16.7 MO AVG	33.4 MX WK AV	LBS/DY	******	25 MO AVG	50 MX WK AV	MG/L		ONCE/ MONTH	COMPOS
	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

Exec. Dir

H. J. Schardein Jr.

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[signature]

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TELEPHONE		DATE		
502	540 6000	10	5	17
AREA CODE	NUMBER	YEAR	MO	DAY

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

Bancroft Report for **Apr-10** Tot. Exc.= 0

Tot. Flow= 0.92 Concentrations Pounds

Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
4/1/10	0.032								
4/2/10	0.031								
4/3/10	0.038								
4/4/10	0.036								
4/5/10	0.032								
4/6/10	0.029								
4/7/10	0.03	9	5	0.45	5	2.252	1.251	0.113	3.45
4/8/10	0.03								
4/9/10	0.028								
4/10/10	0.031								
4/11/10	0.034								
4/12/10	0.029								
4/13/10	0.027								
4/14/10	0.029								
4/15/10	0.029								
4/16/10	0.03								
4/17/10	0.029								
4/18/10	0.033								
4/19/10	0.03								
4/20/10	0.028								
4/21/10	0.028								
4/22/10	0.027								
4/23/10	0.029								
4/24/10	0.041								
4/25/10	0.038								
4/26/10	0.032								
4/27/10	0.032								
4/28/10	0.027								
4/29/10	0.024								
4/30/10	0.027								
5/1/10									
Average	0.031	9.00	5.00	0.45	5.00	2.25	1.25	0.11	3.45
Maximum	0.041	9.00	5.00	0.45	5.00	2.25	1.25	0.11	3.45
Exceed.	0	0	0	0	0	0	0	0	0

BANCROFT STP MSD
C/O ERIC G. BRADY
4522 ALGONQUIN PA
LOUISVILLE KY
BANCROFT STP MSD
LOUISVILLE KY
ATTN: H. J. SCHARDI

OXYGEN, DISSOLVEI
(DO)
00300 1 0 0
EFFLUENT GROSS V
PH

00400 1 0 0
EFFLUENT GROSS V
SOLIDS, TOTAL
SUSPENDED
00530 1 0 0
EFFLUENT GROSS V
NITROGEN, AMMONI
TOTAL (AS N)
00610 1 1 0
EFFLUENT GROSS V
FLOW, IN CONDUIT (
THRU TREATMENT P
50050 1 0 0
EFFLUENT GROSS V
CHLORINE, TOTAL
RESIDUAL
50060 1 0 0
EFFLUENT GROSS V
COLIFORM, FECAL
GENERAL
74055 1 0 0
EFFLUENT GROSS V
BOD, CARBONACEOI