



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

June 9, 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 – May 2010

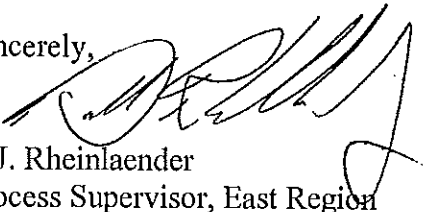
Dear Ms. Bentley

Attached is the Discharge Monitoring Reports (DMRs) and the Monthly Operator Report (MOR) for the Bancroft WQTC; KPDES No.: KY0039021 for the month of May 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 0510

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
ATTN: DENNIS THOMASSON, SR METRO OPS

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

KY00039021	001 1
PERMIT NUMBER	DISCHARGE NUMBER

MINOR
(SUBR LV)
F - FINAL
SANITARY WASTEWATER
EFFLUENT
*** NO DISCHARGE 1-1 ***
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	*****	*****		7	*****	*****	(19)	Ø	01/07	CR
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	7	*****	*****			ONCE / MONTH	GRAB
EFFLUENT GROSS VALUE				****	INST MIN			MG/L			
PH	SAMPLE MEASUREMENT	*****	*****		6.1	*****	*****	(12)	Ø	01/07	GR
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	5.0	*****	7.0			ONCE / MONTH	GRAB
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM	BU			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	0.6	0.6	(26)	*****	2	2	(19)	Ø	01/31	CP
00530 1 0 0	PERMIT REQUIREMENT	20.0	40.0		*****	30	50			ONCE / MONTH	COMPOS
EFFLUENT GROSS VALUE		MG AVG	MX WK AV	LBS/DY		MG AVG	MX WK AV	MG/L			
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.35	0.35	(26)	*****	1	1	(19)	Ø	01/31	CP
00610 1 1 0	PERMIT REQUIREMENT	2.67	5.34		*****	4	5			ONCE / MONTH	COMPOS
EFFLUENT GROSS VALUE		MG AVG	MX WK AV	LBS/DY		MG AVG	MX WK AV	MG/L			
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	2.4	2.4	(19)	Ø	01/31	CP
00665 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT			ONCE / MONTH	COMPOS
EFFLUENT GROSS VALUE				****		MG AVG	DAILY MX	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.043	0.199	(03)	*****	*****	*****		Ø	CN	CN
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		CONTIN / CONTIN	
EFFLUENT GROSS VALUE		30DA AVG	INST MAX	MGD				****		UDUS	
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	(19)	Ø	01/07	CR
50060 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	0.015	0.017			ONCE / MONTH	GRAB
EFFLUENT GROSS VALUE				****		MG AVG	DAILY MX	MG/L			
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			
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO

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

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

KY00039021			001 1			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
10	05	01		10	05	31

MINOR
 (SUBR LV)
 F - FINAL
 SANITARY WASTEWATER
 EFFLUENT
 *** NO DISCHARGE 1-1 ***
 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	*****	*****		*****	2	2	(13)	0	01/31	GR
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	#/100ML		ONCE/ MONTH	GRAB
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	0.6	0.6	(26)	*****	2	2	(19)	0	01/31	CP
00082 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	16.7 MO AVG	33.4 MX WK AV	LBS/DY	*****	25	50	MG/L		ONCE/ MONTH	CORPUS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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			AREA CODE	NUMBER	YEAR	MO

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

Bancroft		Report for	May-10		Tot. Exc.=		0			
Tot. Flow=		1.338	Concentrations				Pounds			
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.	
5/1/10	0.044									
5/2/10	0.199									
5/3/10	0.059									
5/4/10	0.035									
5/5/10	0.036									
5/6/10	0.033									
5/7/10	0.036									
5/8/10	0.035									
5/9/10	0.037									
5/10/10	0.035									
5/11/10	0.036									
5/12/10	0.042									
5/13/10	0.038									
5/14/10	0.034									
5/15/10	0.04									
5/16/10	0.044									
5/17/10	0.04									
5/18/10	0.037									
5/19/10	0.032									
5/20/10	0.037	2	2	1.12	2	0.617	0.617	0.346	2.4	
5/21/10	0.041									
5/22/10	0.038									
5/23/10	0.036									
5/24/10	0.036									
5/25/10	0.035									
5/26/10	0.035									
5/27/10	0.035									
5/28/10	0.036									
5/29/10	0.036									
5/30/10	0.037									
5/31/10	0.044									
Average	0.043	2.00	2.00	1.12	2.00	0.62	0.62	0.35	2.40	
Maximum	0.199	2.00	2.00	1.12	2.00	0.62	0.62	0.35	2.40	
Exceed.	1	0	0	0	0	0	0	0	0	

BANCROFT STP MSE
C/O ERIC G. BRADY
4522 ALGONQUIN PA
LOUISVILLE KY
BANCROFT STP MSE
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 C
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