



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

January 15, 2012

Cheryl Edwards
DMR Coordinator
200 Fair Oaks Lane
Frankfort, Kentucky 40601

**Re: MSD Metro Operations
Bancroft WQTC; KPDES No.: KY0039021
Discharge Monitoring Reports for Dec of 2011**


Dear Ms. Edwards:

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 2011.

There were no exceedences, overflow reports or bypass reports for this month.

If you have any questions concerning the attached DMRs, please contact me at (502)587-5856.

Sincerely,


Kevin Thompson
Process Supervisor, East Region

KT/Bancroft 12/11

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 OPS**

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

KY00037021
 PERMIT NUMBER

001 1
 DISCHARGE NUMBER

MINOR
 (SUBR LV)

F - FINAL
 SANITARY WASTEWATER
 EFFLUENT

Form Approved
 OMB No. 2040-0004

JEFF

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DO)	00300 1 0 0	*****	*****		7	*****	*****	MG/L	0	1/1	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	INST MIN	*****	*****	MG/L		MONTH	
PH	00400 1 0 0	*****	*****		6.1	*****	7.3	EU	0	1/1	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	MINIMUM	*****	MAXIMUM	EU		MONTH	
SOLIDS, TOTAL SUSPENDED	00530 1 0 0	1.9	1.9	LB/DY	*****	8	8	MG/L	0	1/31	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	20.0 MO AVG	40.0 MX WK AV	LB/DY	*****	30 MO AVG	60 MX WK AV	MG/L		MONTH	
NITROGEN, AMMONIA TOTAL (AS N)	00610 1 2 0	0.15	0.15	LB/DY	*****	0.6	0.6	MG/L	0	1/31	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.0 MO AVG	10.0 MX WK AV	LB/DY	*****	10 MO AVG	20 MX WK AV	MG/L		MONTH	
PHOSPHORUS, TOTAL (AS P)	00665 1 0 0	*****	*****		*****	3.2	3.2	MG/L	0	1/31	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	00050 1 0 0	0.034	0.135	MGD	*****	*****	*****	MGD	0	CN	CN
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	*****	*****	*****	MGD	***	DOVS	
CHLORINE, TOTAL RESIDUAL	00060 1 0 0	*****	*****		*****	20.010	20.010	MG/L	0	1/1	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	0.010 MO AVG	0.010 DAILY MX	MG/L		MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Greg C Hertzman PE
 Interim Executive 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.

Kevin Morgan

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE	DATE
502-340-6060	12 01 15
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
8405 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)

149089021
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MINOR
(SUBR LV)
7 - FINAL
SANITARY WASTEWATER
EFFLUENT

Form Approved.
OMB No. 2040-0004

JEFF

MONITORING PERIOD						
YEAR	MO.	DAY	TO	YEAR	MO.	DAY

FROM

TO

*** NO DISCHARGE ***

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PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	58	58		8	1/31	GR
	PERMIT REQUIREMENT	*****	*****	***	*****	30DA GED	7 DA GED	100ML		MONTH	
BOD, CARBONACEOUS 5 DAY, 20C 30082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.0	1.0	LBS/DY	*****	4	4		8	1/31	CP
	PERMIT REQUIREMENT	MO AVG	MX WK AV	LBS/DY	*****	MO AVG	MX WK AV	MG/L		MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Greg C. Heitzman PE
Interim Executive Director

TYPED OR PRINTED

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Ken Thom

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

502 540-6000

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NUMBER

DATE

12 01 15

YEAR

MO

DAY

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

