

# 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](http://www.msdlouky.org)

Sept. 15, 2011

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

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

RM/Bancroft 8 11

Enclosures

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



Beneficial Use of Louisville's Biosolids  
[www.louisvillegreen.com](http://www.louisvillegreen.com)

NAME: MANCROFT WQTC MSO  
ADDRESS: 670 CEDAR CREEK WQTC  
1405 CEDAR CREEK RD  
LOUISVILLE KY 40211  
FACILITY LOCATION: MANCROFT WQTC MSO  
LOUISVILLE KY 00000  
ATTN: DENNIS THOMASON SR METRO DEP

4V0035001  
PERMIT NUMBER

001 1  
DISCHARGE NUMBER

MINOR (SUBR LV)  
F - FINAL  
SANITARY WASTEWATER EFFLUENT  
\*\*\* NO DISCHARGE \*\*\*  
NOTE: Read Instructions before completing this form.

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	11	08	01		11	08	31

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DD) 00300 1 0 0 EFFLUENT CROSS VALU	SAMPLE MEASUREMENT	*****	*****		7	*****	*****	( 19 )	0	1/1	GR
	PERMIT REQUIREMENT	*****	*****	***	7	*****	*****	MG/L		ONCE / MONTH	GRAB
PH 00400 1 0 0 EFFLUENT CROSS VALU	SAMPLE MEASUREMENT	*****	*****		6.0	*****	7.0	( 12 )	0	1/1	GR
	PERMIT REQUIREMENT	*****	*****	***	5.0 MINIMUM	*****	7.0 MAXIMUM	BU		ONCE / MONTH	GRAB
SOLIDS, TOTAL SUSPENDED 00500 1 0 0 EFFLUENT CROSS VALU	SAMPLE MEASUREMENT	1.7	1.7	( 25 )	*****	8	8	( 19 )	0	1/31	CP
	PERMIT REQUIREMENT	20.0 MT AVG	40.0 MX WK AV	LBS/DY	*****	30 MD AVG	60 MX WK AV	MG/L		ONCE / MONTH	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 1 0 EFFLUENT CROSS VALU	SAMPLE MEASUREMENT	0.12	0.12	( 15 )	*****	0.6	0.6	( 19 )	0	1/31	CP
	PERMIT REQUIREMENT	0.57 MD AVG	3.34 MX WK AV	LBS/DY	*****	0 MD AVG	5 MX WK AV	MG/L		ONCE / MONTH	COMPOS
PHOSPHORUS, TOTAL (AS P) 00660 1 0 0 EFFLUENT CROSS VALU	SAMPLE MEASUREMENT	*****	*****		*****	2.3	2.3	( 19 )	0	1/31	CP
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		ONCE / MONTH	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT CROSS VALU	SAMPLE MEASUREMENT	0.025	0.046	( 03 )	*****	*****	*****		0	CN	CN
	PERMIT REQUIREMENT	REPORT RODA AVG	REPORT INST MAX	MGD	*****	*****	*****	***		CONTIN CONTIN	CONTIN
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT CROSS VALU	SAMPLE MEASUREMENT	*****	*****		*****	20.010	20.010	( 19 )	0	1/1	GR
	PERMIT REQUIREMENT	*****	*****	***	*****	0.015 MD AVG	0.017 DAILY MX	MG/L		ONCE / MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
J. J. Schardein JR  
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.

*Ken Brown*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 502 540-6000  
DATE: 11 09 16  
AREA CODE: 502 NUMBER: 540-6000 YEAR: 11 MO: 09 DAY: 16

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

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

NAME: HANCOCK WGTG MSD  
 ADDRESS: 070 CEDAR CREEK WGTG  
 0605 CEDAR CREEK RD  
 LOUISVILLE KY 40211  
 FACILITY: HANCOCK WGTG MSD  
 LOCATION: LOUISVILLE KY 00000  
 TEL: DENISE THOMPSON 99 METER OFF

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

Form Approved  
 OMB No. 2040-0004

PERMIT NUMBER: KY0000001

DISCHARGE NUMBER: 001

MINOR (SUBR LV)  
 7 - FINAL

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
11	08	01		11	08	31

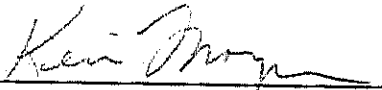
SANITARY WASTEWATER EFFLUENT

\*\*\* NO DISCHARGE \*\*\*  
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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLIFORM, FECAL GENERAL	*****	*****	*****		*****	10	10	(10)		1/31	GR
74055 : C O	*****	*****	***		*****	200	400	/		INCE/ MONTH	GRAB
EFFLUENT CROSS VALVE	*****	*****	***		*****	3000 GPD	7000 GPD	100ML		INCE/ MONTH	
BOD, CARBONACEOUS 05 DAY, 20C	0.9	0.9	(26)	*****	4	4	(19)			1/31	CP
50082 : C O	1.67	33.4		*****	25	50				INCE/ MONTH	COMPOS
EFFLUENT CROSS VALVE			32/DY		MD AVG	MX WK AV	MG/L				

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 H.J. Schardin JR.  
 Executive Director  
 TYPED OR PRINTED

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