

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



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

Form Approved. OMB No. 2040-0004

DAWCROFT WOTO MED

ADDRESS CYO CEDAR TREEK WOTO

MADE CEDAR CREEK RD

LOWISVILLE

MY 40211

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SANITARY WASTEWATER

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*** NO DISCHARGE !

NOTE: Read Instructions before completing this form.

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Executive Director

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

502,540-60co NUMBER

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YEAR МО NATIONAL POLLUTANT OISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

Form Approved. OMB No. 2040-0004

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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 property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system.						- Th-		TELEPHONI	E	DAT	<u>re</u>
Vecutive Director	submitted	ersons directly responsible f is, to the best of my knowled that there are significant r	or gathering the information age and belief, true, accurate condition for submitting follow	2. Lie information c, and complete.	SIGNA	TURE OF PRINCIPAL I	EXECUTIVE	540-6	000	11 08	16
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Bancroft Tot. Flow=	F 0.766	Report for	Aug-11	rations	Tot. Exc.=	0	Davida				
Date	Flow	TSS	Concent BOD		Food	TOO	Pounds	NUIO T	4 Di		
8/1/11	0.028	133	ВОД	NH3	Fecal	TSS	BOD	NH3 To	ot. Phos.		
8/2/11	0.026	8	4	0.56	10	1 725	0.967	0.404	0.05		
8/3/11	0.029	U		0.50	10	1.735	0.867	0.121	2.25		
8/4/11	0.029										
8/5/11	0.025										
8/6/11	0.031										
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8/24/11	0.02										
8/25/11	0.018								•		
8/26/11	0.018									,	
8/27/11	0.022										
8/28/11	0.023										
8/29/11 8/30/11	0.017					•					
8/31/11	0.018 0.017										
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Average Maximum	0.025	8.00	4.00	0.56		1.73	0.87	0,12	2.25		
Exceed.	0.046 0	8.00 0	4.00 0	0.56 0		1,73 0	0.87 0	0.12 0	2.25 0		