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

June 10, 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 May 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 May 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 5 11

Enclosures

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

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME BANCROFT WWTC MSD
ADDRESS C/O CEDAR CREEK WWTC
6403 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY BANCROFT WWTC MSD
LOCATION LOUISVILLE KY 00000
ATTN. DENNIS THOMASSON, SR METRO OPS

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

PERMIT NUMBER	DISCHARGE NUMBER
KY0022721	001 E

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			

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

Form Approved.
OMB No. 2040-0004

JEFFS

NOTE: Read Instructions before completing this form.

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
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		7	******	******		E	1/31	GR
	PERMIT REQUIREMENT	******	******	*** ****	INST MIN			MG/L		MONTH	
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		7.0	******	7.0		E	1/31	GR
	PERMIT REQUIREMENT	******	******	*** ****	MINIMUM		MAXIMUM	SU		MONTH	
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	2.3	2.3		******	9	9		E	1/31	CP
	PERMIT REQUIREMENT	MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV	MG/L		MONTH	
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	C.10	C.10		******	0.4	C.4		E	1/31	CP
	PERMIT REQUIREMENT	MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV	MG/L		MONTH	
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	5.2	5.2		E	1/31	CP
	PERMIT REQUIREMENT	******	******	*** ****	******	MO AVG	DAILY MX	MG/L		MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	C.C4C	C.193		******	******	******		E	CN	CN
	PERMIT REQUIREMENT	30DA AVG	INST MAX	MGD				**** ****		UOUS	
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	<C.010	<C.010		E	1/31	GR
	PERMIT REQUIREMENT	******	******	*** ****	******	MO AVG	DAILY MX	MG/L		MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE		
H.J. Schardein JR. Executive Director	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 Thomasson	502 540-6000	11	06	10
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 WSTC MSD
ADDRESS C/O CEDAR CREEK WSTC
8405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY BANCROFT WSTC MSD
LOCATION LOUISVILLE KY 00000
ATTN. DENNIS THOMASSON, SR METRO OPS

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

KY0057021 | 001 A
PERMIT NUMBER | DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY

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

JEFFE

Form Approved.
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COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	1	1	#/ 100ML	E	1/31	GR
	PERMIT REQUIREMENT	******	******	*** ****		30DA GEO	7 DA GEO	100ML		MONTH	
COD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.0	1.0	LBS/DY	******	4	4	MG/L	E	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										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H. 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 Thomasson
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	TELEPHONE NUMBER	DATE YEAR	DATE MO	DATE DAY
502	540-6000	11	06	10

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

Bancroft Report for **May-11** Tot. Exc.= 0

Tot. Flow= 1.228

Date	Flow	Concentrations TSS	BOD	NH3	Fecal	Pounds TSS	BOD	NH3	Tot. Phos.
5/1/11	0.044								
5/2/11	0.059								
5/3/11	0.193								
5/4/11	0.041								
5/5/11	0.028								
5/6/11	0.031								
5/7/11	0.036								
5/8/11	0.036								
5/9/11	0.031								
5/10/11	0.033								
5/11/11	0.03								
5/12/11	0.032								
5/13/11	0.031								
5/14/11	0.031								
5/15/11	0.03								
5/16/11	0.031	9	4	0.39	1	2.327	1.034	0.101	5.18
5/17/11	0.029								
5/18/11	0.03								
5/19/11	0.03								
5/20/11	0.031								
5/21/11	0.036								
5/22/11	0.038								
5/23/11	0.04								
5/24/11	0.035								
5/25/11	0.031								
5/26/11	0.049								
5/27/11	0.031								
5/28/11	0.035								
5/29/11	0.033								
5/30/11	0.034								
5/31/11	0.029								
Average	0.040	9.00	4.00	0.39	1.00	2.33	1.03	0.10	5.18
Maximum	0.193	9.00	4.00	0.39	1.00	2.33	1.03	0.10	5.18
Exceed.	1	0	0	0	0	0	0	0	0