



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)

July 18, 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 June 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 June 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 6 11

Enclosures

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



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

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

NAME BANCROFT WQTC MSD  
 ADDRESS C/O CEDAR CREEK WQTC  
 8408 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)

PERMIT NUMBER 00037021  
 DISCHARGE NUMBER 0011

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

MONITORING PERIOD						
YEAR	MO.	DAY	TO	YEAR	MO.	DAY

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 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT				7				E	12/30	GR
PH	PERMIT REQUIREMENT				INST MIN			MG/L		MONTH	
PH 00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT				6.3		7.5	BU	E	12/30	GR
SOLIDS, TOTAL SUSPENDED 00830 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT				MINIMUM		MAXIMUM	BU		MONTH	
SOLIDS, TOTAL SUSPENDED 00830 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	2.8	2.8			10	10		E	1/30	CP
SOLIDS, TOTAL SUSPENDED 00830 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV	MG/L		MONTH	
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.11	0.11			0.4	0.4		E	1/30	CP
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV	MG/L		MONTH	
PHOSPHORUS, TOTAL (AS P) 00545 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT					3.8	3.8		E	1/30	CP
PHOSPHORUS, TOTAL (AS P) 00545 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT					MD AVG	DAILY MX	MG/L		MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 80050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.035	0.091						E	CN	CN
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 80050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD						WEEK	
CHLORINE, TOTAL RESIDUAL 80060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT					<0.010	<0.010		E	12/30	GR
CHLORINE, TOTAL RESIDUAL 80060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT					MD AVG	DAILY MX	MG/L		MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 H.S. Schardain 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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
 TELEPHONE 502 540 6000  
 DATE 11 07 19  
 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

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

Form Approved.  
 OMB No. 2040-0004

PERMIT NUMBER

DISCHARGE NUMBER

MINOR  
 (SUBR LV)

F - FINAL  
 SANITARY WASTEWATER  
 EFFLUENT

JEFF

FACILITY BANCROFT WQTC MSD  
 LOCATION LOUISVILLE KY 40000  
 ATTN: DENNIS THOMASOW SR METRO OPS

MONITORING PERIOD						
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			
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	1	1		0	1/30	GR
	PERMIT REQUIREMENT	*****	*****	***	*****	200	400			MONTH	
BOD, CARBONACEOUS 25 DAY, 20C 80052 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.9	0.9	1.25	*****	3	3		0	1/30	CP
	PERMIT REQUIREMENT	15.7	20.4		*****	25	50			MONTH	
	PERMIT REQUIREMENT	NO AVG	NO WK AV	LBS/DY	NO AVG	NO WK AV	MG/L			MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
 Kevin M...  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
 502 540-6000  
 DATE  
 11 07 19  
 AREA CODE NUMBER YEAR MO DAY

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

