



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

Aug 11, 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 July 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 July 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 7 11

Enclosures

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



Beneficial Use of Louisville's Biosolids
www.louisvillegreen.com

NAME: HANCROFT WQTC HSD
ADDRESS: 670 CEDAR CREEK WQTC
1705 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY: HANCROFT WQTC HSD
LOCATION: LOUISVILLE KY 40000
ATTN: DENNIS THOMASSON 20 WESTVA DR

PERMIT NUMBER: KY00038001

DISCHARGE NUMBER: 001 1

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

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	11	07	01		11	07	31

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DO)	*****	*****	*****		7	*****	*****	(19)	0	1/1	GR
	*****	*****	*****		7	*****	*****	MG/L		ONCE/MONTH	GRAB
	*****	*****	*****		6.0	*****	7.5	(12)	0	1/1	GR
	*****	*****	*****		6.0	*****	9.0	SU		ONCE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	*****	0.6	0.6	(26)	*****	3	3	(19)	0	1/31	CP
	*****	20.0	40.0	MG AVE / MG WK AV / LB/DY	*****	30	60	MG/L		ONCE/MONTH	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	*****	1.16	1.06	(26)	*****	0.3	0.3	(19)	0	1/31	CP
	*****	2.27	5.34	MG AVE / MG WK AV / LB/DY	*****	4	8	MG/L		ONCE/MONTH	COMPOS
PHOSPHORUS, TOTAL (AS P)	*****	*****	*****		*****	4.5	4.5	(19)	0	1/31	CP
	*****	*****	*****		*****	REPORT	REPORT	MG/L		ONCE/MONTH	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	*****	0.627	0.042	(03)	*****	*****	*****		0	CN	CN
	*****	REPORT	REPORT	MG AVE / TNET MAX / MG/D	*****	*****	*****	MG/L		CONTIN	CONTIN
CHLORINE, TOTAL RESIDUAL	*****	*****	*****		*****	<0.010	<0.010	(19)	0	1/1	GR
	*****	*****	*****		*****	0.018	0.017	MG/L		ONCE/MONTH	GRAB

NAME/TITLE: H.J. Schardin 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: *Karin M...*

TELEPHONE: 502 540-6000
DATE: 11 08 15
AREA CODE: 502 NUMBER: 540-6000 YEAR: 11 MO: 08 DAY: 15

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

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

NAME: BANCROFT WQTC MSD
 ADDRESS: 0/3 CEDAR CREEK WQTC
 0405 CEDAR CREEK RD
 FACILITY: LOUISVILLE KY 40211
 LOCATION: BANCROFT WQTC MSD
 LOUISVILLE KY 00000

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

Form Approved.
 OMB No. 2040-0004

PERMIT NUMBER: KY0000001

DISCHARGE NUMBER: 001 1

MINOR
 (SUBR LV)
 F - FINAL

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
11	07	01		11	07	31

SANITARY WASTEWATER
 EFFLUENT

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

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		*****	*****		*****	28	28	(18)		1/31	GR
PERMIT REQUIREMENT		*****	*****	***	*****	200	400	100ML		INDEX/ MONTH	GRAB
BOD, CARBONACEOUS 5 DAY, 20C		0.4	0.4	(20)	*****	2	2	(17)		1/31	CP
PERMIT REQUIREMENT		0.15	0.35		*****	25	50			INDEX/ MONTH	COMPOS
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
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PERMIT REQUIREMENT											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 H.J. Scherlein TR
 Executive Director
 TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 Kei Morgan

TELEPHONE: 502 540-6000
 DATE: 11 08 15
 AREA CODE: 502 NUMBER: 540-6000 YEAR: 11 MO: 08 DAY: 15

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

