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

November 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 Oct. 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 Oct. 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

KT/Bancroft 10. 11

Enclosures

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

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME BANCROFT WQTC MSD
ADDRESS C/O CEDAR CREEK WQTC
9405 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)*

Form Approved.
OMB No. 2040-0004

KY0003961	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 [ ] ***

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	*******	*******	(17)	E	29/31	GR
	PERMIT REQUIREMENT	*******	*******	*** ****	INST MIN	*******	*******	MG/L		MONTH	
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	*******		6.0	******	7.4	(12)	E	29/31	GR
	PERMIT REQUIREMENT	*******	*******	*** ****	6.0 MINIMUM	*******	7.0 MAXIMUM	SU		MONTH	
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	4.2	4.2	(26)	*******	9	9	(17)	E	1/31	CP
	PERMIT REQUIREMENT	20.0 MO AVG	40.0 MX WK AV	LBS/DY	*******	30 MO AVG	60 MX WK AV	MG/L		MONTH	
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.23	0.23	(26)	*******	0.5	0.5	(17)	E	1/31	CP
	PERMIT REQUIREMENT	2.0 MO AVG	3.0 MX WK AV	LBS/DY	*******	4 MO AVG	8 MX WK AV	MG/L		MONTH	
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	*******		*******	3.2	3.2	(17)	E	1/31	CP
	PERMIT REQUIREMENT	*******	*******	*** ****	*******	REPORT MO AVG	REPORT DAILY MX	MG/L		MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.023	0.056	(03)	*******	*******	*******		E	CN	CN
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	*******	*******	*******	*** ****		CONTINUOUS	
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	*******		*******	<0.010	<0.010	(17)	E	29/31	GR
	PERMIT REQUIREMENT	*******	*******	*** ****	*******	0.019 MO AVG	0.038 DAILY MX	MG/L		MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H.T. 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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
502	540-6000	11	11	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 C/O CEDAR CREEK WQTC
8405 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)*

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
KY0037021	001 4

MONITORING PERIOD

	YEAR	MO.	DAY		YEAR	MO.	DAY
FROM	[illegible]	[illegible]	[illegible]	TO	[illegible]	[illegible]	[illegible]

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

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COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	******	******		******	24	24	(13)	0	1/31	GR
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	****** ****	******	200 30DA GEO	400 7 DA GEO	#/100ML		ONCE/ MONTH	GRAB
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	0.9	0.9	(26)	******	2	2	(19)	0	1/31	CP
80082 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	16.7 MO AVG	33.4 MX WK AV	LBS/DY	******	25 MO AVG	50 MX WK AV	MG/L		ONCE/ MONTH	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

H.J. Schardein JR
Executive Director

TYPED OR PRINTED

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[signature]

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TELEPHONE		DATE		
502	540-6000	11	11	15
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

EPA Form 3320-1 (Rev. 3/99) Previous editions may be used

02087/1110137273B

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

Tot. Flow= 0.711 Concentrations Pounds

Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
10/1/11	0.019								
10/2/11	0.023								
10/3/11	0.02								
10/4/11	0.056	9	2	0.5	24	4.189	0.931	0.233	3.17
10/5/11	0.027								
10/6/11	0.015								
10/7/11	0.02								
10/8/11	0.02								
10/9/11	0.022								
10/10/11	0.019								
10/11/11	0.023								
10/12/11	0.026								
10/13/11	0.021								
10/14/11	0.02								
10/15/11	0.023								
10/16/11	0.024								
10/17/11	0.018								
10/18/11	0.019								
10/19/11	0.019								
10/20/11	0.02								
10/21/11	0.016								
10/22/11	0.019								
10/23/11	0.032								
10/24/11	0.037								
10/25/11	0.005								
10/26/11	0.018								
10/27/11	0.027								
10/28/11	0.026								
10/29/11	0.024								
10/30/11	0.027								
10/31/11	0.025								
Average	0.023	9.00	2.00	0.50	24.00	4.19	0.93	0.23	3.17
Maximum	0.056	9.00	2.00	0.50	24.00	4.19	0.93	0.23	3.17
Exceed.	0	0	0	0	0	0	0	0	0