



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

May 25, 2011

Cheryl Edwards
DMR Coordinator
200 Fair Oaks Lane
Frankfort, Kentucky 40601

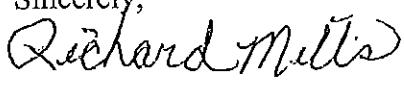
**Re: MSD Metro Operations
Bancroft WQTC; KPDES No.: KY0039021
Discharge Monitoring Reports for April of 2011**

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 April, 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,

Richard Mills
Process Supervisor, East Region

RM/Bancroft 4.11

Enclosures

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



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

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

NAME BANCROFT WQTC MSD
ADDRESS C/O CEDAR CREEK WQTC
6405 CEDAR CREEK RD
LOUISVILLE KY 40211

FACILITY BANCROFT WQTC MSD

LOCATION LOUISVILLE KY 40000

ATTN: DENNIS THOMASSEN, SR METRO OPS

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

KY0039021
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MINOR
(SUBR LV)

F - FINAL

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			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****		8	*****	*****	(19)	0	1/30	GR
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	7	*****	*****			ONCE / MONTH	GRAB
EFFLUENT GROSS VALUE				****	INST MIN			MG/L			
PH	SAMPLE MEASUREMENT	*****	*****		6.4	*****	6.4	(12)	0	1/30	GR
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	7.0			ONCE / MONTH	GRAB
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM	SU			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	4.4	4.4	(26)	*****	18	18	(19)	0	1/30	CP
00530 1 0 0	PERMIT REQUIREMENT	20.0	40.0		*****	30	60			ONCE / MONTH	JUMPUS
EFFLUENT GROSS VALUE		MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV	MG/L			
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.07	0.07	(26)	*****	0.3	0.3	(19)	0	1/30	CP
00610 1 2 0	PERMIT REQUIREMENT	6.67	13.3		*****	10	20			ONCE / MONTH	JUMPUS
EFFLUENT GROSS VALUE		MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV	MG/L			
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	3.8	3.8	(19)	0	1/30	CP
00665 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT			ONCE / MONTH	JUMPUS
EFFLUENT GROSS VALUE				****		MO AVG	DAILY MX	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.060	0.253	(03)	*****	*****	*****		0	CN	CN
00050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		CONTIN UOUS	CONTIN UOUS
EFFLUENT GROSS VALUE		30DA AVG	INST MAX	MGD				****			
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	20.010	20.010	(19)	0	1/30	GR
00060 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	0.015	0.015			ONCE / MONTH	GRAB
EFFLUENT GROSS VALUE				****		MO AVG	DAILY MX	MG/L			
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 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.				Richard Mills		TELEPHONE		DATE	
H.J. Schroeder Jr. Exec. Director						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		582-540-6000		11 5 25	
TYPED OR PRINTED						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/D 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)

XY0039021
 PERMIT NUMBER

001 1
 DISCHARGE NUMBER

MINOR
 (SUBR LV)
 F - FINAL

Form Approved.
 OMB No. 2040-0004

JEFF

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
11	04	01		11	04	05

FROM

TO

SANITARY WASTEWATER
 EFFLUENT

*** NO DISCHARGE 1-1 ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLIFORM, FECAL GENERAL 74035 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	1	1	(13)	8	1/30	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	#/		ONCE /	PRAS
BOD, CARBONACEOUS 5 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.5	1.5	(26)	*****	6	6	(17)	8	1/30	CP
	PERMIT REQUIREMENT	16.7	33.4		*****	25	50			ONCE /	COMPOS
		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.
 Exec. 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.

Richard Mills

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

502 540-6000

AREA CODE NUMBER

DATE

11 5 25

YEAR MO DAY

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

Bancroft	Report for	Apr-11	Tot. Exc.=		0				
Tot. Flow=	1.812	Concentrations				Pounds			
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
4/1/11	0.027								
4/2/11	0.03								
4/3/11	0.032								
4/4/11	0.036								
4/5/11	0.029	18	6	0.28	1	4.353	1.451	0.068	3.8
4/6/11	0.027								
4/7/11	0.027								
4/8/11	0.028								
4/9/11	0.034								
4/10/11	0.035								
4/11/11	0.059								
4/12/11	0.246								
4/13/11	0.039								
4/14/11	0.03								
4/15/11	0.034								
4/16/11	0.036								
4/17/11	0.037								
4/18/11	0.033								
4/19/11	0.034								
4/20/11	0.038								
4/21/11	0.028								
4/22/11	0.031								
4/23/11	0.21								
4/24/11	0.131								
4/25/11	0.097								
4/26/11	0.041								
4/27/11	0.253								
4/28/11	0.062								
4/29/11	0.033								
4/30/11	0.035								
5/1/11									
Average	0.060	18.00	6.00	0.28	1.00	4.35	1.45	0.07	3.80
Maximum	0.253	18.00	6.00	0.28	1.00	4.35	1.45	0.07	3.80