



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)

May 15, 2012

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 2012.**

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 2012.

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,

A handwritten signature in black ink, appearing to read "Kevin Thompson", written over a horizontal line.

Kevin Thompson  
Process Supervisor, East Region

KT/Bancroft 04/12

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  
 8405 CEDAR CREEK RD.  
 LOUISVILLE KY 40211  
 FACILITY BANCROFT WQTC MSD  
 LOCATION LOUISVILLE KY 40000  
 ATTN: DENNIS THOMASSON, SR METRO OPS

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

KY000390211  
 PERMIT NUMBER

001 1  
 DISCHARGE NUMBER

MINOR  
 (SUBR LV)  
 F - FINAL  
 SANITARY WASTEWATER  
 EFFLUENT

Form Approved.  
 OMB No: 2040-0004

JEFFI

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
12	05	15		12	05	15

\*\*\* NO DISCHARGE I [ ] \*\*\*

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 VALU	*****	*****	*****	*****	7	*****	*****	MG/L	17	1/1	GR
	PERMIT REQUIREMENT	*****	*****	*****	INST MIN	*****	*****	MG/L		1/1	GR
PH 00400 1 0 0 EFFLUENT GROSS VALU	*****	*****	*****	*****	6.0	*****	7.4	SU	12	1/1	GR
	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	SU		1/1	GR
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALU	*****	3.3	3.3	LBS/D	*****	13	13	MG/L	17	1/30	CP
	PERMIT REQUIREMENT	20.0 MD AVG	40.0 MX WK AV	LBS/D	*****	30 MD AVG	60 MX WK AV	MG/L		1/30	CP
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 2 0 EFFLUENT GROSS VALU	*****	0.14	0.14	LBS/D	*****	0.6	0.6	MG/L	17	1/30	CP
	PERMIT REQUIREMENT	5.0 MD AVG	10.0 MX WK AV	LBS/D	*****	10 MD AVG	20 MX WK AV	MG/L		1/30	CP
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALU	*****	*****	*****	*****	*****	2.92	2.92	MG/L	17	1/30	CP
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT DAILY MAX	MG/L		1/30	CP
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 00050 1 0 0 EFFLUENT GROSS VALU	*****	0.029	0.074	MGD	*****	*****	*****	MGD		CN	CN
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	*****	*****	*****	MGD		CN	CN
CHLORINE, TOTAL RESIDUAL 00060 1 0 0 EFFLUENT GROSS VALU	*****	*****	*****	*****	*****	<0.010	<0.010	MG/L	17	1/1	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.010 MD AVG	0.017 DAILY MAX	MG/L		1/1	GR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Greg C. Heitzman  
 Interim 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  
 Ken [Signature]

TELEPHONE 502 540-6006  
 DATE 12 05 15  
 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  
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 LOCATION LOUISVILLE KY 40000  
 ATTN: DENNIS THOMASSON, SR METRO OPS

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

KY00039021	001 1
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
FROM	TO
YEAR MO DAY	YEAR MO DAY
12 04 01	12 04 30

MINOR (SUBR LV)  
 7 - 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			
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	50	50	( 18 )	0	1/30	GR
74055 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	#/		ONCE/	GRAB
EFFLUENT GROSS VALU				****		300A GEC	7 DA GEC	100ML		MONTH	
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	0.8	0.8	( 25 )	*****	3	3	( 19 )	0	1/30	CP
80082 1 0 0	PERMIT REQUIREMENT	16.7	33.4		*****	25	50			ONCE/	CUMPL
EFFLUENT GROSS VALU		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										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Greg C. Hertzman  
 Interim 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  
 Keith Miller

TELEPHONE		DATE		
502 540-6000		12	05	15
AREA CODE	NUMBER	YEAR	MO	DAY

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

