



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

June 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 May 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 May 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,


Kevin Thompson
Process Supervisor, East Region

KT/Bancroft 05/12

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
8405 CEDAR CREEK RD
LOUISVILLE KY 40211

FACILITY BANCROFT WQTC MSD

LOCATION LOUISVILLE KY 00000

ATTN: DENNIS THOMASSEN, SR METRO OPS

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

KY00039021
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
12	03	01		12	03	01

FROM

TO

MINOR
(SUBR LV)
F - FINAL

SANITARY WASTEWATER
EFFLUENT

*** NO DISCHARGE 1 1 ***

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) 00300 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		7	*****	*****	(19		1/1	GR
	PERMIT REQUIREMENT	*****	*****	***	INST MIN	*****	*****	MG/L		UNCE/MONTH	GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		6.3	*****	7.8	(12		1/1	GR
	PERMIT REQUIREMENT	*****	*****	***	MINIMUM	*****	MAXIMUM	50		UNCE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	0.7	0.7	(25)	*****	5	5	(19		1/31	CP
	PERMIT REQUIREMENT	20.0 MD AVG	40.0 MX WK AV	LBS/DY	*****	50 MD AVG	50 MX WK AV	MG/L		UNCE/MONTH	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 1 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	0.08	0.08	(25)	*****	0.6	0.6	(19		1/31	CP
	PERMIT REQUIREMENT	2.5 MD AVG	5.0 MX WK AV	LBS/DY	*****	5 MD AVG	5 MX WK AV	MG/L		UNCE/MONTH	COMPOS
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		*****	2.39	2.39	(19		1/31	CP
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		UNCE/MONTH	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLAN 00050 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	0.022	0.074	(05)	*****	*****	*****			CN	CN
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	*****	*****	*****	***		UNCE/MONTH	COMPOS
CHLORINE, TOTAL RESIDUAL 00060 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	(19		1/1	GR
	PERMIT REQUIREMENT	*****	*****	***	*****	0.015 MD AVG	0.015 DAILY MX	MG/L		UNCE/MONTH	GRAB
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.					TELEPHONE		DATE			
TYPED OR PRINTED						502 540-6000		12 06 15			
					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY

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

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

KY0039021
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001 1
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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	30	30	1 LB		1/31	GR
74055 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	#/100ML		1/31	GR
EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	0.3	0.3	(25)	*****	2	2	1 LB		1/31	CP
BOD, CARBONACEOUS 5 DAY, 20C	PERMIT REQUIREMENT	MB AVG	MX WK AV	LBS/D	*****	25	50	MG/L		1/31	CP
80062 1 0 0	SAMPLE MEASUREMENT										
EFFLUENT GROSS VALU	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

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

Kim Hertzman

TELEPHONE

502 540-6000

DATE

12 06 15

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

