



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

July 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 June 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 June 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 06/12

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 40212
FACILITY BANCROFT WQTC MSD
LOCATION LOUISVILLE KY 40000
ATTN: DENNIS THOMASSEN, SR METRO OPS

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

KY00039021	001 1
PERMIT NUMBER	DISCHARGE NUMBER

KINOR
(SUBR LV)
7 - FINAL
SANITARY WASTEWATER
EFFLUENT
*** NO DISCHARGE ***
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			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****		7	*****	*****	(19)	8	1/1	GR
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		ONCE / MONTH	GR
EFFLUENT GROSS VALU				****							
PH	SAMPLE MEASUREMENT	*****	*****		6.0	*****	8.1	(12)	8	1/1	GR
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	5.0 MINIMUM	*****	7.0 MAXIMUM	BU		ONCE / MONTH	GR
EFFLUENT GROSS VALU				****							
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	1.1	1.1	(26)	*****	11	11	(19)	8	1/30	CP
00530 1 0 0	PERMIT REQUIREMENT	20.0 NO AVG	40.0 MX WK AV	LBS/D	*****	30 NO AVG	50 MX WK AV	MG/L		ONCE / MONTH	CP
EFFLUENT GROSS VALU											
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.04	0.04	(25)	*****	0.4	0.4	(19)	8	1/30	CP
00610 1 1 0	PERMIT REQUIREMENT	2.07 NO AVG	3.34 MX WK AV	LBS/D	*****	5 NO AVG	5 MX WK AV	MG/L		ONCE / MONTH	CP
EFFLUENT GROSS VALU											
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	4	4	(19)	8	1/30	CP
00665 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT NO AVG	REPORT DAILY MX	MG/L		ONCE / MONTH	CP
EFFLUENT GROSS VALU				****							
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.018	0.032	(33)	*****	*****	*****		4	CN	CN
00050 1 0 0	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	*****	*****	*****	****		ONCE / MONTH	CN
EFFLUENT GROSS VALU											
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	(17)	8	1/1	GR
00060 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	0.015 NO AVG	0.017 DAILY MX	MG/L		ONCE / MONTH	GR
EFFLUENT GROSS VALU				****							
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 07 15			
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE NUMBER		YEAR MO DAY			

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

NAME BANCROFT WQTC MSE
 ADDRESS C/O CEDAR CREEK WQTC
 8405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY BANCROFT WQTC MSE
 LOCATION LOUISVILLE KY 40005
 ATTN: DENNIS THOMASSON, SR METRO OPS

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

KY0039021
 PERMIT NUMBER

001 I
 DISCHARGE NUMBER

MINOR
 (SUBR LV)

F - FINAL

SANITARY WASTEWATER
 EFFLUENT

*** NO DISCHARGE 1 ***

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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 VALU	SAMPLE MEASUREMENT	*****	*****		*****	78	78		8	1/30	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	#/100ML		ONCE/MONTH	
BOD, CARBONACEOUS 5 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	0.2	0.2	(20)	*****	2	2		8	1/30	CP
	PERMIT REQUIREMENT	15.7	25.4	LBS/DY	*****	25	50	MG/L		ONCE/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

Greg C. Hartzman
 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.

Kim Thon

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 502 540-6000
 DATE 12 07 15

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

[illegible]