



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

September 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 August 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 August 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 08/12

Enclosures

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



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

DISCHARGE MONITORING REPORT (DMR)

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

NAME: CEDAR CREEK WQTC
 ADDRESS: 8405 CEDAR CREEK RD
 LOUISVILLE, KY 40211
 FACILITY: BANCROFT WQTC MSD
 LOCATION: REAR 7608 OLD ORCHARD CIRCLE
 LOUISVILLE, KY 00000
 ATTN: DENNIS THOMASSON, SR METRO OPS

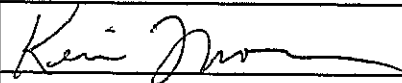
KY0039021	001-1
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 40211
 MINOR (SUBR LV) JEFFE
 SANITARY WASTEWATER
 External Outfall

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 08/01/2012	TO 08/31/2012

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved (DO) 00300 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	*****		0	1/1	GR
	PERMIT REQUIREMENT	*****	*****	*****	7 INST MIN	*****	*****	mg/L		Monthly	GRAB
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	6	*****	8		0	1/1	GR
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	2	2		*****	11	11		0	1/31	CP
	PERMIT REQUIREMENT	20 MO AVG	40 MX WK AV	lb/d	*****	30 MO AVG	60 MX WK AV	mg/L		Monthly	COMPOS
Nitrogen, ammonia total (as N) 00610 1 1 Effluent Gross	SAMPLE MEASUREMENT	0.10	0.10		*****	0.5	0.5		0	1/31	CP
	PERMIT REQUIREMENT	2.67 MO AVG	5.34 MX WK AV	lb/d	*****	4 MO AVG	8 MX WK AV	mg/L		Monthly	COMPOS
Phosphorus, total (as P) 00665 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.95	5.95		0	1/31	CP
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMPOS
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.029	0.034		*****	*****	*****	*****	0	CN	CN
	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. INST MAX	MGD	*****	*****	*****	*****		Continuous	CONTIN
Chlorine, total residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.010	<0.010		0	1/1	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	.018 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

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 	TELEPHONE	DATE
			502-540-6000	09/17/2012
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		AREA Code	NUMBER	MM/DD/YYYY

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal general 74055 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	3	3		0	1/31	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	200 30DA GEO	400 7 DA GEO	#/100mL		Monthly	GRAB
BOD, carbonaceous, 05 day, 20 C 80082 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.6	0.6		*****	3	3		0	1/31	CP
	PERMIT REQUIREMENT	16.7 MO AVG	33.4 MX WK AV	lb/d	*****	25 MO AVG	50 MX WK AV	mg/L		Monthly	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Greg C. Heitzman</i> 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 ensure 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 <i>Ken [Signature]</i>	TELEPHONE	DATE
			502-540-6000	09/17/2012
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		AREA Code	NUMBER	MM/DD/YYYY

