



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)

November 19, 2012

Cheryl Edwards  
Kentucky Division of Water  
200 Fair Oaks Lane  
Frankfort, Kentucky 40601

**Re: MSD Metro Operations  
Bancroft WQTC; KPDES No.: KY0039021  
Discharge Monitoring Reports for October 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 October 2012.

There were no exceedences, overflow 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 10/12

Enclosures

cc: T. Singleton  
R. Shaw



*Beneficial Use of Louisville's Biosolids*  
[www.louisvillegreen.com](http://www.louisvillegreen.com)

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

Form Approved  
OMB No. 2040-0004

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 10/01/2012	TO 10/31/2012

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
00300 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	8	*****	*****		0	1/1	GR
	PERMIT REQUIREMENT	*****	*****	*****	7 INST MIN	*****	*****	mg/L		Monthly	GRAB
00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	6	*****	7		0	1/1	GR
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Monthly	GRAB
00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	1	1		*****	5	5		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
00610 1 1 Effluent Gross	SAMPLE MEASUREMENT	0.10	0.10		*****	0.4	0.4		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
00665 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.18	3.18		0	1/31	CP
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMPOS
50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.034	0.061		*****	*****	*****	*****	0	CN	CN
	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. INST MAX	MGD	*****	*****	*****	*****		Continuous	CONTIN
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 <i>Greg C. Hertzman</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 assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons 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>Kevin M...</i>	TELEPHONE		DATE
			AREA Code	NUMBER	MM/DD/YYYY
			502-540-6000		11/20/2012

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

Parameter 00610 - Use Season 1 for summer months (May, June, July, August, September, and October) and Season 2 for winter months (November, December, January, February, March, and April); enter NODI=9 for the Season not needed.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
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FROM 10/01/2012	TO	10/31/2012

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
Coliform, fecal general 74055 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	2			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	1.0	1.0		*****	4	4			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 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 <i>Ken Brown</i>	TELEPHONE	DATE
			502-540-6000	11/26/2012
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) Parameter 00610 - Use Season 1 for summer months (May, June, July, August, September, and October) and Season 2 for winter months (November, December, January, February March, and April); enter NODI=9 for the Season not needed.			AREA Code	NUMBER
				MM/DD/YYYY

