



MSD

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

May 22, 2007

Ms. Kathy Thurman
Kentucky Division of Water
14 Reilly Road
Frankfort, Kentucky 40601

**Re: MSD Metro Operations
Bancroft WTP; KPDES No.: KY0039021
Discharge Monitoring Reports – April 2007**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Bancroft WTP; KPDES No.: KY0039021 for the month of April 2007.

If you have any questions concerning the attached DMRs, please contact me at (502)241-9093.

Sincerely,

John Kessel
Process Supervisor, East Region

JMK/Bancroft 0407

Enclosures

cc: M. Mudd (DOW Louisville)
E. Brady
T. Singleton
P. Burgin
R. Shaw



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

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

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

MINOR
(SUPER LV)
F - FINAL
SANITARY WASTEWATER
EFFLUENT

NAME: MANACROFT STP MSD
ADDRESS: C/O LOUISVILLE/JEFF CO MSD
4525 WASHINGTON HWY
LOUISVILLE KY 40211-2497
FACILITY: MANACROFT STP MSD
LOCATION: LOUISVILLE KY
ATTN: ALAN E NOVAK, OPER MGR

HY0009021
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	04	01	TO	07	04	30

*** NO DISCHARGE 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			
XYCEN, DISSOLVED (DB)		*****	*****		7.8	*****	*****	(17)	0	1/30	Grab
EFFLUENT GROSS VALUE		*****	*****	*****	INST MIN	*****	*****	MG/L		MONTH	
PH		*****	*****		6.6	*****	6.6	(12)	0	1/30	Grab
EFFLUENT GROSS VALUE		*****	*****	*****	MINIMUM	*****	MAXIMUM	SU		MONTH	
SOLIDS, TOTAL SUSPENDED		5.85	5.85	(25)	*****	26.0	26.0	(17)	0	1/30	Loop
EFFLUENT GROSS VALUE		MO AVG	MX WK AV	LBS/DY	*****	MO AVG	MX WK AV	MG/L		MONTH	
NITROGEN, AMMONIA TOTAL (AS N)		0.19	0.19	(25)	*****	0.84	0.84	(17)	0	1/30	Loop
EFFLUENT GROSS VALUE		MO AVG	MX WK AV	LBS/DY	*****	MO AVG	MX WK AV	MG/L		MONTH	
PHOSPHORUS, TOTAL (AS P)		*****	*****		*****	7.38	7.38	(17)	0	1/30	Loop
EFFLUENT GROSS VALUE		*****	*****	*****	*****	REPORT	REPORT	MG/L		MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.032	0.044	(03)	*****	*****	*****	*****	0	9/0	LN
EFFLUENT GROSS VALUE		REPORT	REPORT	MGD	*****	*****	*****	*****		MONTH	
CHLORINE, TOTAL RESIDUAL		*****	*****		*****	<0.010	<0.010	(17)	0	1/30	Grab
EFFLUENT GROSS VALUE		*****	*****	*****	*****	MO AVG	DAILY MX	MG/L		MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Exec. Director
H. J. Schandier
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		
500	241 9093	07	05	22
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)

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

MINOR
(SUBR LV)
F - FINAL

NAME: BANCROFT INT MED
ADDRESS: 170 LOUISVILLE/JEFF CD MSD
1519 ALGONQUIN PARK
LOUISVILLE KY 40211-2497
FACILITY: BANCROFT INT MED
LOCATION: LOUISVILLE KY
ATTN: ALAN E INOZAK, OPER MGR

KY00039021
PERMIT NUMBER

0011
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	04	01		07	04	30

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			
SOLIDIFIED SOLS GENERAL		*****	*****		*****	1.0	1.0	(10)	0	1/30	Grab
EFFLUENT GROSS VALUE		*****	*****	***	*****	300A GSD	7 DA GSD	100PL		MONTH	
EFFLUENT GROSS VALUE		1.13	1.13	(25)	*****	5.0	5.0	(10)	0	1/30	Comp
EFFLUENT GROSS VALUE		NO AVG	MX WK AV	LBS/DY	*****	NO AVG	MX WK AV	MG/L		MONTH	

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H.S. Schaudens
Exec. Director
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
508	1241 9093	07	05	22
AREA CODE	NUMBER	YEAR	MO	DAY

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