



MSD

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

June 25, 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 – May 2007**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Bancroft WTP; KPDES No.: KY0039021 for the month of May 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 0507

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)

NAME HANCOCK STP WCD
ADDRESS C/O LOUISVILLE/JEFF CO MSD
4555 ALDRIDGE LN PKWY
LOUISVILLE KY 40211-2477

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

KY0039021
PERMIT NUMBER

001 J
DISCHARGE NUMBER

MINOR
(SUBR LV)

F - FINAL

SANITARY WASTEWATER
EFFLUENT

*** NO DISCHARGE [] ***

NOTE: Read Instructions before completing this form.

FACILITY HANCOCK STP WCD
LOCATION LOUISVILLE KY
ATTN: ALEX E NOVAK, OPER MGR

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	05	01		07	05	01

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)		*****	*****		7.4	*****	*****	(17)	0	1/31	Grab	
00300 1.0 0.0 EFFLUENT GROSS VALUE		*****	*****	***	INST MIN	*****	*****	MG/L		MONTH		
00400 1.0 0.0 EFFLUENT GROSS VALUE		*****	*****	***	6.3	*****	6.3	(12)	0	1/31	Grab	
00500 1.0 0.0 EFFLUENT GROSS VALUE		*****	*****	***	MINIMUM	*****	MAXIMUM	SU		MONTH		
00600 1.0 0.0 EFFLUENT GROSS VALUE		*****	*****	***	3.0	*****	10.0	10.0	(17)	0	1/31	Comp
00700 1.0 0.0 EFFLUENT GROSS VALUE		*****	*****	***	MO AVG	*****	MO AVG	MX WK AV	MG/L	MONTH		
00800 1.0 0.0 EFFLUENT GROSS VALUE		*****	*****	***	0.03	*****	0.11	0.11	(17)	0	1/31	Comp
00900 1.0 0.0 EFFLUENT GROSS VALUE		*****	*****	***	MO AVG	*****	MO AVG	MX WK AV	MG/L	MONTH		
01000 1.0 0.0 EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	3.59	3.59	(17)	0	1/31	Comp
01100 1.0 0.0 EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	REPORT	REPORT	MG/L	MONTH		
01200 1.0 0.0 EFFLUENT GROSS VALUE		*****	*****	***	0.032	*****	0.040		(17)	0	1/31	Comp
01300 1.0 0.0 EFFLUENT GROSS VALUE		*****	*****	***	REPORT	*****	REPORT	*****	MG/L	MONTH		
01400 1.0 0.0 EFFLUENT GROSS VALUE		*****	*****	***	3.0DA AVG	*****	INST MAX	MGD	MG/L	MONTH		
01500 1.0 0.0 EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	<0.010	<0.010	(17)	0	1/31	Grab
01600 1.0 0.0 EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	0.010	0.010	MG/L	MONTH		

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Eve Director
H.J. Schneider
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		
AREA CODE	NUMBER	YEAR	MO	DAY
508	241 9693	07	06	20

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

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

NAME SACROFT STP MSD
 ADDRESS 170 LOUISVILLE/JEFF CO MSD
 4322 ALDOUNIN PKWY
 LOUISVILLE KY 40211-2497
 FACILITY SACROFT STP MSD
 LOCATION LOUISVILLE KY
 ATTN: ALEX E NOVAL OPER MGR

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

KY0009021
 PERMIT NUMBER

001
 DISCHARGE NUMBER

MINOR
 (SUBR LV)
 F - FINAL
 SANITARY WASTEWATER
 EFFLUENT
 *** NO DISCHARGE ***

Form Approved
 OMB No. 2040-0004

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	05	01	07	05	01

FROM

TO

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			
COLIFORM, FECA GENERAL		*****	*****		*****	1.0	10	(13)	0	1/3	0.6
EFFLUENT GROSS VALUE		*****	*****	***	*****	3005 GPD	7 DA GPD	100ML		MONTH	
5 DAY BOD		0.90	0.90	(25)	*****	30	30	(13)	0	1/3	0.6
EFFLUENT GROSS VALUE		16.7	33.4	LBS/DY	*****	MO AVG	MX WA AV	MG/L		MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Exec Director
 H.J. Schadtin
 TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
508	841 9093	07	06	00
AREA CODE	NUMBER	YEAR	MO	DAY

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