

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

October 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 – September

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Bancroft WTP; KPDES No.: KY0039021 for the month of September 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 0907

Enclosures

cc:

C. Roth (DOW Louisville)

E. Brady

T. Singleton

P. Burgin

R. Shaw



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

NAME BANCROFT STP MSD.

ADDRESS C/O CEDAR CREEK WWTP

8405 CEDAR TREEK RD

LOUISVILLE

KY 40211

FACILITY BANCROFT STP MSD

ATTN: DENNIS THOMASSON

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

MONITORING PERIOD

TO

DAY

KYOO3YOZI PERMIT NUMBER

YEAR

FROM

DISCHARGE NUMBER

DAY

YEAR MO

MINOR (SUBR LV) F - FINAL

The factor of

Form Approved.

OMB No. 2040-0004

SANITARY WASTEWATER

EFFLUENT

*** NO DISCHARGE |__ | ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF	SAMPLE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	ANALYSIS	TYPE
OD)	SAMPLE MEASUREMEN	<u> </u>	会的教育部分		7.9	इंशे चंदा चंदा चंदा चंदा चंदा चंदा	操模等	** \ 1.77	0	1/30	Gab
DOGCO 1 G O EFFLUENT GROSS VALU	PERMIT REQUIREMENT	🗱 Laina di Albina di Albi		计学设	NIM TENI	<i>नस्त्र</i> स्त		MG/L	i i i i i i i i i i i i i i i i i i i	MONTH	712112
 	SAMPLE MEASUREMEN	T SEE SEE	化学学学学		6.3	安水水水水	6.3	1 2 E. 3	0	130	Gab
00400 1 0 0 EFFLUENT GROSS VAL <mark>U</mark>	PERMIT REQUIREMENT	· 保证条件证据 -	ARNUNE :	公安公 公安公安	MINIMUM		MAXIMUI	S000434	, in	MONLL-	2127347
30L1DS/ TOTAL SUSPENDED	SAMPLE MEASUREMEN		1.67	West first I	· · · · · · · · · · · · · · · · · · ·	8.0	8.0		5,	136	Conference
00530 1 0 0 E <mark>ffluent Größs Valu</mark>	PERMIT REQUIREMENT	- MO AVG	MX WK AV	LBS/DY	******	MO AVG	MX WK i	9304600		MONTH	a turk it to had
VITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMEN	1 .	0.06	\$ 1550 F	****	C,30	0.30	- 3 4 7 P	6	1/30	Corporation
00610 1 1 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT		PL.C VA: NW XM	LBS/DY		MO AVG	MX WK /	AV MG/L		MOME	2 Sept 1 88 Sept and
LAALUT (EUNCHRADHY (AS F)	SAMPLE MEASUREMEN	T T T T T T T T T T T T T T T T T T T	***		****	3.40	3.40	<u> </u>	0	1/30	Corp
20665 1 0 0 SEFLUENT GROSS VALU	PERMIT REQUIREMENT	- 92922	क्राक्षणक्ष प	*** ****	*******	MO AVG	DAILY I	G1998000	10 m 10	nonn	at Said & S.S. Said Said
FLOW: IN CONDUIT OR THRU TREATMENT PLAN	SAMPLE MEASUREMEN		0.047		**************************************	त स्टब्स् के भी स		見 .	0	Ch	C/N
30050 ti 0 0 EFFLUENT <mark>GROSS VALU</mark>	PERMIT REQUIREMENT	REFURI - 30DA AVQ	INST MAX	мер	排放到的能够	**************************************		*************************************		UOUS	bionii ar
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMEN		******		*****	(0.010	<0.010	- (1.7)	9	130	Solo
50060 ! 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*************************************	3 333334 3	***** *****	*******	MO AVG	DAILY I	58995949		MONTH	
NAME/TITLE PRINCIPAL EXECUTIV	prepa	ertify under penalty of law that this document and all attachments were epared under my direction or supervision in accordance with a system designed						TELEPHONE		DATE	
Exec Director H.J Scharden	subm or the subm	ure that qualified personnel pr itted. Based on my inquiry of t ise persons directly responsible itted is, to the best of my know	he person or persons who me for gathering the informati ledge and belief, true, accur	anage the system, on, the informatic ate, and complete.	3500	NATURE OF PRINCIPAL	FYECUTIVE	502 2919	(43	67 1	0 23
TYPED OR PRINTED		I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.			OFFICER OR AUTHORIZED AGENT			AREA NUMBE		YEAR I	MO DAY

PAGE

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

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

RANCRUFT STP MSD

ADDRESS C/O CEDAR CREEK WWTP

8405 CEDAR CREEK RD

LOUISVILLE FACILITY BANCROFT STP MSD KY 40211

LOCATION OUTSVILLE ATTN: DENNIS THOMASSON

KY

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

MONITORING PERIOD

TO

DAY

KYOOBYOZI PERMIT NUMBER

MO.

YEAR

FROM

OUL L DISCHARGE NUMBER

DAY

YEAR MO.

MINOR (SUBR LV)

F - FINAL

SANITARY WASTEWATER

EFFLUENT

*** NO DISCHARGE I I ***

NOTE: Read Instructions before completing this form.

Form Approved.

OMB No. 2040-0004

JEFFE

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	ANALYSIS	TYPE
GOLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	经经验证券	安安安安 安		****	1.0	1.0	(:3;	0	1/30	Syb
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	安全等的 有	异安安格 异安安格	*****	SODA GEO	7 DA GE	X8554	Ĺ	MONTH	31777E
BOD, CARBOMACEOUS OS DAY, ZOC	SAMPLE MEASUREMENT	0.83	0.83	(20)	***	4.0	4.0	1 177)	1/30	
30082 1 0 0 <u>Effluent Gross</u> value	PERMIT REQUIREMENT	16.7 MO AVG	US 4 MX WK AV	LBS/DY	安安安安安	MO AVO	A NW XIII	State (1)		MONTH	
	SAMPLE MEASUREMENT		13.77								Jakking constitution (1)
	PERMIT REQUIREMENT	- 10 m	Alexander de la companya de la comp		90 V V V V V V V V V V V V V V V V V V V		sawy) Saari				
	SAMPLE MEASUREMENT					Annual statements					
	PERMIT REQUIREMENT	9.32					All and a second				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	10 10 10 10 10 10 10 10 10 10 10 10 10 1									
	SAMPLE MEASUREMENT							(1995)			Tree too to the tree to the tr
	PERMIT REQUIREMENT	en e	Marine II o go do Marine de la goldonia								
	SAMPLE MEASUREMENT							AXA	19000000		
	PERMIT REQUIREMENT		1140 1146 1146								
	ITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attach prepared under my direction or supervision in accordance with				ωx_0			TELEPHONE		DATE	
Erre Directory	to assur submitt	issure that qualified personnel properly gather and evaluate the information unitted. Based on my inquiry of the person or persons who manage the system,									
H.J. Schardin	submitt	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 ann aware that there are significant penalties for submitting false information,			SIGNATURE OF PRINCIPAL EXECUTIVE			02 241 9	c53	07/10	23
TYPED OR PRINTED COMMENTS AND EXPLANATION OF	includin	g the possibility of fine and in	mprisonment for knowing vi	e mormation, olations.	OFF	OFFICER OR AUTHORIZED AGENT			3	YEAR M	

OF