



MSD

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

February 21, 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 – January 2007**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Bancroft WTP; KPDES No.: KY0039021 for the month of January 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 0107

Enclosures

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



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

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

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

NAME BANCROFT STP MSD
ADDRESS 0/0 LOUISVILLE/JEFF CO MSD
4522 ALDRICH/IN HWY
LOUISVILLE KY 40211-2497
FACILITY BANCROFT STP MSD
LOCATION LOUISVILLE KY
ATTN: ALEX E. NOVAK, OPER MGR

KY003902
001 1
PERMIT NUMBER DISCHARGE NUMBER

MINOR (SUBR LV)
F - FINAL JEFFE
SANITARY WASTEWATER EFFLUENT

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	01	01	TO	07	01	31

*** NO DISCHARGE 1-1 ***

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DO)	00300 1 0 0	*****	*****		8.2	*****	*****	(19)	0	1/31	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		ONCE/MONTH	GRAB
PH	00400 1 0 0	*****	*****		6.8	*****	6.8	(12)	0	1/31	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	9.0	SU		ONCE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	00500 1 0 0	2.74	2.74	(25)	*****	8.0	8.0	(19)	0	1/31	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	20.0 MG AVG	40.0 MG WK AV	LBS/DY	*****	30 MG AVG	60 MG WK AV	MG/L		ONCE/MONTH	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	00610 1 2 0	.10	.10	(25)	*****	.28	.28	(19)	0	1/31	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	6.67 MG AVG	13.3 MG WK AV	LBS/DY	*****	10 MG AVG	20 MG WK AV	MG/L		ONCE/MONTH	COMPOS
PHOSPHORUS, TOTAL (AS P)	00665 1 0 0	*****	*****		*****	4.18	4.18	(19)	0	1/31	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MG AVG	REPORT DAILY MX	MG/L		ONCE/MONTH	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	00050 1 0 0	.036	.049	(03)	*****	*****	*****		0	1/19	1/19
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	*****	*****	*****	****		ONCE/MONTH	COMPOS
CHLORINE, TOTAL RESIDUAL	00060 1 0 0	*****	*****		*****	<0.010	<0.010	(19)	0	1/31	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.018 MG AVG	0.019 DAILY MX	MG/L		ONCE/MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H.J. Schardew Jr.
Exec 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 507 540-6000
DATE 07 02 19
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
JEFFE

NAME BANCROFT STP MSD
ADDRESS C/O LOUISVILLE/JEFF CO MSD
4522 ALDOUNGUIN PARK

KY0039021
PERMIT NUMBER

001 1
DISCHARGE NUMBER

LOUISVILLE KY 40211-2497

FACILITY BANCROFT STP MSD
LOCATION LOUISVILLE KY

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	01	01		07	01	31

FROM

TO

SANITARY WASTEWATER
EFFLUENT

*** NO DISCHARGE 1 ***

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PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLIFORM, FECAL GENERAL	*****	*****	*****	*****	*****	1.0	1.0	(13)	0	1/31	Grsb
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	200	400	#/ 100HL		ONCE/MONTH	GRAB
BOD, CARBONACEOUS 05 DAY, 20C	*****	1.03	1.03	(25)	*****	3.0	3.0	(19)	0	1/31	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	16.7	33.4	MO AVG	*****	25	50	MG/L		ONCE/MONTH	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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