



MSD

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

September 25, 2008

Ms. Vickie L. Prather
Kentucky Division of Water
14 Reilly Road
Frankfort, Kentucky 40601

**Re: MSD Metro Operations
Bancroft WTP; KPDES No.: KY0039021
Discharge Monitoring Reports – August 2008**

Dear Ms. Prather

Attached is the Discharge Monitoring Reports (DMRs) for the Bancroft WTP; KPDES No.: KY0039021 for the month of August 2008.

During the month of August we exceeded our 7 day fecal limit. Although we are unable to pinpoint the exact cause, extra samples were taken and was well below the limits.

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 0808

Enclosures

cc: C. Roth (DOW Louisville)
T. Singleton
P. Burgin
R. Shaw



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

NAME **BANCROFT STP MSD**
ADDRESS **C/O CEDAR CREEK STP**
8405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY **BANCROFT STP MSD**
LOCATION **LOUISVILLE KY**
ATTN: **DENNIS THOMASSON, SR METRO OPS**

KY0039021
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MINOR
(SUBR LV)
F - FINAL

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
05	08	01		05	08	31

SANITARY WASTEWATER
EFFLUENT


*** NO DISCHARGE ***

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)	*****	*****	*****		7.4	*****	*****	(19)	0	1/31	Grab
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	7	*****	*****			ONCE/ MONTH	GRAB
PH	*****	*****	*****		7.4	*****	*****	(12)	0	1/31	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0			ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	*****	*****	*****	(26)	*****	22.0	22.0	(19)	0	1/31	Comp
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	20.0	40.0	LBS/DY	*****	30	50			ONCE/ MONTH	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	*****	*****	*****	(26)	*****	0.90	0.90	(19)	0	1/31	Comp
00610 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.67	5.64	LBS/DY	*****	4	5			ONCE/ MONTH	COMPOS
PHOSPHORUS, TOTAL (AS P)	*****	*****	*****		*****	2.0	2.0	(19)	0	1/31	Comp
00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT			ONCE/ MONTH	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	*****	*****	*****	(03)	*****	*****	*****		0	1/31	1/31
00050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	****		CONTINUOUS	CONTINUOUS
CHLORINE, TOTAL RESIDUAL	*****	*****	*****		*****	<0.010	<0.010	(19)	0	1/31	Grab
00060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.015	0.017			ONCE/ MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Exec Director
H. J. Schick, Jr.
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
302 546-600 08 09 20

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

NAME BANCROFT STP MSD
ADDRESS C/O CEDAR CREEK STP
8405 CEDAR CREEK RD
LOUISVILLE KY 40211

KY0039021
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MINOR
(SUBR LV)
7 - FINAL

JEFF2

FACILITY BANCROFT STP MSD
LOCATION LOUISVILLE KY

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	08	01		02	08	31

SANITARY WASTEWATER
EFFLUENT

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

ATTN: DENNIS THOMASSON, SR METRO OPS

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	54.0	1350	(13)	1	3/31	616
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	%		ONCE /	GRAB
300 CARBONACEOUS 5 DAY, 20C	SAMPLE MEASUREMENT	1.0	1.0	(26)	*****	6.0	6.0	(17)	0	1/31	Comp
30082 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	18.7 MO AVG	33.4 MX WK AV	_BS/DY	*****	25 MO AVG	50 MX WK AV	MG/L		ONCE /	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Eric Director
H J Schaefer Jr
TYPED OR PRINTED

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[Signature]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
808	540-6000	07	07	24
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
* See Cover Letter for fecal violation (Two Extra Samples were taken)