



MSD

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

November 21, 2008

Ms. Carolena Bentley
DMR Coordinator
200 Fair Oaks Lane
Frankfort, Kentucky 40601

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

Dear Ms. Bentley

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

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 1008

Enclosures

cc: C. Roth (DOW Louisville)
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 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

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

KY0039021 001 1
 PERMIT NUMBER DISCHARGE NUMBER

MINOR
 (SUBR LV)
 F - FINAL

JEFFE

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
08	10	01	08	10	31

FROM

TO

SANITARY WASTEWATER
 EFFLUENT

*** 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 EFFLUENT GROSS VALUE	*****	*****	*****	*****	7.5	*****	*****	(19)	0	1/31	Grab
PH	*****	*****	*****	*****	6.9	*****	*****	(12)	0	1/31	Grab
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	3.0	*****	*****	(26)	0	1/31	Comp
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 1 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	0.08	*****	*****	(19)	0	1/31	Comp
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	0.026	*****	*****	(03)	0	1/31	Comp
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	(19)	0	1/31	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Exec Dir
 H.J. Schandier 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
 502 540-6000 08 1 25

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
FACILITY BANCROFT STP MSD
LOCATION LOUISVILLE KY
ATTN: DENNIS THOMASSEN, SR METRO DPS

KY0039021
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MINOR
(SUBR LV)
F - FINAL

JEFFS

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	10	01		02	10	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			
CDLIFORM, FECAL GENERAL	*****	*****			*****	1.0	1.0	(13)	0	1/31	Grab
74055 1 0 0 EFFLUENT GROSS VALUE	*****	*****	****		*****	200	400 #/			ONCE/	GRAB
05 DAY, 20C	*****	*****	****		*****	30DA GED	7 DA GED	100ML		MONTH	
BOD, CARBONACEOUS	1.0	1.0	(26)		*****	3.0	3.0	(19)	0	1/31	Comp
80082 1 0 0 EFFLUENT GROSS VALUE	16.7	33.4			*****	25	50			ONCE/	COMPOS
	MO AVG	MX WK AV	LBS/DY			MO AVG	MX WK AV	MG/L		MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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H.J. Schaefer Jr
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
502 510-6000
DATE
08 11 25
AREA CODE NUMBER YEAR MO DAY

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

Bancroft		Report for		Oct-08		Tot. Exc.=		0	
Tot. Flow=		0.814		Concentrations				Pounds	
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	
10/1/08	0.026								
10/2/08	0.026								
10/3/08	0.024								
10/4/08	0.027								
10/5/08	0.028								
10/6/08	0.028								
10/7/08	0.021								
10/8/08	0.028								
10/9/08	0.026								
10/10/08	0.026								
10/11/08	0.026								
10/12/08	0.026								
10/13/08	0.027								
10/14/08	0.027	12	3	0.34	1	2.702	0.676	0.077	
10/15/08	0.029								
10/16/08	0.025								
10/17/08	0.026								
10/18/08	0.026								
10/19/08	0.029								
10/20/08	0.029								
10/21/08	0.024								
10/22/08	0.019								
10/23/08	0.027								
10/24/08	0.024								
10/25/08	0.027								
10/26/08	0.027								
10/27/08	0.026								
10/28/08	0.029								
10/29/08	0.029								
10/30/08	0.028								
10/31/08	0.024								
Average	0.026	12.00	3.00	0.34	1.00	2.70	0.68	0.08	
Maximum	0.029	12.00	3.00	0.34	1.00	2.70	0.68	0.08	
Exceed.	0	0	0	0	0	0	0	0	
Day Viol.									
Mo. Viol									
Minimum	0.019	MIN	MAX						
DO (min)									
pH									

This plant has a summer ammonia limit of 4/6 mg/L and 2.67/4.01 pounds
This plant has a winter ammonia limit of 10/15 mg/L and 6.67/10.0 pounds
Winter limits are from November - April, Summer is from May - October

BANCROFT STP MSD
 C/O ERIC G. BRADY
 4522 ALGONQUIN PARKWAY
 LOUISVILLE KY 40211-2407
 BANCROFT STP MSD
 LOUISVILLE KY
 ATTN: H. J. SCHARDI

KY003902'001 1

Tot. Phos.

	Quantity or Loading			Quality or Cr	
	Average	Maximum	Units	Minimum	Average
OXYGEN, DISSOLVEI (DO)	*****	*****	***		*****
00300 1 0 0	*****	*****	***	7	*****
EFFLUENT GROSS VALUE PH	*****	*****	***	INST MIN	*****
00400 1 0 0	*****	*****	***	6.0	*****
EFFLUENT GROSS VALUE SOLIDS, TOTAL SUSPENDED			(26)	MINIMUM *****	
00530 1 0 0	20.0	40.0	LBS/DY	*****	30 MO AVG
EFFLUENT GROSS V MO AVG NITROGEN, AMMONIA TOTAL (AS N)			(26)	*****	
00610 1 1 0	6.67	13.3	LBS/DY	*****	10 MO AVG
EFFLUENT GROSS V MO AVG FLOW, IN CONDUIT OR THRU TREATMENT PLANT			(03)	*****	*****
50050 1 0 0	REPORT	REPORT	MGD	*****	*****
EFFLUENT GROSS V MO AVG CHLORINE, TOTAL RESIDUAL	*****	*****	***	*****	
50060 1 0 0	*****	*****	***	*****	0.018 MO AVG
EFFLUENT GROSS VALUE COLIFORM, FECAL GENERAL	*****	*****	***	*****	
74055 1 0 0	*****	*****	***	*****	200 30DA GEO
EFFLUENT GROSS VALUE BOD, CARBONACEOUS 05 DAY, 20C			(26)	*****	
80082 1 0 0	16.7	33.4	LBS/DY	*****	25 MO AVG
EFFLUENT GROSS V MO AVG					

4.03

4.03
 4.03
 0

MINOR
(SUBR LV)
F - FINAL JEFFE
MUNICIPAL DISCHARGE
EFFLUENT

concentration	Units	No. Ex.	Freq. Of Analysis	Sample Type
Maximum *****	(19)	0	1/30	GRAB
*****	MG/L		ONCE/ MONTH	GRAB
	(12)	0	1/30	GRAB
9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
	(19)	0	1/30	COMPOS
60 MX WK AV	MG/L		ONCE/ MONTH	COMPOS
	(19)	0	1/30	COMPOS
20 MX WK AV	MG/L		ONCE/ MONTH	COMPOS
*****	***	0	C/N	C/N
*****	***		CONTIN UOUS	CONTIN
	(19)	0	1/30	GRAB
0.019 DAILY MX	MG/L		ONCE/ MONTH	GRAB
	(13)	0	1/30	GRAB
400 7 DA GEO	# / 100ML		ONCE/ MONTH	GRAB
	(19)	0	1/30	COMPOS
50 MX WK AV	MG/L		ONCE/ MONTH	COMPOS