



MSD

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

January 20, 2009

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

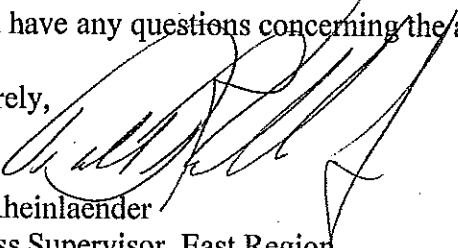
**Re: MSD Metro Operations
Bancroft WTP; KPDES No.: KY0039021
Discharge Monitoring Reports – December 2008**

Dear Ms. Bentley

Attached is the Discharge Monitoring Reports (DMRs) and the Monthly operators report (MOR) for the Bancroft WTP; KPDES No.: KY0039021 for the month of December 2008.

If you have any questions concerning the attached DMRs, please contact me at (502)241-9093.

Sincerely,


D.J. Rheinlaender
Process Supervisor, East Region

DJR/Bancroft 1208

Enclosures

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



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

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

MINOR
(SUBR LV)
F - FINAL

JEFFE

SANITARY WASTEWATER
EFFLUENT

*** NO DISCHARGE 1-1-81 ***

NOTE: Read Instructions before completing this form.

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

KY0037021
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	08	12	01		08	12	31

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	*****	*****		7.5	*****	*****	(19)	0	1/31	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	7	*****	*****	MG/L		UNCE/ MONTH	GRAB
PH	00400 1 0 0	*****	*****		6.8	*****	*****	(12)	0	1/31	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	5.0	*****	9.0	EU		UNCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	00500 1 0 0	3	3	(26)	*****	7	7	(19)	0	1/31	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	20.0	40.0	LBS/DY	*****	50	50	MG/L		UNCE/ MONTH	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	00610 1 2 0	0.11	0.11	(26)	*****	0.28	0.28	(19)	0	1/31	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	6.67	15.3	LBS/DY	*****	10	20	MG/L		UNCE/ MONTH	COMPOS
PHOSPHORUS, TOTAL (AS P)	00665 1 0 0	*****	*****		*****	3.1	3.2	(19)	0	1/31	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L		UNCE/ MONTH	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	00900 1 0 0	0.031	0.046	(03)	*****	*****	*****		0	1/31	1/31
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	****		UNCE/ MONTH	CONTIN
CHLORINE, TOTAL RESIDUAL	00060 1 0 0	*****	*****		*****	0.015	0.019	(19)	0	1/31	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.015	0.019	MG/L		UNCE/ MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Exec Dir
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

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

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
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MINOR
 (SUBR LV)
 F - FINAL
 SANITARY WASTEWATER
 EFFLUENT
 *** NO DISCHARGE 1 1 ***
 JEFF E

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	03	12	01		03	12	31

NOTE: Read Instructions before completing this form.

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 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	****	*****	1	1	(13)	0	1/31	Grab
BOD, CARBONACEOUS 05 DAY, 20C 80062 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT PERMIT REQUIREMENT	1.53	1.53	(26)	*****	4	4	(19)	0	1/31	Comp
	SAMPLE MEASUREMENT PERMIT REQUIREMENT	16.7	33.4	LBS/DY	*****	25	50	MG/L		ONCE / MONTH	COMPOS
	SAMPLE MEASUREMENT PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT PERMIT REQUIREMENT										
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	SAMPLE MEASUREMENT PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
EXC'D BY
H.J. Edwards
 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]
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 702 540-6600
 DATE
 09 01 20

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

Bancroft		Report for	Dec-08		Tot. Exc.=		0	
Tot. Flow=	0.975	Concentrations				Pounds		
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3
12/1/08	0.041							
12/2/08	0.035							
12/3/08	0.037							
12/4/08	0.039							
12/5/08	0.027							
12/6/08	0.036							
12/7/08	0.037							
12/8/08	0.018							
12/9/08	0.034							
12/10/08	0.023							
12/11/08	0.046	7	4	0.28	1	2.685	1.535	0.107
12/12/08	0.027							
12/13/08	0.033							
12/14/08	0.038							
12/15/08	0.027							
12/16/08	0.03							
12/17/08	0.029							
12/18/08	0.027							
12/19/08	0.033							
12/20/08	0.03							
12/21/08	0.026							
12/22/08	0.028							
12/23/08	0.031							
12/24/08	0.024							
12/25/08	0.029							
12/26/08	0.027							
12/27/08	0.03							
12/28/08	0.036							
12/29/08	0.023							
12/30/08	0.036							
12/31/08	0.038							
Average	0.031	7.00	4.00	0.28	1.00	2.69	1.53	0.11
Maximum	0.046	7.00	4.00	0.28	1.00	2.69	1.53	0.11
Exceed.	0	0	0	0	0	0	0	0
Day Viol.								
Mo. Viol								
Minimum	0.018 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.

3.22

	Quantity or Loading			Quality or Co	
	Average	Maximum	Units	Minimum	Average
OXYGEN, DISSOLVED (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
EFFLUENT GROSS V MO AVG NITROGEN, AMMONIA TOTAL (AS N)			(26)	*****	MO AVG
00610 1 1 0	6.67	13.3	LBS/DY	*****	10
EFFLUENT GROSS V MO AVG FLOW, IN CONDUIT OR THRU TREATMENT PLANT			(03)	*****	MO AVG
50050 1 0 0	REPORT	REPORT	MGD	*****	*****
EFFLUENT GROSS V MO AVG CHLORINE, TOTAL RESIDUAL	*****	*****	***	*****	
50060 1 0 0	*****	*****	***	*****	0.018
EFFLUENT GROSS VALUE COLIFORM, FECAL GENERAL	*****	*****	***	*****	MO AVG
74055 1 0 0	*****	*****	***	*****	200
EFFLUENT GROSS VALUE BOD, CARBONACEOUS 05 DAY, 20C			(26)	*****	30DA GEO
80082 1 0 0	16.7	33.4	LBS/DY	*****	25
EFFLUENT GROSS V MO AVG					MO AVG

3.22
 3.22
 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