



MSD

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

March 26, 2008

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 – February 2008**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Bancroft WTP; KPDES No.: KY0039021 for the month of February 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 0208

Enclosures

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



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

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

KY0009021
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MINOR
(SUBR LV)
F - FINAL
SANITARY WASTEWATER
EFFLUENT
*** NO DISCHARGE [] ***

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	02	01		08	02	27

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)	8.2	*****	*****		*****	*****	(17)	0	1/29	Grab	
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	7- INST MIN	*****	*****		ONCE / MONTH	GRAB	
PH	6.9	*****	*****		*****	*****	(12)	0	1/29	Grab	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM		ONCE / MONTH	GRAB	
SOLIDS, TOTAL SUSPENDED	4.0	*****	*****	(26)	*****	13.0	13.0	0	1/29	Comp	
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	20.0 MO AVG	40.0 MX WK AV	LBS/DY	*****	30 MO AVG	60 MX WK AV		ONCE / MONTH	COMPOS	
NITROGEN, AMMONIA TOTAL (AS N)	0.10	*****	*****	(26)	*****	0.20	0.20	0	1/29	Comp	
00610 1 2 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	6.67 MO AVG	13.3 MX WK AV	LBS/DY	*****	10 MO AVG	20 MX WK AV		ONCE / MONTH	COMPOS	
PHOSPHORUS, TOTAL (AS P)	2.55	*****	*****		*****	2.55	2.55	0	1/29	Comp	
00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX		ONCE / MONTH	COMPOS	
FLOW, IN CONDUIT DR THRU TREATMENT PLANT	0.032	*****	*****	(03)	*****	*****	*****	0	C/N	C/L	
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT BODA AVG	REPORT INST MAX	MGD	*****	*****	*****	****	CONT INCONT IN	UDUS	
CHLORINE, TOTAL RESIDUAL	<0.010	*****	*****		*****	<0.010	<0.010	0	1/29	Grab	
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.018 MO AVG	0.019 DAILY MX		ONCE / MONTH	GRAB	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		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.				TELEPHONE		DATE			
11.5 Schneider Jr Exec Director TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO

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)

Form Approved.
OMB No. 2040-0004

NAME BANCROFT STP MSD
ADDRESS C/O CEDAR CREEK STP
18405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY BANCROFT STP MSD
LOCATION LOUISVILLE KY
ATTN: DENNIS THOMASSON, SR METRO OPS

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*** 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	*****	*****	*****	*****	*****	5.0	5.0	(13)	0	1/29	Grab	
74055 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	200	400	#/30DA GEO		ONCE/MONTH	GRAB	
BOD, CARBONACEOUS 05 DAY, 20C	1.20	1.20	(26)	*****	*****	4.0	4.0	(19)	0	1/29	Comp	
80082 1 0 0 EFFLUENT GROSS VALUE	16.7	33.4	LBS/DY	*****	*****	25	50	MG/L		ONCE/MONTH	COMPOS	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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		
TYPED OR PRINTED								108	241-9093	08	03	24
					AREA CODE	NUMBER	YEAR	MO	DAY			

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