



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

December 15, 2009

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

**Re: MSD Metro Operations
Bancroft WQTC; KPDES No.: KY0039021
Discharge Monitoring Reports – November 2009**

Dear Ms. Bentley

Attached is the Discharge Monitoring Reports (DMRs) and the Monthly Operator Report (MOR) for the Bancroft WQTC; KPDES No.: KY0039021 for the month of November 2009.

There were no exceedences, overflow reports or Bypass reports to report this month.

If you have any questions concerning the attached DMRs, please contact me at (502)587-5856.

Sincerely,

D.J. Rheinlaender
Process Supervisor, East Region

DJR/Bancroft 1109

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
SANITARY WASTEWATER
EFFLUENT
*** NO DISCHARGE () ***

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

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

PERMIT NUMBER KY00034021

DISCHARGE NUMBER 001 1

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	11	01		07	11	30

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			
OXYGEN DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****		8	*****	*****	(17)	0	1/30	GR
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		ONCE / MONTH	GRAB
PH	SAMPLE MEASUREMENT	*****	*****		6.3	*****	6.3	(12)	0	1/30	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	BU		ONCE / MONTH	GRAB
SOLIDS TOTAL SUSPENDED	SAMPLE MEASUREMENT	2.1	2.1	(25)	*****	10	10	(17)	0	1/30	CP
00500 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MO AVG	MX WK AV	LBS/DY	*****	MO AVG	MX WK AV	MG/L		ONCE / MONTH	COMPL
NITROGEN AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.04	0.04	(25)	*****	0.2	0.2	(17)	0	1/30	CP
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MO AVG	MX WK AV	LBS/DY	*****	MO AVG	MX WK AV	MG/L		ONCE / MONTH	COMPL
PHOSPHORUS TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	3.13	3.13	(17)	0	1/30	CP
00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT	REPORT	MG/L		ONCE / MONTH	COMPL
FLOW IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.036	0.033	(03)	*****	*****	*****		0	CP	CP
00050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	*****		CONTINUIT	IN
CHLORINE TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	40.010	40.010	(17)	0	1/30	GR
00080 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	MO AVG	DAILY MX	MG/L		ONCE / MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Exec. Dir
H. J. [Signature]
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		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
502	546 1000	09	12	15

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

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

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

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

NAME BANCROFT WGTG MBD
ADDRESS C/O CEDAR CREEK WGTG
8406 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY BANCROFT WGTG MBD
LOCATION LOUISVILLE KY
ATTN: DENNIS THOMASSON, SR METRO OPS

PERMIT NUMBER
KY0007021

DISCHARGE NUMBER
001 I

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
97	11	03		97	11	30

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			
GENERAL EFFLUENT GROSS VALUE		*****	*****		*****	1	1	(15)	0	1/30	GR
BOD, CARBONACEOUS 5 DAY, ZOC		*****	*****	***	*****	300	400	#/ 100ML		1/30	GR
EFFLUENT GROSS VALUE		*****	*****	****	*****	300 DA GED	7 DA GED	100ML		1/30	GR
BOD, CARBONACEOUS 5 DAY, ZOC		0.4	0.4	(25)	*****	2	2	(19)	0	1/30	CP
EFFLUENT GROSS VALUE		MO AVG	MX WK AV	LBS/DY	*****	MO AVG	MX WK AV	MG/L		1/30	CP

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Exec Dir
H. J. ...
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
DATE
AREA CODE NUMBER YEAR MO DAY
404 446 6000 97 12 15

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

Bancroft
 Tot. Flow=
 Date

Report for
 TSS

Nov-09
 Concentrations
 BOD NH3

Tot. Exc.=
 Fecal TSS

0

Pounds
 BOD

NH3

Tot. Phos.

Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
11/1/09	0.032								
11/2/09	0.028								
11/3/09	0.026								
11/4/09	0.016								
11/5/09	0.025								
11/6/09	0.028								
11/7/09	0.032								
11/8/09	0.031								
11/9/09	0.028								
11/10/09	0.025	10	2	0.17	1	2.085	0.417	0.035	3.13
11/11/09	0.025								
11/12/09	0.024								
11/13/09	0.024								
11/14/09	0.028								
11/15/09	0.033								
11/16/09	0.027								
11/17/09	0.033								
11/18/09	0.024								
11/19/09	0.022								
11/20/09	0.02								
11/21/09	0.023								
11/22/09	0.026								
11/23/09	0.024								
11/24/09	0.024								
11/25/09	0.026								
11/26/09	0.027								
11/27/09	0.024								
11/28/09	0.024								
11/29/09	0.029								
11/30/09	0.022								
12/1/09									

Average	0.026	10.00	2.00	0.17	1.00	2.09	0.42	0.04	3.13
Maximum	0.033	10.00	2.00	0.17	1.00	2.09	0.42	0.04	3.13
Exceed.	0	0	0	0	0	0	0	0	0

BANCROFT STP MSE
 C/O ERIC G. BRADY
 4522 ALGONQUIN PA
 LOUISVILLE KY
 BANCROFT STP MSE
 LOUISVILLE KY
 ATTN: H. J. SCHARDI

OXYGEN, DISSOLVE
 (DO)
 00300 1 0 0
 EFFLUENT GROSS V
 PH

00400 1 0 0
 EFFLUENT GROSS V
 SOLIDS, TOTAL
 SUSPENDED
 00530 1 0 0
 EFFLUENT GROSS V
 NITROGEN, AMMONI.
 TOTAL (AS N)
 00610 1 1 0
 EFFLUENT GROSS V
 FLOW, IN CONDUIT C
 THRU TREATMENT P
 50050 1 0 0
 EFFLUENT GROSS V
 CHLORINE, TOTAL
 RESIDUAL
 50060 1 0 0
 EFFLUENT GROSS V
 COLIFORM, FECAL
 GENERAL
 .74055 1 0 0
 EFFLUENT GROSS V
 BOD, CARBONACEOI