



**MSD**

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

April 23, 2009

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

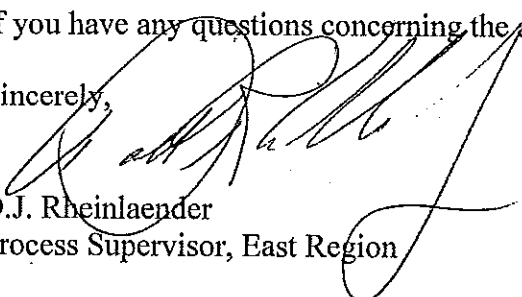
**Re: MSD Metro Operations  
Bancroft WTP; KPDES No.: KY0039021  
Discharge Monitoring Reports – March 2009**

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 March 2009.

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 0309

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

JEFFE

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read Instructions before completing this form.

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

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

KY0039021  
PERMIT NUMBER

001-1  
DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
09	03	01	09	03	01

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) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT *****	*****	*****	( 19 )	7.6	*****	*****	( 19 )	1	1/2	GRAB
	PERMIT REQUIREMENT *****	*****	*****	****	INST MIN	*****	*****	MG/L		ONCE / MONTH	
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT *****	*****	*****	( 12 )	6.0	*****	7.0	( 12 )	1	1/2	GRAB
	PERMIT REQUIREMENT *****	*****	*****	****	MINIMUM	*****	MAXIMUM	GU		ONCE / MONTH	
SOLIDS, TOTAL SUSPENDED 00500 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT *****	*****	*****	( 25 )	*****	*****	*****	( 19 )	1	1/2	COMPOS
	PERMIT REQUIREMENT *****	20.0 MO AVG	30.0 MX WK AV	LBS/DY	*****	30 MO AVG	50 MX WK AV	MG/L		ONCE / MONTH	
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT *****	*****	*****	( 26 )	*****	*****	*****	( 19 )	1	1/2	COMPOS
	PERMIT REQUIREMENT *****	5.57 MO AVG	13.3 MX WK AV	LBS/DY	*****	10 MO AVG	20 MX WK AV	MG/L		ONCE / MONTH	
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT *****	*****	*****	( 19 )	*****	*****	*****	( 19 )	1	1/2	COMPOS
	PERMIT REQUIREMENT *****	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		ONCE / MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 00050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT *****	*****	*****	( 03 )	*****	*****	*****	*****	1	1/2	CONTINUITA
	PERMIT REQUIREMENT *****	REPORT 30DA AVG	REPORT INST MAX	MGD	*****	*****	*****	****		UCOUS	
CHLORINE, TOTAL RESIDUAL 00060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT *****	*****	*****	( 19 )	*****	*****	*****	( 19 )	1	1/2	GRAB
	PERMIT REQUIREMENT *****	*****	*****	****	*****	0.018 MO AVG	0.019 DAILY MX	MG/L		ONCE / MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
*Dennis Thomasson, Sr*  
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  
*Dennis Thomasson, Sr*

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)

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

NAME: BANCROFT STP MSD  
ADDRESS: C/O CEDAR CREEK STP  
6408 CEDAR CREEK RD  
LOUISVILLE KY 40211  
FACILITY: BANCROFT STP MSD  
LOCATION: LOUISVILLE KY  
ATTN: DENNIS THOMASSON, SR METRO DPS

KY0039021  
PERMIT NUMBER

001 1  
DISCHARGE NUMBER

MINOR (SUBR LV)  
F - FINAL  
SANITARY WASTEWATER EFFLUENT  
\*\*\* NO DISCHARGE \*\*\*  
NOTE: Read Instructions before completing this form.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
09	03	01		09	03	31

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	*****	*****		*****			( 13 )		1/2	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	*/		ONCE /	MONTH
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.8	3.4	( 26 )	*****			( 19 )		1/2	COMPOSE
	PERMIT REQUIREMENT	16.7	33.4	LBS/DY	*****	25	50	MO AVG		ONCE /	MONTH
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
*Dennis Thomasson, Sr*  
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
*Dennis Thomasson, Sr*

TELEPHONE: 502-498-4000  
DATE: 03/01/09  
AREA CODE: 502 NUMBER: 498-4000 YEAR: 09 MO: 03 DAY: 01

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

<b>Bancroft</b>		Report for <b>Mar-09</b>			Tot. Exc.= 0		Pounds	
Tot. Flow= Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3
3/1/09	0.031							
3/2/09	0.033							
3/3/09	0.032							
3/4/09	0.031							
3/5/09	0.029							
3/6/09	0.026							
3/7/09	0.03							
3/8/09	0.032							
3/9/09	0.032							
3/10/09	0.032							
3/11/09	0.033							
3/12/09	0.034							
3/13/09	0.032							
3/14/09	0.031							
3/15/09	0.028							
3/16/09	0.027							
3/17/09	0.027	26	3	3.1	1	5.855	0.676	0.698
3/18/09	0.026							
3/19/09	0.03							
3/20/09	0.029							
3/21/09	0.036							
3/22/09	0.037							
3/23/09	0.036							
3/24/09	0.035							
3/25/09	0.033							
3/26/09	0.029							
3/27/09	0.026							
3/28/09	0.029							
3/29/09	0.027							
3/30/09	0.025							
3/31/09	0.024							
Average	0.030	26.00	3.00	3.10	1.00	5.85	0.68	0.70
Maximum	0.037	26.00	3.00	3.10	1.00	5.85	0.68	0.70
Exceed.	0	0	0	0	0	0	0	0
Day Viol.								
Mo. Viol								
Minimum	0.024 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 Cc	
	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
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 MX WK AV					MO AVG

7.58

7.58  
 7.58  
 0