



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

July 22, 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 – June 2009**

Dear Ms. Bentley

Attached is the Discharge Monitoring Reports (DMRs) and the Monthly Operator Report (MOR) for the Bancroft WTP; KPDES No.: KY0039021 for the month of June 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 0609

Enclosures

cc: C. Roth (DOW Louisville)  
T. Singleton  
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: 670 CEDAR CREEK STP  
 8405 CEDAR CREEK RD  
 LOUISVILLE KY 40211  
 FACILITY: BANCROFT STP MSD  
 LOCATION: LOUISVILLE KY  
 ATTN: DENNIS THOMASSEN, SR METRO OPS

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

KY0039021  
 PERMIT NUMBER  
 0011  
 DISCHARGE NUMBER

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

JEFFERSON

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

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	*****	*****		4	*****	*****	( 17 )	0	1/30	CR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	INST MIN	*****	*****	MG/L		MONTH	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.1	*****	*****	( 12 )	0	1/30	CR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	MINIMUM	*****	*****	50		MONTH	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	1.7	1.7	( 25 )	*****	3	3	( 17 )	0	1/30	CR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	NO AVG	MX WK AV	LBS/DY	*****	NO AVG	MX WK AV	MG/L		MONTH	
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.07	0.07	( 25 )	*****	0.2	0.2	( 17 )	0	1/30	CR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	NO AVG	MX WK AV	LBS/DY	*****	NO AVG	MX WK AV	MG/L		MONTH	
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	4.2	4.2	( 17 )	0	1/30	CR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT	REPORT	MG/L		MONTH	
FLOW, THROUGH TREATMENT PLANT	SAMPLE MEASUREMENT	0.128	0.126	( 03 )	*****	*****	*****		0	CR	CR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	***		MONTH	
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	50.016	50.016	( 17 )	0	1/30	CR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	U. OLS	U. VIT.	MG/L		MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 [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: [Area Code] [Number]  
 DATE: [Year] [MO] [DAY]

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

NAME MANCROFT STP MSD  
ADDRESS 270 CEDAR CREEK STP  
8405 CEDAR CREEK RD  
LOUISVILLE KY 40211  
FACILITY MANCROFT STP MSD  
LOCATION LOUISVILLE KY  
ATTN: DENNIS THOMASSON, SR METRO OPS

RY0039021  
PERMIT NUMBER

001 1  
DISCHARGE NUMBER

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

JEFFERSON

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	06	01		07	06	30

NOTE: Read Instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
GENERAL		*****	*****		*****	1	1	( 10 )		1/30	GR
EFFLUENT GROSS VALUE		*****	*****	****	*****	200	400	MG/L		SINCE 7	GRAB
BOD, CARBONACEOUS				( 25 )	*****	3	3	( 19 )		1/30	CP
5 DAY, 20C		1.7	1.7		*****	25	50	MG/L		SINCE 7	COMPO
EFFLUENT GROSS VALUE		MO AVG	MX WK AV	LBS/DY	*****	MO AVG	MX WK AV	MG/L		MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
*Exec. Dir*  
H. J. Richardson 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]*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 701-544-6000  
DATE: 09 07 19  
AREA CODE NUMBER YEAR MO DAY

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

Bancroft		Report for		Jun-09		Tot. Exc.=		0	
Tot. Flow=		0.829		Concentrations				Pounds	
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
6/1/09	0.042								
6/2/09	0.066	3	3	0.17	1	1.651	1.651	0.094	4.17
6/3/09	0.035								
6/4/09	0.024								
6/5/09	0.021								
6/6/09	0.023								
6/7/09	0.026								
6/8/09	0.023								
6/9/09	0.024								
6/10/09	0.026								
6/11/09	0.028								
6/12/09	0.027								
6/13/09	0.024								
6/14/09	0.025								
6/15/09	0.024								
6/16/09	0.031								
6/17/09	0.019								
6/18/09	0.019								
6/19/09	0.028								
6/20/09	0.029								
6/21/09	0.029								
6/22/09	0.028								
6/23/09	0.025								
6/24/09	0.023								
6/25/09	0.025								
6/26/09	0.031								
6/27/09	0.026								
6/28/09	0.027								
6/29/09	0.025								
6/30/09	0.026								
Average	0.028	3.00	3.00	0.17	1.00	1.65	1.65	0.09	4.17
Maximum	0.066	3.00	3.00	0.17	1.00	1.65	1.65	0.09	4.17
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, DISSOLVEI  
(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