



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

February 23, 2010

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

**Re: MSD Metro Operations
Bancroft WQTC; KPDES No.: KY0039021
Discharge Monitoring Reports – January 2010**

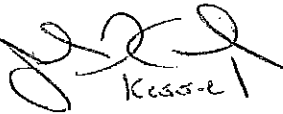
Dear Ms. Bentley

Attached is the Discharge Monitoring Reports (DMRs) and the Monthly Operator Report (MOR) for the Bancroft WQTC; KPDES No.: KY0039021 for the month of January 2010.

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,



Kess-e

D.J. Rheinlaender
Process Supervisor, East Region

DJR/Bancroft 2010

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)
7 - FINAL

SANITARY WASTEWATER
EFFLUENT

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

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

NAME
ADDRESS
FACILITY
LOCATION

PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
10	01	01		10	01	31

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DISSOLVED (DB)	*****	*****			7	*****	*****	(19)	0	3/30	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	INST MIN	*****	*****	MG/L		ONCE/MONTH	GRAB
	SAMPLE MEASUREMENT	*****	*****		6.0	*****	9.0	(12)	0	4/30	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	MG		ONCE/MONTH	GRAB
SUSPENDED	SAMPLE MEASUREMENT	1.3	1.3	(26)	*****	7	7	(19)	0	1/30	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MD AVG	MX WK AV	LBS/DY	*****	MD AVG	MX WK AV	MG/L		ONCE/MONTH	COMPOS
NITROGEN AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	6.67	13.3	(26)	*****	6.5	6.5	(19)	0	1/30	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MD AVG	MX WK AV	LBS/DY	*****	MD AVG	MX WK AV	MG/L		ONCE/MONTH	COMPOS
PHOSPHORUS TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	42	42	(19)	0	1/30	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT	MG/L		ONCE/MONTH	COMPOS
THRU TREATMENT PLANT	SAMPLE MEASUREMENT	6.025	6.042	(08)	*****	*****	*****		0	1/30	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	INST MAX	MOD	*****	*****	*****	*****		CONT IN	CONT IN
RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	0.010	0.010	(19)	0	4/30	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	0.018	0.019	MG/L		ONCE/MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Exec Dir
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	YEAR
NUMBER	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)

Form Approved.
OMB No. 2040-0004

ADDRESS 070 CEDAR CREEK WGTG

LOUISVILLE KY 40211

FACILITY LOCATION HAYCHOFF WGTG MBE
LOUISVILLE KY

ATTN: DEANIE THOMASON, SR METRO OPS

HYDROLOGIC	001 1
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
10	01	01		10	01	31

FROM

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			
GENERAL EFFLUENT GROSS VALUE	*****	*****	*****		*****	1	1	(18)	0	1/30	CP
EFFLUENT GROSS VALUE	*****	*****	*****		*****	200	400	1/		ONCE/MONTH	GRAB
500. PAHES	*****	*****	*****		*****	300A GEB	7 3A GEB	100ML		ONCE/MONTH	COMPOS
05 DAY, 200	0.7	0.7	(26)	*****	4	4	(19)		0	1/30	CP
EFFLUENT GROSS VALUE	16.7	33.4	MG AVG	*****	25	50	MG/L			ONCE/MONTH	COMPOS
			MG AVG	MG/L							

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Exec Dir
H J Schaefer, 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 OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE		
	500 510-6060	10	19	26
AREA CODE	NUMBER	YEAR	MO	DAY

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

Bancroft		Report for		Jan-10		Tot. Exc.=		0	
Tot. Flow=	0.764	Concentrations				Pounds			
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
1/1/10	0.025								
1/2/10	0.023								
1/3/10	0.024								
1/4/10	0.023								
1/5/10	0.021								
1/6/10	0.021								
1/7/10	0.023	7	3.72	0.45	1	1.343	0.714	0.086	4.16
1/8/10	0.022								
1/9/10	0.023								
1/10/10	0.026								
1/11/10	0.022								
1/12/10	0.02								
1/13/10	0.02								
1/14/10	0.021								
1/15/10	0.021								
1/16/10	0.026								
1/17/10	0.026								
1/18/10	0.023								
1/19/10	0.021								
1/20/10	0.024								
1/21/10	0.042								
1/22/10	0.028								
1/23/10	0.028								
1/24/10	0.038								
1/25/10	0.028								
1/26/10	0.024								
1/27/10	0.025								
1/28/10	0.023								
1/29/10	0.021								
1/30/10	0.025								
1/31/10	0.027								
Average	0.025	7.00	3.72	0.45	1.00	1.34	0.71	0.09	4.16
Maximum	0.042	7.00	3.72	0.45	1.00	1.34	0.71	0.09	4.16
Exceed.	0	0	0	0	0	0	0	0	0

BANCROFT STP MSC
C/O ERIC G. BRADY
4522 ALGONQUIN PA
LOUISVILLE KY
BANCROFT STP MSC
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 F

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