



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

April 24, 2011

Crystal Thompson
DMR Coordinator
200 Fair Oaks Lane
Frankfort, Kentucky 40601

**Re: MSD Metro Operations
Bancroft WQTC; KPDES No.: KY0039021
Discharge Monitoring Reports for March of 2011**

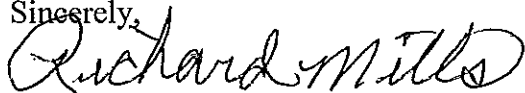
Dear Ms. Thompson:

Attached is the Discharge Monitoring Reports (DMRs) and the Monthly Operator Report (MOR) for the Bancroft WQTC; KPDES No.: KY0039021 for the month of March, 2011

There were no exceedences, overflow reports or bypass reports for this month.

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

Sincerely,

A handwritten signature in cursive script that reads "Richard Mills".

Richard. Mills
Process Supervisor, East Region

RM/Bancroft 3 11

Enclosures

cc: C. Roth (DOW Louisville)
T. Singleton
R. Shaw



Beneficial Use of Louisville's Blossoms
www.louisvillegreen.com

NAME BANCROFT WQTC MSD
 ADDRESS C/O CEDAR CREEK WQTC
 8405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY BANCROFT WQTC MSD
 LOCATION LOUISVILLE KY 00000
 ATTN: DENNIS THOMASSEN, SR METRO OPS

KY0039021
 PERMIT NUMBER

001 1
 DISCHARGE NUMBER

MINOR (SUBR LV)
 F - FINAL
 SANITARY WASTEWATER EFFLUENT
 JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
11	03	01		11	03	31

*** NO DISCHARGE [] ***
 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) 00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	8	*****	*****	(17)	0	1/31	GR
PH	PERMIT REQUIREMENT	*****	*****	*****	7	*****	*****	(12)	0	1/31	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	INST MIN	*****	*****	MG/L		ONCE / MONTH	GRAB
PH	PERMIT REQUIREMENT	*****	*****	*****	7.0	*****	*****	(12)	0	1/31	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	9.0	SU		ONCE / MONTH	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	MG/L		ONCE / MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	PERMIT REQUIREMENT	1.0	1.0	(26)	*****	4	4	(17)	0	1/31	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	20.0	40.0	LBS/DY	*****	30	60	MG/L		ONCE / MONTH	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 2 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	0.5	0.5	(17)	0	1/31	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	6.67	13.3	LBS/DY	*****	10	20	MG/L		ONCE / MONTH	COMPOS
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	2.0	2.0	(17)	0	1/31	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT	MG/L		ONCE / MONTH	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	CN	CN
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	*****		CONTINUOUS	CONTINUOUS
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	20.001	20.001	(17)	0	2/31	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	0.018	0.019	MG/L		ONCE / MONTH	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	MO AVG	DAILY MX	MG/L		ONCE / MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Herbert Schandero 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.

Richard Mills
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 502 540-6200
 DATE 11 4 27
 AREA CODE NUMBER YEAR MO DAY

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

NAME **BANCROFT WQTC MSD**
ADDRESS **C/O CEDAR CREEK WQTC**
8405 CEDAR CREEK RD
LOUISVILLE **KY 40211**
FACILITY **BANCROFT WQTC MSD**
LOCATION **LOUISVILLE** **KY 00000**
ATTN: **DENNIS THOMASSON, SR METRO OPS**

KY0039021
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MINOR
(SUBR LV)
F - FINAL
SANITARY WASTEWATER
EFFLUENT
*** NO DISCHARGE 1 1 ***
JEFF

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
11	03	01		11	03	31

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			
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	1	1	{ 19 }	0	1/31	GR
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	200	400	#/ 30DA GEO 7 DA GEO 100ML		ONCE / MONTH	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	1.3	1.3	{ 26 }	*****	*****	5	5	{ 19 }	0	1/31	CP
PERMIT REQUIREMENT	16.7	33.4	*****	*****	*****	25	50	MO AVG MX WK AV MG/L		ONCE / MONTH	COMPOS
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
HJ Schardein JR.
TYPED OR PRINTED

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Richard Milla
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE **502-540-6000**
DATE **11 4 27**
AREA CODE NUMBER YEAR MO DAY

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

Bancroft	Report for	Mar-11				Tot. Exc.=	0			
Tot. Flow=	1.202	Concentrations				Pounds				
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.	
3/1/11	0.031									
3/2/11	0.03	4	5	0.45	1	1.001	1.251	0.113	1.96	
3/3/11	0.03									
3/4/11	0.028									
3/5/11	0.038									
3/6/11	0.037									
3/7/11	0.03									
3/8/11	0.03									
3/9/11	0.209									
3/10/11	0.064									
3/11/11	0.032									
3/12/11	0.035									
3/13/11	0.032									
3/14/11	0.031									
3/15/11	0.033									
3/16/11	0.029									
3/17/11	0.029									
3/18/11	0.029									
3/19/11	0.071									
3/20/11	0.035									
3/21/11	0.03									
3/22/11	0.028									
3/23/11	0.03									
3/24/11	0.029									
3/25/11	0.027									
3/26/11	0.03									
3/27/11	0.034									
3/28/11	0.028									
3/29/11	0.028									
3/30/11	0.028									
3/31/11	0.027									
Average	0.039	4.00	5.00	0.45	1.00	1.00	1.25	0.11	1.96	
Maximum	0.209	4.00	5.00	0.45	1.00	1.00	1.25	0.11	1.96	