



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

August 15, 2012

Cheryl Edwards
DMR Coordinator
200 Fair Oaks Lane
Frankfort, Kentucky 40601

**Re: MSD Metro Operations
Bancroft WQTC; KPDES No.: KY0039021
Discharge Monitoring Reports for July 2012.**

Dear Ms. Edwards:

Attached is the Discharge Monitoring Reports (DMRs) and the Monthly Operator Report (MOR) for the Bancroft WQTC; KPDES No.: KY0039021 for the month of July 2012.

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 black ink, appearing to read "Kevin Thompson", with a long horizontal flourish extending to the right.

Kevin Thompson
Process Supervisor, East Region

KT/Bancroft 07/12

Enclosures

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



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

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

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

NAME: CEDAR CREEK WQTC
 ADDRESS: 8405 CEDAR CREEK RD
 LOUISVILLE, KY 40211
 FACILITY: BANCROFT WQTC MSD
 LOCATION: REAR 7608 OLD ORCHARD CIRCLE
 LOUISVILLE, KY 00000
 ATTN: DENNIS THOMASSON, SR METRO OPS

KY0039021
 PERMIT NUMBER

001-1
 DISCHARGE NUMBER

DMR Mailing ZIP CODE: 40211
 MINOR (SUBR LV) JEFFE
 SANITARY WASTEWATER
 External Outfall

MONITORING PERIOD
 FROM MM/DD/YYYY TO MM/DD/YYYY
 07/01/2012 TO 07/31/2012

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|-----------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Oxygen, dissolved (DO) 00300 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | 7 | ***** | ***** | | 0 | 1/1 | GR |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | 7 INST MIN | ***** | ***** | mg/L | | Monthly | GRAB |
| pH 00400 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6 | ***** | 8 | | 0 | 1/1 | GR |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | 6 MINIMUM | ***** | 9 MAXIMUM | SU | | Monthly | GRAB |
| Solids, total suspended 00530 1 0 Effluent Gross | SAMPLE MEASUREMENT | 2 | 2 | | ***** | 8 | 8 | | 0 | 1/31 | CP |
| | PERMIT REQUIREMENT | 20 MO AVG | 40 MX WK AV | lb/d | ***** | 30 MO AVG | 60 MX WK AV | mg/L | | Monthly | COMPOS |
| Nitrogen, ammonia total (as N) 00610 1 1 Effluent Gross | SAMPLE MEASUREMENT | 0.11 | 0.11 | | ***** | 0.5 | 0.5 | | 0 | 1/31 | CP |
| | PERMIT REQUIREMENT | 2.67 MO AVG | 5.34 MX WK AV | lb/d | ***** | 4 MO AVG | 8 MX WK AV | mg/L | | Monthly | COMPOS |
| Phosphorus, total (as P) 00665 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 4.3 | 4.3 | | 0 | 1/31 | CP |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Reg. Mon. MO AVG | Reg. Mon. DAILY MX | mg/L | | Monthly | COMPOS |
| Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross | SAMPLE MEASUREMENT | 0.031 | 0.052 | | ***** | ***** | ***** | ***** | 0 | CN | CN |
| | PERMIT REQUIREMENT | Reg. Mon. 30DA AVG | Reg. Mon. INST MAX | MGD | ***** | ***** | ***** | ***** | | Continuous | CONTIN |
| Chlorine, total residual 50060 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 20.010 | 20.010 | | 0 | 1/1 | GR |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | .018 MO AVG | .019 DAILY MX | mg/L | | Monthly | GRAB |

| | | | | | |
|--|---|--|--------------|------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Greg C. Heitzman</i> Facility Executive Director 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 <i>Ken [Signature]</i> | TELEPHONE | DATE | |
| | | | 502-540-6000 | 08/15/2012 | |
| COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) | | | AREA Code | NUMBER | MM/DD/YYYY |

DISCHARGE MONITORING REPORT (DMR)

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

NAME: CEDAR CREEK WQTC
 ADDRESS: 8405 CEDAR CREEK RD
 LOUISVILLE, KY 40211
 FACILITY: BANCROFT WQTC MSD
 LOCATION: REAR 7608 OLD ORCHARD CIRCLE
 LOUISVILLE, KY 00000
 ATTN: DENNIS THOMASSON, SR METRO OPS

KY0039021
 PERMIT NUMBER

001-1
 DISCHARGE NUMBER

DMR Mailing ZIP CODE: 40211
 MINOR (SUBR LV) JEFFE
 SANITARY WASTEWATER
 External Outfall

MONITORING PERIOD
 FROM 07/01/2012 TO 07/31/2012

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|------------------|-------|--------------------------|-----------------|-----------------|---------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Coliform, fecal general 74055 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 119 | 222 | | 0 | 4/31 | GR |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 200 30DA GEO | 400 7 DA GEO | #/100mL | | Monthly | GRAB |
| BOD, carbonaceous, 05 day, 20 C 80082 1 0 Effluent Gross | SAMPLE MEASUREMENT | 1.4 | 1.4 | | ***** | 6 | 6 | | 0 | 1/31 | CP |
| | PERMIT REQUIREMENT | 16.7 MO AVG | 33.4 MX WK AV | lb/d | ***** | 25 MO AVG | 50 MX WK AV | mg/L | | Monthly | COMPOS |

| | | | | | |
|---|---|---|--------------|------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Greg C. Hertzman</i> Interim Executive Director 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 ensure 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 <i>Keri Brown</i> | TELEPHONE | DATE | |
| | | | 502-596-6000 | 08/15/2012 | |
| COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) | | | AREA Code | NUMBER | MM/DD/YYYY |

