



MSD

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

December 20, 2007

Ms. Kathy Thurman
Kentucky Division of Water
14 Reilly Road
Frankfort, Kentucky 40601

**Re: MSD Metro Operations
Bancroft WTP; KPDES No.: KY0039021
Discharge Monitoring Reports – November 2007**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Bancroft WTP; KPDES No.: KY0039021 for the month of November 2007.

If you have any questions concerning the attached DMRs, please contact me at (502)241-9093.

Sincerely,

John Kessel
Process Supervisor, East Region

JMK/Bancroft 1107

Enclosures

cc: C. Roth (DOW Louisville)
E. Brady
T. Singleton
P. Burgin
R. Shaw



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

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

NAME
BANKROFT STP MSD
ADDRESS
C/O CEDAR CREEK WWTP
6405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY
BANKROFT STP MSD
LOCATION
LOUISVILLE KY
DENNIS THOMASSON

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

PERMIT NUMBER: KY0039021
DISCHARGE NUMBER: 0011

MINOR
(SUBR LV)
F - FINAL
SANITARY WASTEWATER
EFFLUENT

JEFFE

MONITORING PERIOD
FROM YEAR MO DAY TO YEAR MO DAY
07 11 01 TO 07 11 30

*** NO DISCHARGE 1 1 ***

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			
PHENOL, DISSOLVED		*****	*****		8.8	*****	*****	(19)	0	1/30	G.b
EFFLUENT GROSS VALUE		*****	*****	****	7	*****	*****	MG/L		ONCE/MONTH	GRAB
PHENOL, TOTAL		*****	*****		6.7	*****	6.7	(12)	0	1/30	G.b
EFFLUENT GROSS VALUE		*****	*****	****	6.0	*****	9.0	5U		ONCE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED		1.35	1.35	(26)	*****	6.0	6.0	(19)	0	1/30	Comp
EFFLUENT GROSS VALUE		20.0	40.0	LBS/DY	*****	30	60	MG/L		ONCE/MONTH	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)		6.04	6.04	(26)	*****	6.17	6.17	(19)	0	1/30	Comp
EFFLUENT GROSS VALUE		6.57	13.3	LBS/DY	*****	10	20	MG/L		ONCE/MONTH	COMPOS
PHOSPHORUS, TOTAL (AS P)		*****	*****		*****	2.87	2.87	(19)	0	1/30	Comp
EFFLUENT GROSS VALUE		*****	*****	****	*****	REPORT	REPORT	MG/L		ONCE/MONTH	COMPOS
FLOW IN CONDUIT OR THRU TREATMENT PLANT		6.037	6.240	(03)	*****	*****	*****		0	5/2	2/6
EFFLUENT GROSS VALUE		REPORT	REPORT	MGD	*****	*****	*****	****		CONT INCONTIN	UDUS
CHLORINE, TOTAL RESIDUAL		*****	*****		*****	20.010	20.010	(19)	0	1/30	G.b
EFFLUENT GROSS VALUE		*****	*****	****	*****	0.018	0.019	MG/L		ONCE/MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Eric Director
H.S. Schenck 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: 402 241 9693
DATE: 07 12 15
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)

NAME: HANCOCK STR WTP
ADDRESS: C/O CEDAR CREEK WTP
4000 CEDAR CREEK RD
LOUISVILLE KY 40211

FACILITY: HANCOCK STR WTP
LOCATION: LOUISVILLE KY

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

PERMIT NUMBER: KY0039021

DISCHARGE NUMBER: 001 1

MINOR (SUBR LV)
F - FINAL

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	11	01	TO	07	11	30

SANITARY WASTEWATER EFFLUENT

*** NO DISCHARGE [] ***

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 EFFLUENT GROSS VALUE		*****	*****	*****	*****	1.0	1.0	(13)	0	1	GRAB
PERMIT REQUIREMENT		*****	*****	*****	*****	200	400	100ML		ONCE/MONTH	
EFFLUENT GROSS VALUE		0.45	0.45	(26)	*****	20	20	(19)	6	1/2	COMPOS
PERMIT REQUIREMENT		16.7	33.4	NO AVG	*****	25	50	MG/L		ONCE/MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
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: AREA CODE, NUMBER
DATE: YEAR, MO, DAY

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