



MSD

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

May 17, 2007

Mr. David Morgan, Director
Environmental & Public Protection Cabinet
Division of Water
14 Reilly Road
Frankfort, KY 40601

**Re: Morris Forman Wastewater Treatment Plant (MFWTP)
KPDES Permit No. KY0022411**

Dear Mr. Morgan:

In accordance with the provisions of the KPDES Permit referenced above, the monthly operating report (KNREPC DOW-15) and the monthly Discharge Monitoring Report (DMR) for the reporting period April 1 to April 30, 2007 are enclosed. All permit requirements were met for the month of April, 2007.

Should you have any questions, please contact me at (502) 540-6793.

Sincerely,

Alex E. Novak
Operations Manager

paw

MFDMR0407.doc

Enclosures

cc: Louisville Regional Office, EPPC A. Vicory, ORSANCO
G. Harrison, EPPC
A. Freeman, EPA, Region IV



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

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

NAME MSD MORRIS FORMAN STP

ADDRESS C/O LOUISVILLE/JEFF CO MSD

4522 ALGONQUIN PKWY

LOUISVILLE

KY 40211-2497

FACILITY MSD MORRIS FORM STP

LOCATION LOUISVILLE

KY 40211

ATTN: ALEX E NOVAK, OPER MGR

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

KY0022411

PERMIT NUMBER

001 1

DISCHARGE NUMBER

MAJOR

(SUBR LV)

F - FINAL

MUNICIPAL DISCHARGE

EFFLUENT

*** NO DISCHARGE 1 ***

NOTE: Read Instructions before completing this form.

JEFFE

Form Approved.
OMB No. 2040-0004

PARAMETER		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	*****	*****		6.0	*****	*****	(19)	0		
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		DAILY GRAB	
EFFLUENT GROSS VALUE				****							
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	25,518	30,395	(26)	*****	26	28	(19)	4		
00310 E 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	30	45	MG/L		DAILY COMPOS	
SEC/BIOLOGICAL PRCS CMPLT		MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV				
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	287,131	336,018	(26)	*****	260	291	(19)	0		
00310 G 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT	MG/L		DAILY COMPOS	
RAW SEW/INFLUENT		MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV				
PH	SAMPLE MEASUREMENT	*****	*****		6.4	*****	7.0	(12)	0		
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	5.0	*****	7.0	SU		DAILY GRAB	
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	16,541	20,586	(26)	*****	17	18	(19)	0		
00530 E 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	30	45	MG/L		DAILY COMPOS	
SEC/BIOLOGICAL PRCS CMPLT		MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	301,441	359,041	(26)	*****	274	313	(19)	0		
00530 G 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT	MG/L		DAILY COMPOS	
RAW SEW/INFLUENT		MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV				
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	8,195	8,950	(26)	*****	8.7	10.4	(19)	0		
00610 E 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	20	30	MG/L		DAILY COMPOS	
SEC/BIOLOGICAL PRCS CMPLT		MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

H. J. SCHARDEIN, JR.
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

TELEPHONE

DATE

502 540-6000

07 05 16

AREA CODE

NUMBER

YEAR

MO

DAY

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

G - INFLUENT

E - SECONDARY EFFLUENT

L - FINAL EFFLUENT

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

NAME MSD MORRIS FORMAN STP

ADDRESS C/O LOUISVILLE/JEFF CO MSD

4522 ALGONGUIN PKWY

LOUISVILLE

KY 40211-2497

FACILITY MSD MORRIS FORM STP

LOCATION LOUISVILLE

KY 40211

ATTN: ALEX E NOVAK, OPER MGR

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

KY0022411

PERMIT NUMBER

001 1

DISCHARGE NUMBER

MAJOR

(SUBR LV)

F - FINAL

MUNICIPAL DISCHARGE

EFFLUENT

*** NO DISCHARGE 1 1 ***

NOTE: Read Instructions before completing this form.

Form Approved.
OMB No. 2040-0004

JEFFE

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	8345	9147	(26)	*****	8.7	9.4	(19)	0		
00610 0 0 0	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L			DAILY COMPOS
RAW SEW/INFLUENT FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	117.8	204.2	(03)	*****	*****	*****		0		
50050 E 0 0	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	****			CONTINUOUS
SEC/BIOLOGICAL PROC COMPLT	SAMPLE MEASUREMENT	*****	*****		*****	0.010	0.010	(19)	0		
CHLORINE, TOTAL RESIDUAL	PERMIT REQUIREMENT	*****	*****	****	*****	0.017 MD AVG	0.017 DAILY MX	MG/L			DAILY GRAB
50060 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	172	350	(13)	3		
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	1000 30DA GED	2000 7 DA GED	100ML			DAILY GRAB
BOD, 5-DAY PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		90	*****	*****	(23)	0		
51010 K 0 0	PERMIT REQUIREMENT	*****	*****	****	65 MD MIN	*****	*****	PER-CENT			ONCE/ CALCTD MONTH
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		94	*****	*****	(23)	0		
51011 K 0 0	PERMIT REQUIREMENT	*****	*****	****	65 MD MIN	*****	*****	PER-CENT			ONCE/ CALCTD MONTH
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

H. J. SCHARDEIN, JR.
EXECUTIVE DIRECTOR

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

502 540-6000
AREA CODE NUMBER

07 05 16
YEAR MO DAY

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

G - INFLUENT

E - SECONDARY EFFLUENT

1 - FINAL EFFLUENT

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

NAME MSD MORRIS FORMAN STP
ADDRESS C/O LOUISVILLE/JEFF CO MSD
4522 ALGONQUIN PKWY

LOUISVILLE KY 40211-2497
FACILITY MSD MORRIS FORM STP
LOCATION LOUISVILLE KY 40211

ATTN: ALEX E NOVAK, OPER MGR

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

KY0022411	001 B
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR (SUBR LV)
F - FINAL JEFFE
SECONDARY BYPASS
EFFLUENT

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	04	01		07	04	30

*** NO DISCHARGE 1 ***
NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BOD, 5-DAY (20 DEG. C) 00310 F O O PRI/PRLM PROS CMPLT	SAMPLE MEASUREMENT	*****	*****		*****	157	208	(19)	0		
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
BOD, 5-DAY (20 DEG. C) 00310 1 O O EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	33	38	(19)	0		
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
SOLIDS, TOTAL SUSPENDED 00530 F O O PRI/PRLM PROS CMPLT	SAMPLE MEASUREMENT	*****	*****		*****	101	114	(19)	0		
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
SOLIDS, TOTAL SUSPENDED 00530 1 O O EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	33	50	(19)	0		
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 F O O PRI/PRLM PROS CMPLT	SAMPLE MEASUREMENT	*****	*****		*****	9.1	10.3	(19)	0		
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 O O EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	7.7	8.7	(19)	0		
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 F O O PRI/PRLM PROS CMPLT	SAMPLE MEASUREMENT	38.28	65.60	(03)	*****	*****	*****		0		
	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	MGD	*****	*****	*****	****		WHEN DISCHG	CONTIN

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER H. J. SCHARDEIN, JR. EXECUTIVE DIRECTOR	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		
TYPED OR PRINTED			502	540-6000	07	05	16

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
MONITORING DURING PERIODS OF SECONDARY BYPASS IN ADDITION TO REGULAR MONITORING.
1 - FINAL EFFLUENT
F - SECONDARY BYPASS AFTER PRIMARY TREATMENT

DATE	WASTEWATER FLOWS (Million Gallons)			TEMP (DEGF)		pH		SETS (M/L)		TSS (mg/L)		TS (mg/L)		D.O. (mg/L)		5-DAY BOD (mg/L)			RETURN SLUDGE						AERATION BASIN						ACTIVE		CHLORINATION			FINAL EFFLUENT	
	Final Effluent	Sec. Effluent	Bypass	raw	final	raw	final	raw	final	raw	final	raw	final	raw	final	raw	prim. final	final	FLOW MG	TSS g/L	TVSS g/L	D.O. mg/L	MLSS g/L	MLVSS g/L	SET	SVI	Sludge Wasted MG	Primary Sludge MG	Chlorine Dosage KLBS	Resid mg/L	Fecal Coliform #/100 ml	NH3-N mg/L	Pump. Hours				
4/1	125.5	125.5	0.0	48	69	7.4	6.8	9.5	0.3	280	11			8.1	244	210	11	12.3	11.9	10.1	15.5	3.7	3.2	207	56	1.04	0.31	2.56	0.010	105	12	24.00					
4/2	118.3	118.3	0.0	48	69	7.4	6.9	17.0	0.1	372	14			8.7	369	195	10	12.5	11.6	9.8	16.3	3.3	2.7	201	60	1.01	0.35	2.41	0.010	70	12	24.00					
4/3	152.2	120.1	32.1	48	70	7.4	6.8	23.0	0.2	442	31			7.8	313	205	33	12.3	12.7	10.6	11.8	2.9	2.4	223	78	0.93	0.31	4.25	0.010	58	10	24.00					
4/4	199.5	129.8	69.7	48	66	7.4	6.8	11.0	0.1	228	33			9.4	256	240	50	12.3	12.4	10.1	16.2	2.5	2.1	192	77	1.01	0.27	4.64	0.010	223	7	24.00					
4/5	139.9	139.0	0.9	48	63	7.3	6.8	15.0	0.1	306	22			9.8	352	180	17	12.3	13.4	10.9	16.1	2.6	2.2	184	70	0.89	0.23	2.50	0.010	74	9	24.00					
4/6	124.5	124.5	0.0	48	62	7.4	6.8	8.0	0.1	258	16			7.6	252	170	13	12.8	13.6	11.1	13.4	2.8	2.3	218	80	0.89	0.26	2.47	0.010	380	9	24.00					
4/7	112.8	112.8	0.0	48	61	7.6	6.9	9.5	0.1	306	14			8.8	252	155	11	12.5	12.7	10.5	18.0	2.8	2.4	237	84	0.90	0.31	3.87	0.010	210	9	11.10					
4/8	89.2	89.2	0.0	48	61	7.5	6.9	14.0	0.1	310	13			9.3	221	141	9	12.8	10.7	9.0	19.2	3.8	3.2	213	58	0.90	0.26	3.48	0.010	222	14	0.00					
4/9	88.7	88.7	0.0	48	64	7.5	7.0	9.5	0.1	276	16			10.0	221	126	10	12.4	10.1	8.6	19.9	2.9	2.5	200	70	0.88	0.30	1.27	0.010	278	11	0.00					
4/10	87.4	87.4	0.0	48	66	7.5	6.9	18.0	0.1	310	15			9.5	297	131	11	12.2	11.8	9.7	19.7	2.7	2.3	204	76	0.87	0.34	1.31	0.010	107	17	0.00					
4/11	179.8	115.8	64.0	48	64	7.4	6.9	5.0	0.7	202	57			10.4	165	137	42	12.3	11.9	9.6	19.2	2.4	1.9	181	76	0.84	0.35	3.68	0.010	255	13	0.00					
4/12	141.2	128.5	12.7	48	62	7.4	6.9	8.5	0.1	266	24			12.9	189	102	17	12.3	12.1	9.6	19.6	2.3	1.8	157	69	0.75	0.29	3.31	0.010	184	7	0.00					
4/13	100.6	100.6	0.0	48	63	7.5	6.9	9.5	0.1	278	14			9.2	232	121	15	12.2	9.8	7.8	18.5	3.0	2.5	168	58	0.73	0.25	1.26	0.010	1650	12	0.00					
4/14	246.2	126.1	120.1	48	61	7.4	7.0	9.5	0.9	180	70			8.6	212	98	55	12.0	10.9	8.8	19.5	3.0	2.4	170	57	0.59	0.28	5.80	0.010	1250	6	0.00					
4/15	175.5	131.7	43.8	48	61	7.5	7.0	5.0	0.1	99	23			8.2	115	107	32	12.4	9.4	7.9	15.8	2.2	1.9	168	76	0.76	0.33	5.22	0.010	230	4	13.30					
4/16	162.4	136.1	26.3	48	61	7.6	7.0	4.5	0.1	137	28			9.8	200	132	36	12.5	9.4	7.4	18.5	2.2	1.7	165	75	0.83	0.29	2.68	0.010	173	6	24.00					
4/17	160.2	136.5	23.7	48	65	7.4	7.0	7.5	0.1	220	25			9.7	285	150	36	12.4	11.9	9.6	16.9	2.4	2.0	175	73	0.79	0.28	2.51	0.010	450	6	24.00					
4/18	155.2	137.1	18.1	48	64	7.4	6.9	18.0	0.1	398	24			7.9	343	197	34	12.4	13.1	10.6	14.8	2.5	2.1	178	72	0.78	0.28	3.28	0.010	128	7	24.00					
4/19	144.3	141.6	2.7	48	61	7.5	6.8	12.0	0.1	328	22			7.6	292	183	14	12.3	14.5	11.7	13.1	2.8	2.3	196	69	0.80	0.23	3.00	0.010	143	8	24.00					
4/20	137.9	137.9	0.0	49	66	7.4	6.9	11.0	0.1	326	16			7.4	295	193	14	12.5	9.6	8.0	12.6	2.8	2.4	173	61	0.82	0.27	2.63	0.010	54	10	24.00					
4/21	129.2	129.2	0.0	54	65	7.4	7.0	13.0	0.1	394	13			6.9	280	156	11	12.4	12.3	10.3	13.6	3.4	2.7	201	64	0.83	0.34	2.67	0.010	106	9	24.00					
4/22	115.6	115.6	0.0	54	66	7.4	6.9	6.0	0.1	130	14			8.4	163	131	9	12.5	11.1	9.1	14.8	3.4	2.8	193	57	0.83	0.33	2.41	0.010	30	10	24.00					
4/23	112.8	112.8	0.0	54	69	7.2	6.9	12.0	0.1	306	16			8.1	340	172	11	12.4	10.1	8.2	13.7	3.4	2.9	218	64	0.84	0.36	2.03	0.010	78	12	24.00					
4/24	117.2	117.2	0.0	54	71	7.3	6.4	15.0	0.1	320	18			6.8	308	197	13	12.3	13.8	11.6	10.9	2.9	2.4	201	70	0.88	0.39	2.02	0.010	137	12	24.00					
4/25	104.2	104.2	0.0	54	71	7.4	6.8	13.0	0.1	436	20			7.1	433	227	18	12.4	12.1	10.1	11.8	2.8	2.4	203	74	0.92	0.39	1.96	0.010	145	13	8.00					
4/26	195.5	122.5	73.0	54	70	7.2	6.9	9.5	0.6	310	50			6.0	236	177	47	12.4	14.3	11.9	11.7	2.8	2.4	188	68	0.89	0.32	4.75	0.010	188	8	0.00					
4/27	136.4	125.9	10.5	54	69	7.5	6.8	8.0	0.1	222	24			8.4	237	133	21	11.3	14.4	12.0	13.4	2.8	2.4	184	66	0.84	0.27	3.80	0.010	176	9	0.00					
4/28	99.6	99.6	0.0	54	70	7.3	6.9	5.0	0.1	204	18			6.7	212	160	14	10.5	14.1	11.6	11.3	3.0	2.4	194	67	0.83	0.26	1.84	0.010	270	12	0.00					
4/29	90.6	90.6	0.0	54	68	7.4	6.8	8.0	0.1	174	15			8.3	218	167	13	12.6	10.9	9.2	15.2	3.9	3.2	206	54	0.76	0.33	1.68	0.010	181	14	0.00					
4/30	90.6	90.6	0.0	57	71	7.4	6.8	12.0	0.1	202	17			7.7	280	204	15	12.3	13.5	11.2	13.5	3.0	2.4	212	72	0.75	0.33	1.87	0.010	214	13	0.00					
Total	4033.0	3535.4	497.6																																		
Average	134.4	117.8	16.6	50	66	7.4	6.9	10.9	0.2	274	23			8.5	260	163	21	12.3	12.0	9.9	15.5	2.9	2.4	194	68	0.846	0.304	2.91	0.010	172	10	13.10					

SEWER CONNECTIONS

136584 TIMES 4 = 546336 SEWER POPULATION

IND. WASTER POPULATION EQ
 CUSTOMERS 404
 FLOW 733664
 BOD 1170613
 TSS 916166

Authorized Agent

Richard A. Salardi

Certification No. 4663

MORRIS FORMAN WASTEWATER TREATMENT PLANT

JEFFERSON COUNTY, KY

Month of Apr-07

Average Flow

SETTLING TANKS	Primary	Secondary		
		Battery A	Battery B	Battery C
Average Flow (MGD)	132.2	56.07	49.25	18.89
Tanks in Service	4.00	7.00	8.00	3.00
Surface Area (Ft.2)	77000.00	60550.00	69200.00	25950.00
Volume (MG)	8.33	6.20	7.09	2.66
Weir Length (Ft.)	2860.00	2509.50	2868.00	1075.50
Avg. Weir Overflow (GPD/Ft)	46228.74	22341.71	17172.03	17564.90
Avg. Settling Rate (GPD/Ft2)	1717.07	1042.88	796.34	822.99
Avg. Detention Time	1.51	2.65	3.45	3.38

AERATION TANKS

	Battery A	Battery B	Battery C
Volume (Gallons)	4200000	4200000	2100000
Avg. Flow (MGD)	59.63	55.11	21.36
Avg. Detention Time (Hours)	1.69	1.83	2.36

CHLORINE CONTACT CHAMBERS

Contact Chambers in Use	2.00
Volume (Gallons)	2340000
Avg. Detention Time (Hours)	0.42

Remarks: BY-PASS REPORTS (See Attached)



MSD Louisville and Jefferson County
Metropolitan Sewer District

IMSAST0004
Discharge Report

Apr 01, 2007 12:00 AM thru Apr 30, 2007 11:59 PM

Report Selections: Excluding PPI, CSO, Result: WUS, Act Code: DISDW, DISREV

KPDES # 000000	Facility ID MSD0000	Treatment Plant Name NO PLANT-GOES TO STREAM/RIVER	Receiving Stream of Treatment Plant NONE	Region
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Facility Type SLS Sewer Lift Station	Facility ID MSD0303-FP	Facility Address 342 W MAIN ST	If Pump Station, Name of Pump Station: 4TH STREET FLOOD PS	Receiving Stream OHIO RIVER	Discharge to STREAM
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<u>Activity Code / Description</u>	<u>WO #</u>	<u>Initiated</u>	<u>Initiated By</u>	<u>Problem</u>	<u>Resolution</u>	<u>Completed</u>
DISDW: DRY WEATHER DISCHARGE	658403	04/18/07 05:47 AM	GARY HUMPHREY	PUMPED DUE TO COE MANUAL	DISCHARGE TO WATERS OF THE US	04/20/07 04:30 PM

Spot Inspections:

Discharge Amount:	4,674,000 GAL
Cause:	STATION PLACED IN FLOOD PUMPING PER USACE FLOOD PLUMPING PROTOCOLS TO AVOID FLOODING AND PROPERTY DAMAGE
Clean Up:	CLEANUP NOT FEASIBLE DUE TO LOCATION OF THIS OVERFLOW.
Control Zone:	CONTROL ZONE SETUP IS NOT FEASIBLE DUE TO THE LOCATION OF THIS OVERFLOW
Impact:	NO VISUAL OBSERVATION POSSIBLE SINCE THE STATIONS PUMPS ARE UNDERWATER
Repair:	THIS OVERFLOW WAS DUE TO MSD COMPLIANCE WITH USACOE FLOOD PUMPING PROTOCOLS TO AVOID FLOODING AND PROPERTY DAMAGE.

Notifications:

04/18/07 01:00 AM	Email notification of unauthorized discharge sent to Harkins.John@epamail.epa.gov and eppc.ert@ky.gov
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**MSD Louisville and Jefferson County
Metropolitan Sewer District**

IMSAST0004
Discharge Report
Apr 01, 2007 12:00 AM thru Apr 30, 2007 11:59 PM

Report Selections: Excluding PPI, CSO, Result: WUS, Act Code: DISDW, DISREV

**KPDES #
KY0022411**

**Facility ID
MSD0278**

**Treatment Plant Name
MORRIS FORMAN**

**Receiving Stream of Treatment Plant
OHIO RIVER**

**Region
WEST**

Facility Type	Facility ID	Facility Address	If Pump Station, Name of Pump Station:	Receiving Stream	Discharge to
SMN Sewer Main	01260	268 LAURIE VALLEE			

<u>Activity Code / Description</u>	<u>WO #</u>	<u>Initiated</u>	<u>Initiated By</u>	<u>Problem</u>	<u>Resolution</u>	<u>Completed</u>
DISDW: DRY WEATHER DISCHARGE	655764	04/12/07 11:00 AM	TERRY RICHARDSON	OBSTRUCTION-NOT GREASE / ROOTS	DISCHARGE TO WATERS OF THE US	04/12/07 01:19 PM

Spot Inspections:

Discharge Amount:	50 GAL
Cause:	A SIX FOOT (4 X 4) WOODEN FENCE POLE INSIDE THE MAIN SEWER CHANNEL.
Clean Up:	MSD FLUSHED AND BAGED UP THE SEWAGE .
Control Zone:	CAUTION SIGNS AND DOOR CARDS WERE PLACED .
Impact:	SEWAGE WAS AROUND THE MANHOLE AND DRAINAGE DITCH LINE.
Repair:	WORK ORDER # 655757 - ROOT CUT THE MAIN SEWER.

Notifications:

04/12/07 01:00 PM	Email notification of unauthorized discharge sent to Harkins.John@epamail.epa.gov and eppc.ert@ky.gov
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**MSD Louisville and Jefferson County
Metropolitan Sewer District**

**IMSAST0004
Discharge Report**

Apr 01, 2007 12:00 AM thru Apr 30, 2007 11:59 PM

Report Selections: Excluding PPI, CSO, Result: WUS, Act Code: DISDW, DISREV

KPDES # KY0022411 (Cont'd)	Facility ID MSD0278	Treatment Plant Name MORRIS FORMAN	Receiving Stream of Treatment Plant OHIO RIVER	Region WEST
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Facility Type SMH Sewer Manhole	Facility ID 08935-SM	Facility Address 1001 BRECKENRIDGE LN	If Pump Station, Name of Pump Station:	Receiving Stream MIDDLE FORK BEARGRASS CREEK	Discharge to STREAM
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Activity Code / Description	WO #	Initiated	Initiated By	Problem	Resolution	Completed
DISREV: RAIN EVENT DISCHARGE	657770	04/14/07 11:15 AM	MICHAEL GRIFFITH	LACK OF SYSTEM CAPACITY	DISCHARGE TO WATERS OF THE US	04/14/07 10:15 PM

Spot Inspections:

Discharge Amount:	367,804 GAL
Cause:	HEAVY RAIN
Clean Up:	RAIN EVENT RELATED - CLEANUP NOT FEASIBLE
Control Zone:	RAIN EVENT RELATED - PERMANENT SIGNS POSTED
Impact:	THE MAJORITY OF THIS OVERFLOW CONSISTED PRIMARILY OF STORWATER WITH SOME SEWAGE: MANY AREA CREEKS LEFT THEIR BANKS
Repair:	RAIN EVENT RELATED - THIS SITE IS IN MSD CAPITAL PLAN FOR ABATEMENT

Notifications:

04/14/07 01:00 AM	Email notification of unauthorized discharge sent to Harkins.John@epamail.epa.gov and eppc.ert@ky.gov
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**MSD Louisville and Jefferson County
Metropolitan Sewer District**

IMSAST0004
Discharge Report
Apr 01, 2007 12:00 AM thru Apr 30, 2007 11:59 PM

Report Selections: Excluding PPI, CSO, Result: WUS, Act Code: DISDW, DISREV

KPDES #
KY0022411 (Cont'd)

Facility ID
MSD0278

Treatment Plant Name
MORRIS FORMAN

Receiving Stream of Treatment Plant
OHIO RIVER

Region
WEST

Facility Type
SMH Sewer Manhole

Facility ID
18471

Facility Address
3107 DELL BROOKE AVE

If Pump Station, Name of Pump Station:

Receiving Stream
SOUTH FORK
BEARGRASS CREEK

Discharge to
CATCH BASIN

Activity Code / Description

DISREV: RAIN EVENT DISCHARGE

WO #

657735

Initiated

04/14/07 11:56 AM

Initiated By

WILLIAM BRIGHT

Problem

PUMPED OVERFLOW

Resolution

DISCHARGE TO WATERS OF
THE US

Completed

04/14/07 04:26 PM

Spot Inspections:

Discharge Amount:	432,000 GAL
Cause:	SET PUMP TO ALLEVIATE PROPERTY DAMAGE AND FLOODING DURING A SIGNIFICANT RAIN EVENT.
Clean Up:	MSD CLEANED THE OVERFLOW SITE ONCE THE RAIN SUBSIDED
Control Zone:	MSD SET BARRICADES AND TEMPORARY SIGNS ON THE PUMPS
Impact:	THE MAJORITY OF THIS OVERFLOW CONSISTED PRIMARILY OF STORM WATER WITH SOME SEWAGE
Repair:	THIS LOCATION IS IN MSD'S CAPITAL ABATEMENT PROGRAM.

Notifications:

04/14/07 01:00 AM	Email notification of unauthorized discharge sent to Harkins.John@epamail.epa.gov and eppc.ert@ky.gov
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MSD Louisville and Jefferson County
Metropolitan Sewer District

IMSAST0004

Discharge Report

Apr 01, 2007 12:00 AM thru Apr 30, 2007 11:59 PM

Report Selections: Excluding PPI, CSO, Result: WUS, Act Code: DISDW, DISREV

KPDES # KY0022411 (Cont'd)	Facility ID MSD0278	Treatment Plant Name MORRIS FORMAN	Receiving Stream of Treatment Plant OHIO RIVER	Region WEST
Facility Type SMH Sewer Manhole	Facility ID 21153	Facility Address 4522 CORDOVA RD	If Pump Station, Name of Pump Station:	Receiving Stream UPPER SINKING FORK
				Discharge to CATCH BASIN

<u>Activity Code / Description</u>	<u>WO #</u>	<u>Initiated</u>	<u>Initiated By</u>	<u>Problem</u>	<u>Resolution</u>	<u>Completed</u>
DISREV: RAIN EVENT DISCHARGE	657741	04/14/07 12:38 PM	WILLIAM BRIGHT	PUMPED OVERFLOW	DISCHARGE TO WATERS OF THE US	04/14/07 04:50 PM

Spot Inspections:

Discharge Amount:	364,400 GAL
Cause:	SET PUMP TO ALLEVIATE PROPERTY DAMAGE AND FLOODING DURING A SIGNIFICANT RAIN EVENT.
Clean Up:	MSD CLEANED THE OVERFLOW SITE ONCE THE RAIN SUBSIDED
Control Zone:	MSD SET BARRICADES AND TEMPORARY SIGNS ON THE PUMPS
Impact:	MAJORITY OF WATER PUMPED CONSISTED PRIMARILY OF STORM WATER WITH SOME SEWAGE
Repair:	THIS LOCATION IS IN MSD'S CAPITAL ABATEMENT PROGRAM

Notifications:

04/14/07 01:00 AM	Email notification of unauthorized discharge sent to Harkins.John@epamail.epa.gov and eppc.ert@ky.gov
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**MSD Louisville and Jefferson County
Metropolitan Sewer District**

IMSAST0004
Discharge Report
Apr 01, 2007 12:00 AM thru Apr 30, 2007 11:59 PM

Report Selections: Excluding PPI, CSO, Result: WUS, Act Code: DISDW, DISREV

KPDES #
KY0022411 (Cont'd)

Facility ID
MSD0278

Treatment Plant Name
MORRIS FORMAN

Receiving Stream of Treatment Plant
OHIO RIVER

Region
WEST

Facility Type SMH Sewer Manhole	Facility ID 21156	Facility Address 4601 STONEHENGE DR	If Pump Station, Name of Pump Station:	Receiving Stream UPPER SINKING FORK	Discharge to CATCH BASIN
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<u>Activity Code / Description</u>	<u>WO #</u>	<u>Initiated</u>	<u>Initiated By</u>	<u>Problem</u>	<u>Resolution</u>	<u>Completed</u>
DISREV: RAIN EVENT DISCHARGE	657746	04/14/07 01:00 PM	WILLIAM BRIGHT	PUMPED OVERFLOW	DISCHARGE TO WATERS OF THE US	04/14/07 05:15 PM

Spot Inspections:

Discharge Amount:	408,000 GAL
Cause:	SET PUMPS TO ALLEVIATE PROPERTY DAMAGE AND FLOODING DURING A SIGNIFICANT RAIN EVENT
Clean Up:	MSD CLEANED THE OVERFLOW SITE ONCE THE RAIN SUBSIDED
Control Zone:	MSD SET BARRICADES AND TEMPORARY SIGNS ON THE PUMPS
Impact:	THE MAJORITY OF THIS OVERFLOW CONSISTED PRIMARILY OF STORM WATER WITH SOME SEWAGE
Repair:	THIS LOCATION IS IN MSD'S CAPITAL ABATEMENT PROGRAM

Notifications:

04/14/07 01:00 AM	Email notification of unauthorized discharge sent to Harkins.John@epamail.epa.gov and eppc.ert@ky.gov
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MSD Louisville and Jefferson County
Metropolitan Sewer District

IMSAST0004
Discharge Report

Apr 01, 2007 12:00 AM thru Apr 30, 2007 11:59 PM

Report Selections: Excluding PPI, CSO, Result: WUS, Act Code: DISDW, DISREV

KPDES # KY0022411 (Cont'd)	Facility ID MSD0278	Treatment Plant Name MORRIS FORMAN	Receiving Stream of Treatment Plant OHIO RIVER	Region WEST
Facility Type SMH Sewer Manhole	Facility ID 27005	Facility Address 1012 ALTA CIR	If Pump Station, Name of Pump Station: MIDDLE FORK BEARGRASS CREEK	Discharge to GROUND

Activity Code / Description DISREV: RAIN EVENT DISCHARGE	WO # 657768	Initiated 04/14/07 11:45 AM	Initiated By MICHAEL GRIFFITH	Problem LACK OF SYSTEM CAPACITY	Resolution DISCHARGE TO WATERS OF THE US	Completed 04/14/07 03:40 PM
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Spot Inspections:

Discharge Amount:	108,000 GAL
Cause:	HEAVY RAIN
Clean Up:	RAIN EVENT RELATED - CLEANUP NOT FEASIBLE
Control Zone:	RAIN EVENT RELATED - PERM. SIGNS POSTED
Impact:	OVERFLOW TO WATERS OF US DURING RAIN EVENT
Repair:	RAIN EVENT RELATED - THIS SITE IS IN MSD CAPITAL PLAN FOR ABATEMENT

Notifications:

04/14/07 01:00 AM	Email notification of unauthorized discharge sent to Harkins.John@epamail.epa.gov and eppc.ert@ky.gov
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**MSD Louisville and Jefferson County
Metropolitan Sewer District**

IMSAST0004

Discharge Report

Apr 01, 2007 12:00 AM thru Apr 30, 2007 11:59 PM

Report Selections: Excluding PPI, CSO, Result: WUS, Act Code: DISDW, DISREV

KPDES #
KY0022411 (Cont'd)

Facility ID
MSD0278

Treatment Plant Name
MORRIS FORMAN

Receiving Stream of Treatment Plant
OHIO RIVER

Region
WEST

Facility Type
SMH Sewer Manhole

Facility ID
44397

Facility Address
4000 FINCASTLE RD

If Pump Station, Name of Pump Station:

Receiving Stream
SOUTH FORK
BEARGRASS CREEK

Discharge to
GROUND

Activity Code / Description

DISREV: RAIN EVENT DISCHARGE

WO #

653942

Initiated

04/03/07 08:00 PM

Initiated By

DWIGHT MITCHELL

Problem

LACK OF SYSTEM CAPACITY

Resolution

DISCHARGE TO WATERS OF
THE US

Completed

04/04/07 07:11 AM

Spot Inspections:

Discharge Amount:	5,940 GAL
Cause:	HEAVY RAIN
Clean Up:	RAIN EVENT RELATED - CLEANUP NOT FEASIBLE.
Control Zone:	THE MAGNITUDE OF THE STORM DID NOT ALLOW CONTROL ZONE SETUP.
Impact:	OVERFLOW TO WATERS OF US DURING RAIN EVENT
Repair:	RAIN EVENT RELATED - THIS SITE IS IN MSD CAPITAL PLAN FOR ABATEMENT.

Notifications:

04/03/07 01:00 PM	Email notification of unauthorized discharge sent to Harkins.John@epamail.epa.gov and eppc.ert@ky.gov
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MSD Louisville and Jefferson County
Metropolitan Sewer District

IMSAST0004

Discharge Report

Apr 01, 2007 12:00 AM thru Apr 30, 2007 11:59 PM

Report Selections: Excluding PPI, CSO, Result: WUS, Act Code: DISDW, DISREV

KPDES # KY0022411 (Cont'd)	Facility ID MSD0278	Treatment Plant Name MORRIS FORMAN	Receiving Stream of Treatment Plant OHIO RIVER	Region WEST		
Activity Code / Description DISREV: RAIN EVENT DISCHARGE	WO # 657737	Initiated 04/14/07 07:30 AM	Initiated By DWIGHT MITCHELL	Problem LACK OF SYSTEM CAPACITY	Resolution DISCHARGE TO WATERS OF THE US	Completed 04/15/07 06:54 AM

Spot Inspections:

Discharge Amount:	6,210 GAL
Cause:	HEAVY RAIN
Clean Up:	RAIN EVENT RELATED - CLEANUP NOT FEASIBLE
Control Zone:	RAIN EVENT RELATED - TEMPORARY SIGNS PLACED & DOOR HANGERS POSTED.
Impact:	OVERFLOW TO WATERS OF US DURING RAIN EVENT
Repair:	RAIN EVENT RELATED - THIS SITE IS IN MSD CAPITAL PLAN FOR ABATEMENT

Notifications:

04/14/07 07:30 AM	MSD PLACED DOOR HANGERS @ 4000,4001,4002,4004,4006,4008,3980,3978,3976,3974,3972,3975,3977 & 3979 FINCASTLE RD.
04/14/07 01:00 AM	Email notification of unauthorized discharge sent to Harkins.John@epamail.epa.gov and eppc.ert@ky.gov



**MSD Louisville and Jefferson County
Metropolitan Sewer District**

IMSAST0004

Discharge Report

Apr 01, 2007 12:00 AM thru Apr 30, 2007 11:59 PM

Report Selections: Excluding PPI, CSO, Result: WUS, Act Code: DISDW, DISREV

KPDES # KY0022411 (Cont'd)	Facility ID MSD0278	Treatment Plant Name MORRIS FORMAN	Receiving Stream of Treatment Plant OHIO RIVER	Region WEST
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Facility Type SMH: Sewer Manhole	Facility ID 48682	Facility Address 4545 TAYLORSVILLE RD	If Pump Station, Name of Pump Station:	Receiving Stream	Discharge to
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<u>Activity Code / Description</u> DISDW: DRY WEATHER DISCHARGE	<u>WO #</u> 658401	<u>Initiated</u> 04/17/07 06:10 PM	<u>Initiated By</u> WILLIAM ATTEBURY	<u>Problem</u> ROOTS	<u>Resolution</u> DISCHARGE TO WATERS OF THE US	<u>Completed</u> 04/17/07 09:00 PM
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Spot Inspections:

Discharge Amount:	100 GAL
Cause:	MAIN SEWER BACKUP DUE TO ROOTS IN LINE
Clean Up:	MSD WASHED DOWN AREA WITH FLUSHER
Control Zone:	MSD PLACED SIGNS ALONG DRAINAGE DITCH
Impact:	SEWER OVERFLOWED OUT OF MANHOLE AND INTO DRAINAGE DITCH
Repair:	WORK ORDER #658498 - MSD ROOT CUT MAIN SEWER 300 FEET TO GET THE MAIN SEWER OPEN

Notifications:

04/17/07 12:59 AM	Email notification of unauthorized discharge sent to Harkins.John@epamail.epa.gov and eppc.ert@ky.gov
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MSD Louisville and Jefferson County
Metropolitan Sewer District

IMSAST0004

Discharge Report

Apr 01, 2007 12:00 AM thru Apr 30, 2007 11:59 PM

Report Selections: Excluding PPI, CSO, Result: WUS, Act Code: DISDW, DISREV

KPDES #
KY0022411 (Cont'd)

Facility ID
MSD0278

Treatment Plant Name
MORRIS FORMAN

Receiving Stream of Treatment Plant
OHIO RIVER

Region
WEST

Facility Type SLS Sewer Lift Station	Facility ID MSD0023-PS	Facility Address 501 MOCKINGBIRD VALLEY RD	If Pump Station, Name of Pump Station: MELLWOOD AVENUE	Receiving Stream MUDDY FORK BEARGRASS CREEK	Discharge to STREAM
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<u>Activity Code / Description</u>	<u>WO #</u>	<u>Initiated</u>	<u>Initiated By</u>	<u>Problem</u>	<u>Resolution</u>	<u>Completed</u>
DISREV: RAIN EVENT DISCHARGE	657771	04/14/07 01:00 PM	NOBLE MARKS JR	LACK OF SYSTEM CAPACITY	DISCHARGE TO WATERS OF THE US	04/14/07 04:25 PM

Spot Inspections:

Discharge Amount:	1,500 GAL
Cause:	LACK OF SYSTEM CAPACITY
Clean Up:	AREA RAKED, DEBRIS HAULED, WET WELL HAULED UNTIL THE LEVEL WAS UNDER CONTROL.
Control Zone:	SIGNS POSTED PUBLIC NOTIFIED
Impact:	NO VISUAL IMPACT OBSERVED IN RECIEVING WATERS.
Repair:	WET WELL AT PUMP STATION HAULED UNTIL THE LEVEL UNDER CONTROL.

Notifications:

04/14/07 01:00 AM	Email notification of unauthorized discharge sent to Harkins.John@epamail.epa.gov and eppc.ert@ky.gov
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