



MSD

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

June 25, 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 May 1 to May 31, 2007 are enclosed. All permit requirements were met for the month of May, 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)

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

MAJOR
(SUBR LV)
F - FINAL
MUNICIPAL DISCHARGE
EFFLUENT

JEFFE

NAME MSD MORRIS FORMAN STP
ADDRESS C/O LOUISVILLE/JEFF CO MSD
4522 ALCONQUIN PKWY
LOUISVILLE KY 40211-2497
FACILITY MSD MORRIS FORM STP
LOCATION LOUISVILLE KY 40211
ATTN: ALEX E NOVAK, OPER MGR

KY0022411		001 1				
PERMIT NUMBER		DISCHARGE NUMBER				
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	05	01		07	05	31

*** NO DISCHARGE 1 1 ***

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	*****	*****		4.9	*****	*****	(19)	0		
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		DAILY GRAB	
BOD, 5-DAY (20 DEG. C)	00310 E 0 0	19,130	19,620	(26)	*****	25	28	(19)	1		
SEC/BIDL PRCS CMPLT	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	30 MD AVG	45	MG/L		DAILY COMPOS	
BOD, 5-DAY (20 DEG. C)	00310 G 0 0	230,888	262,853	(26)	*****	300	341	(19)	0		
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		DAILY COMPOS	
PH	00400 1 0 0	*****	*****		6.5	*****	7.0	(12)	0		
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		DAILY GRAB	
SOLIDS, TOTAL SUSPENDED	00530 E 0 0	15,404	22,151	(26)	*****	20	28	(19)	0		
SEC/BIDL PRCS CMPLT	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	30 MD AVG	45	MG/L		DAILY COMPOS	
SOLIDS, TOTAL SUSPENDED	00530 G 0 0	203,727	245,992	(26)	*****	256	311	(19)	0		
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		DAILY COMPOS	
NITROGEN, AMMONIA TOTAL (AS N)	00610 E 0 0	9,331	10,328	(26)	*****	12.6	15.7	(19)	0		
SEC/BIDL PRCS CMPLT	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	20 MD AVG	30	MG/L		DAILY COMPOS	

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]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
502	540-6000	07	06	25
AREA CODE	NUMBER	YEAR	MO	DAY

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

G - INFLUENT
E - SECONDARY EFFLUENT
1 - FINAL EFFLUENT

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

MAJOR
(SUBR LV)
F - FINAL
MUNICIPAL DISCHARGE
EFFLUENT

JEFF

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

KY0022411
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	05	01		07	05	31

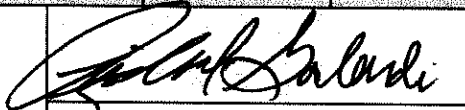
*** NO DISCHARGE [] ***

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			
NITROGEN, AMMONIA TOTAL (AS N) 00810 G O O	8604	8947	(26)	*****	11.7	13.3	(19)	0			
RAW SEW/INFLUENT	REPORT	REPORT	LBS/DY	*****	REPORT	REPORT	MG/L		DAILY	COMPOS	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 E O O	91.2	162.2	(03)	*****	*****	*****	*****	0			
SEC/BIDL PRCS CMPLT	REPORT	REPORT	MGD	*****	*****	*****	*****		CONTIN	CONTIN	
CHLORINE, TOTAL RESIDUAL 50060 I O O	*****	*****	*****	*****	0.010	0.010	(19)	0			
EFFLUENT GROSS VALUE	*****	*****	*****	*****	0.019	0.019	MG/L		DAILY	GRAB	
COLIFORM, FECAL GENERAL 74055 I I O	*****	*****	*****	*****	75	96	(13)	1			
EFFLUENT GROSS VALUE	*****	*****	*****	*****	200	400	100ML		DAILY	GRAB	
BOD, 5-DAY PERCENT REMOVAL 81010 K O O	*****	*****	*****	92	*****	*****	(23)	0			
PERCENT REMOVAL	*****	*****	*****	85	*****	*****	PERCENT		UNCE/	CALCTD	
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K O O	*****	*****	*****	92	*****	*****	(23)	0			
PERCENT REMOVAL	*****	*****	*****	85	*****	*****	PERCENT		UNCE/	CALCTD	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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 502 | 540-6000
DATE 07 | 06 | 25
AREA CODE NUMBER YEAR MO DAY

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

G - INFLUENT
E - SECONDARY EFFLUENT
I - FINAL EFFLUENT

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

MAJOR
(SUBR LV)
F - FINAL
SECONDARY BYPASS
EFFLUENT

JEFFI

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

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

KY0022411
PERMIT NUMBER

001 B
DISCHARGE NUMBER

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	07	05	01		07	05	31

PARAMETER	SAMPLE MEASUREMENT	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 0 0 PRI/PRLM PRCS CMPLT	*****	*****	*****	*****	*****	160	228	(19)	0	WHEN DISCHG	COMPOS
BOD, 5-DAY (20 DEG. C) 00310 I 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	24	31	(19)	0	WHEN DISCHG	COMPOS
SOLIDS, TOTAL SUSPENDED 00530 F 0 0 PRI/PRLM PRCS CMPLT	*****	*****	*****	*****	*****	117	139	(19)	0	WHEN DISCHG	COMPOS
SOLIDS, TOTAL SUSPENDED 00530 I 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	29	30	(19)	0	WHEN DISCHG	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 F 0 0 PRI/PRLM PRCS CMPLT	*****	*****	*****	*****	*****	12.2	15.5	(19)	0	WHEN DISCHG	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 I 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	11.0	12.5	(19)	0	WHEN DISCHG	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 F 0 0 PRI/PRLM PRCS CMPLT	*****	20.94	24.70	(03)	*****	*****	*****	*****	0	WHEN DISCHG	CONTIN

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]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
502 540-6000
DATE
07 06 25
AREA CODE NUMBER YEAR MO DAY

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

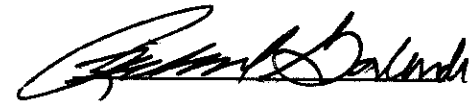
DATE	WASTEWATER FLOWS (Million Gallons)			TEMP (DEGF)		pH		SETS (M/L)		TSS (mg/L)		TS (mg/L)		D.O. (mg/L)	5-DAY BOD (mg/L)			RETURN SLUDGE					AERATION BASIN					ACTIVE		CHLORINATION			FINAL EFFLUENT	
	Effluent	Effluent	Bypass	raw	final	raw	final	raw	final	raw	final	raw	final	final	raw	prth:	final	final	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	Coliform #/100 ml	NH3-N mg/L	Pump. Hours	
																																		Final
5/1	93.0	93.0	0.0	55	71	7.4	6.8	8.0	0.1	244	17	7.4	347	7.4	347	248	16	12.8	13.4	11.2	11.1	3.2	2.7	226	70	0.81	0.31	2.64	0.010	263	12	0.00		
5/2	90.0	90.0	0.0	56	72	7.4	6.7	7.5	0.1	186	17	8.2	275	8.2	275	205	17	12.7	13.4	11.3	10.9	3.1	2.7	229	74	0.93	0.28	2.56	0.010	275	14	0.00		
5/3	152.1	124.2	27.9	56	67	7.4	6.7	13.0	0.1	288	32	8.6	272	8.6	272	153	18	12.8	14.6	12.5	13.0	2.9	2.5	212	73	0.94	0.28	4.98	0.010	255	12	0.00		
5/4	165.0	124.9	40.1	56	67	7.4	6.7	5.5	0.4	262	38	9.4	149	9.4	149	122	32	12.6	11.1	9.8	16.4	8.1	6.9	213	26	0.93	0.27	4.36	0.010	50	10	0.00		
5/5	130.4	124.3	6.1	56	67	7.4	6.8	5.5	0.1	212	18	11.3	148	11.3	148	70	9	12.8	12.8	10.3	19.2	2.9	2.4	184	63	0.88	0.34	2.83	0.010	24	8	0.00		
5/6	109.2	109.2	0.0	56	67	7.5	6.9	5.5	0.1	99	13	10.2	93	10.2	93	93	9	12.5	13.3	10.5	19.5	2.6	2.1	183	70	0.99	0.27	2.14	0.010	26	11	0.00		
5/7	103.7	103.7	0.0	56	67	7.4	7.0	5.5	0.1	176	14	9.4	207	9.4	207	145	9	12.1	10.1	8.4	17.5	3.1	2.6	163	52	0.97	0.28	1.90	0.010	26	12	0.00		
5/8	111.5	111.5	0.0	56	67	7.5	6.8	4.0	0.2	176	17	8.1	322	8.1	322	235	23	11.9	12.5	10.1	13.1	2.5	2.0	148	59	0.75	0.25	2.04	0.010	142	12	0.00		
5/9	100.0	100.0	0.0	56	67	7.5	6.9	6.5	0.1	278	31	8.1	277	8.1	277	234	27	11.9	10.9	9.1	13.1	2.4	1.9	130	48	0.64	0.30	2.84	0.010	2150	10	0.00		
5/10	95.3	95.3	0.0	56	69	7.3	6.7	13.0	0.1	490	22	7.1	481	7.1	481	240	19	12.0	11.3	9.6	9.1	2.7	2.3	175	63	0.42	0.32	3.22	0.010	78	9	0.00		
5/11	94.0	94.0	0.0	59	71	7.4	6.8	4.5	0.1	232	29	6.8	347	6.8	347	266	24	12.5	12.3	10.4	3.8	3.3	2.8	200	59	0.69	0.22	3.48	0.010	82	11	0.00		
5/12	84.6	84.6	0.0	58	71	7.4	6.8	7.4	0.1	208	23	6.9	300	6.9	300	216	18	12.3	12.6	10.5	8.3	3.6	3.3	227	63	0.78	0.13	2.75	0.010	50	14	0.00		
5/13	77.3	77.3	0.0	59	71	7.3	6.8	3.5	0.1	110	16	6.4	229	6.4	229	132	12	12.3	14.3	12.2	13.9	3.4	2.9	223	65	0.83	0.13	2.18	0.010	6	14	0.00		
5/14	82.7	82.7	0.0	58	72	7.2	6.8	19.0	0.1	372	22	7.0	429	7.0	429	312	15	12.4	14.6	12.4	9.3	3.4	2.9	233	68	0.89	0.18	2.80	0.010	6	15	0.00		
5/15	92.7	89.8	2.9	59	73	7.3	6.6	17.0	0.1	418	19	7.3	383	7.3	383	235	21	12.5	15.1	12.9	12.3	3.7	3.2	248	66	0.91	0.24	3.20	0.010	56	16	0.00		
5/16	146.7	119.0	27.7	59	71	7.2	6.5	15.0	0.2	388	40	6.3	328	6.3	328	220	40	12.7	15.5	13.4	10.4	2.9	2.6	191	65	0.91	0.35	6.06	0.010	24	9	0.00		
5/17	89.0	89.0	0.0	59	71	7.2	6.6	15.0	0.1	284	20	6.3	347	6.3	347	339	16	12.9	14.6	12.7	9.2	3.5	3.0	259	73	1.01	0.34	4.95	0.010	48	11	0.00		
5/18	83.7	83.7	0.0	59	71	7.3	6.7	7.5	0.1	230	18	6.4	363	6.4	363	345	14	12.6	10.8	9.4	8.6	4.6	4.0	287	63	1.05	0.32	2.40	0.010	64	13	0.00		
5/19	80.2	80.2	0.0	59	70	7.1	6.7	9.5	0.1	280	30	6.0	347	6.0	347	343	22	12.9	14.4	12.7	5.8	4.3	3.9	291	69	1.10	0.20	2.67	0.010	239	12	0.00		
5/20	75.3	75.3	0.0	60	71	7.3	6.7	18.0	0.1	428	30	6.0	303	6.0	303	243	22	12.8	16.6	14.2	6.2	4.2	3.6	262	62	1.05	0.26	2.85	0.010	287	13	0.00		
5/21	78.3	78.3	0.0	59	72	7.3	6.7	3.5	0.1	148	27	7.3	269	7.3	269	326	17	12.6	16.3	14.2	8.6	4.2	3.6	272	66	1.06	0.34	2.33	0.010	258	14	0.00		
5/22	78.7	78.7	0.0	60	73	7.2	6.7	5.5	0.1	186	29	6.6	313	6.6	313	321	19	12.5	16.6	14.0	4.7	4.4	3.7	301	68	1.08	0.36	2.47	0.010	249	15	0.00		
5/23	79.4	79.4	0.0	59	76	7.2	6.6	10.0	0.1	270	24	6.0	384	6.0	384	283	19	12.5	17.0	14.2	6.5	4.6	3.8	336	73	1.06	0.41	2.53	0.010	91	14	0.00		
5/24	80.4	80.4	0.0	60	77	7.2	6.6	7.5	0.1	216	23	4.9	346	4.9	346	313	18	12.4	16.2	13.9	7.3	4.3	3.7	327	76	1.10	0.34	3.05	0.010	44	17	0.00		
5/25	80.0	80.0	0.0	59	77	7.4	6.6	12.0	0.1	332	24	5.5	455	5.5	455	405	17	12.9	16.5	13.1	8.1	4.2	3.6	306	72	1.17	0.26	2.87	0.010	34	18	0.00		
5/26	76.7	76.7	0.0	60	77	7.5	6.7	9.0	0.1	216	36	7.4	261	7.4	261	231	26	12.9	15.3	13.0	15.1	4.3	3.6	307	72	1.14	0.29	2.97	0.010	24	20	0.00		
5/27	75.4	75.4	0.0	59	77	7.4	6.7	6.5	0.1	164	18	7.1	95	7.1	95	94	10	12.7	12.8	11.3	14.7	4.7	4.1	309	68	1.09	0.30	2.75	0.010	54	19	0.00		
5/28	82.0	82.0	0.0	60	76	7.3	6.7	20.0	0.1	352	18	6.9	336	6.9	336	203	12	12.6	14.3	12.1	14.6	3.3	2.8	283	79	1.06	0.30	2.26	0.010	97	16	0.00		
5/29	79.7	79.7	0.0	60	75	7.3	6.8	13.0	0.1	300	17	6.7	287	6.7	287	185	11	12.7	13.0	11.0	17.3	3.5	2.9	238	68	1.03	0.32	1.85	0.010	103	20	0.00		
5/30	81.3	81.3	0.0	60	76	7.3	6.7	7.0	0.2	186	16	8.1	287	8.1	287	244	20	12.4	13.4	11.5	14.2	3.5	2.9	243	70	0.90	0.30	1.98	0.010	107	17	0.00		
5/31	83.3	83.3	0.0	60	76	7.4	6.7	7.5	0.1	216	16	5.5	322	5.5	322	245	14	12.3	14.3	11.9	10.3	3.6	3.0	224	62	0.81	0.26	2.12	0.010	83	16	0.00		
Total	2931.6	2826.9	104.7															388.3								28.98	8.750					0.00		
Average	94.6	91.2	3.4	58	72	7.3	6.7	9.4	0.1	256	23	7.3	300	7.3	300	234	18	12.5	13.9	11.7	11.3	3.7	3.2	239	65	0.935	0.282	2.90	0.010	75	14	0.00		

SEWER CONNECTIONS

136480 TIMES 4 = 545920 SEWER POPULATION

IND. WASTER POPULATION EQ
 CUSTOMERS 333
 FLOW 354725
 BOD 846194
 TSS 416869

Authorized Agent



Certification No. 4663

MORRIS FORMAN WASTEWATER TREATMENT PLANT

JEFFERSON COUNTY, KY

Month of May-07

Average Flow

SETTLING TANKS	Primary	Secondary		
		Battery A	Battery B	Battery C
Average Flow (MGD)	87.7	46.22	39.63	17.21
Tanks in Service	3.52	7.45	8.00	3.00
Surface Area (Ft.2)	67760.00	64442.50	69200.00	25949.52
Volume (MG)	7.33	6.60	7.09	2.66
Weir Length (Ft.)	2516.80	2670.83	2868.00	1075.48
Avg. Weir Overflow (GPD/Ft)	34831.00	17306.74	13818.99	16001.12
Avg. Settling Rate (GPD/Ft ²)	1293.72	866.51	659.43	740.00
Avg. Detention Time	2.01	3.43	4.29	3.71

AERATION TANKS

Battery A Battery B Battery C

Volume (Gallons)	4200000	4200000	2100000
Avg. Flow (MGD)	49.54	45.63	19.20
Avg. Detention Time (Hours)	2.03	2.21	2.62

CHLORINE CONTACT CHAMBERS

Contact Chambers in Use	2.00
Volume (Gallons)	2340000
Avg. Detention Time (Hours)	0.64

Remarks: BY-PASS REPORTS (See Attached)



Report Selections: Excluding PFI, 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
SMH Sewer Manhole	CSO131	1630 FRANKFORT AVE		SOUTH FORK BEARGRASS CREEK	

<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	664010	05/01/07 08:59 PM	WILLIAM BRIGHT	MECHANICAL FAILURE	DISCHARGE TO WATERS OF THE US	05/01/07 10:40 PM

Spot Inspections:

Discharge Amount:	2,525 GAL
Cause:	BROKEN CHAIN ON GATE
Clean Up:	NONE POSSIBLE DUE TO SWIFT FLOW OF BEARGRASS CREEK
Control Zone:	TRAFFIC CONTROL. NO PUBLIC ACCESS TO BEARGRASS CREEK IN THIS AREA. PERMANENT SIGNS POSTED ALONG DOWNSTREAM ACCESS WAY
Impact:	IT WAS TOO DARK TO OBSERVE IMPACT AT THE TIME OF DISCOVERY. HOWEVER, THE AREA DOWNSTREAM WAS CHECKED ON MAY 2 AND NO ADVERSE IMPACTS WERE OBSERVED.
Repair:	WORK ORDER #664012 - REPAIRED THE CHAIN AND RECONNECTED

Notifications:

05/01/07 01:00 PM	Email notification of unauthorized discharge sent to Harkins.John@epamail.epa.gov and eppc.ert@ky.gov
-------------------	---



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 MSD0183-PS	Facility Address 3450 WOODSIDE RD	If Pump Station, Name of Pump Station: GLENVIEW HILLS PS	Receiving Stream OHIO RIVER	Discharge to DITCH
--	----------------------------------	---	--	---------------------------------------	------------------------------

<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	664688	05/04/07 08:30 PM	NOBLE MARKS JR	POWER OUTAGE (LG&E)	DISCHARGE TO WATERS OF THE US	05/04/07 09:30 PM

Spot Inspections:

Discharge Amount:	1,200 GAL
Cause:	LGE POWER OUTAGE
Clean Up:	AREA WASHED DOWN , RAKED AND DEBRIS HAULED AWAY.
Control Zone:	AREA TAPED - CONES AND SIGNS PLACED.
Impact:	DISCOLORATION IN LOCAL STREAM. NO SOLIDS OBSERVED.
Repair:	POWER WAS RESTORED AND STATION WAS PLACED BACK IN SERVICE.

Notifications:

05/04/07 01:00 PM	Email notification of unauthorized discharge sent to Harkins.John@epamail.epa.gov and eppc.ert@ky.gov
-------------------	---



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

KPDES # KY0042226 **Facility ID** MSD0403 **Treatment Plant Name** LAKE FOREST **Receiving Stream of Treatment Plant** CHENOWETH RUN **Region** EAST

Facility Type	Facility ID	Facility Address	If Pump Station, Name of Pump Station:	Receiving Stream	Discharge to
SMH Sewer Manhole	34033	622 WOODLAKE DR			

<u>Activity Code / Description</u>	<u>WQ #</u>	<u>Initiated</u>	<u>Initiated By</u>	<u>Problem</u>	<u>Resolution</u>	<u>Completed</u>
DISDW: DRY WEATHER DISCHARGE	669095	05/23/07 09:15 AM	PATRICK ELDER	OBSTRUCTION-NOT GREASE / ROOTS	DISCHARGE TO WATERS OF THE US	05/23/07 12:15 PM

Spot Inspections:

Discharge Amount:	1,800 GAL
Cause:	FORCE MAIN FROM MSD1172-PS WAS OBSTRUCTED.
Clean Up:	AREA RAKED, & DEBRIS HAULED, AREA SCRUBBED CLEAN & WASHED & SANITIZED
Control Zone:	ADVISED PROPERTY OWNER, PUT UP SIGNS AROUND AFFECTED AREA
Impact:	DISCOLORATION OF STREAM PTD HYDROLOGY 10292,DEBRIS, SOLIDS.
Repair:	CONTRACTED API TO JET ROD THE FM LINE & RETURN TO SERVICE

Notifications:

05/23/07 01:00 PM	Email notification of unauthorized discharge sent to Harkins.John@epamail.epa.gov and eppc.ert@ky.gov
-------------------	---

Total Facilities Printed: 3