MSD

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

July 24, 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 June 1 to June 30, 2007 are enclosed. All permit requirements were met for the month of June, 2007.

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

Sincerely,

Alex E. Novak
Operations Manager

paw

MFDMR0607.doc

Enclosures

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

Form Approved.
OMB No. 2040-0004

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	06	01	TO	07	06	30

MAJOR
(SUBR LV)
F - FINAL
MUNICIPAL DISCHARGE
EFFLUENT
*** NO DISCHARGE [ ] ***

JEFFE

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	******	******		4.8	******	******	(19)	0		
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	2 INST MIN	******	******	MG/L		DAILY	GRAB
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	15,423	17,739	(26)	******	22	25	(19)	1		
00310 E 0 0 SEC/BIOL PRCS CMPLT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	******	30 MO AVG	45 MX WK AV	MG/L		DAILY	COMPOS
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	222,401	237,869	(26)	******	305	361	(19)	0		
00310 G 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	******	REPORT MO AVG	REPORT MX WK AV	MG/L		DAILY	COMPOS
PH	SAMPLE MEASUREMENT	******	******		6.4	******	7.0	(12)	0		
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	8,843	9,967	(26)	******	12	14	(19)	0		
00530 E 0 0 SEC/BIOL PRCS CMPLT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	******	30 MO AVG	45 MX WK AV	MG/L		DAILY	COMPOS
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	222,455	265,170	(26)	******	293	357	(19)	0		
00530 G 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	******	REPORT MO AVG	REPORT MX WK AV	MG/L		DAILY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	10,670	12,094	(26)	******	15.2	16.7	(19)	0		
00610 E 0 0 SEC/BIOL PRCS CMPLT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	******	20 MO AVG	30 MX WK AV	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 OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
AREA CODE: 502 — NUMBER: 540-6000

DATE
YEAR: 07 — MO: 07 — DAY: 17

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
G - INFLUENT
E - SECONDARY EFFLUENT
1 - FINAL EFFLUENT

Form Approved.
OMB No. 2040-0004

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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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	06	01	TO	07	06	30

MAJOR
(SUBR LV)
F - FINAL JEFFE
MUNICIPAL DISCHARGE
EFFLUENT
*** NO DISCHARGE | | ***

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NITROGEN, AMMONIA TOTAL (AS N) 00610 9 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	9006	9349	(26)	******	12.8	13.4	(19)	0		
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	******	REPORT MO AVG	REPORT MX WK AV	MG/L		DAILY	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 E 0 0 SEC/BIOL PRCS CMPLT	SAMPLE MEASUREMENT	85.3	157.0	(03)	******	******	******		0		
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	****** ****	****		CONTINUOUS	CONTIN
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	0.010	0.010	(19)	0		
	PERMIT REQUIREMENT	******	****** ****	****	******	0.019 MO AVG	0.019 DAILY MX	MG/L		DAILY	GRAB
COLIFORM, FECAL GENERAL 74055 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	154	331	(13)	8		
	PERMIT REQUIREMENT	******	****** ****	****	******	200 30DA GEO	400 #/ 7 DA GEO	100ML		DAILY	GRAB
BOD, 5-DAY PERCENT REMOVAL 81010 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	******	******		93	******	******	(23)	0		
	PERMIT REQUIREMENT	******	****** ****	****	85 MO MIN	******	****** PER-	CENT		ONCE/ MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	******	******		96	******	******	(23)	0		
	PERMIT REQUIREMENT	******	****** ****	****	85 MO MIN	******	****** PER-	CENT		ONCE/ MONTH	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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AREA CODE 502 | NUMBER 540-6000

DATE
YEAR 07 | MO 07 | DAY 17

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G - INFLUENT
E - SECONDARY EFFLUENT
1 - FINAL EFFLUENT

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

KY0022411	001 B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	05	01	TO	07	06	30

MAJOR
(SUBR LV)
F - FINAL
SECONDARY BYPASS
EFFLUENT
*** NO DISCHARGE [ ] ***

JEFFE

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BOD, 5-DAY (20 DEG. C) 00310 F 0 0 PRI/PRLM PRCS CMPLT	SAMPLE MEASUREMENT	******	******		******	270	371	(19) MG/L	0		
	PERMIT REQUIREMENT	******	****** **** ****		******	REPORT MO AVG	REPORT MX WK AV			WHEN DISCHG	COMPOS
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	24	30	(19) MG/L	0		
	PERMIT REQUIREMENT	******	****** **** ****		******	REPORT MO AVG	REPORT MX WK AV			WHEN DISCHG	COMPOS
SOLIDS, TOTAL SUSPENDED 00530 F 0 0 PRI/PRLM PRCS CMPLT	SAMPLE MEASUREMENT	******	******		******	190	211	(19) MG/L	0		
	PERMIT REQUIREMENT	******	****** **** ****		******	REPORT MO AVG	REPORT MX WK AV			WHEN DISCHG	COMPOS
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	28	32	(19) MG/L	0		
	PERMIT REQUIREMENT	******	****** **** ****		******	REPORT MO AVG	REPORT MX WK AV			WHEN DISCHG	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 F 0 0 PRI/PRLM PRCS CMPLT	SAMPLE MEASUREMENT	******	******		******	16.2	19.0	(19) MG/L	0		
	PERMIT REQUIREMENT	******	****** **** ****		******	REPORT MO AVG	REPORT MX WK AV			WHEN DISCHG	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	15.3	18.0	(19) MG/L	0		
	PERMIT REQUIREMENT	******	****** **** ****		******	REPORT MO AVG	REPORT MX WK AV			WHEN DISCHG	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 F 0 0 PRI/PRLM PRCS CMPLT	SAMPLE MEASUREMENT	12.48	17.27	(03)	******	******	******		0		
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	MGD	******	******	****** ****	****		WHEN DISCHG	CONTIN

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
AREA CODE 502 NUMBER 540-6000

DATE
YEAR 07 MO 07 DAY 17

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.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
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ADDRESS C/O LOUISVILLE/JEFF CO MSD
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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 Y — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	04	01	TO	07	06	30

Form Approved.
OMB No. 2040-0004

MAJOR
(SUBR LV)
F - FINAL JEFFE
BIOMONITORING/ONCE PER QUARTER
EFFLUENT
*** NO DISCHARGE [ ] ***

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HARDNESS, TOTAL (AS CACO3) 00900 1 0 2 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	398	457	(19)	0		
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		1/QTRLY	COMPOS
CADMIUM, DISSOLVED (AS CD) 01025 1 0 2 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	0.001	0.002	(19)	0		
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		1/QTRLY	COMPOS
COPPER, DISSOLVED (AS CU) 01040 1 0 2 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	0.004	0.007	(19)	0		
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		1/QTRLY	COMPOS
LEAD, DISSOLVED (AS PB) 01049 1 0 2 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	0.078	0.103	(19)	0		
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		1/QTRLY	COMPOS
ZINC, DISSOLVED (AS ZN) 01090 1 0 2 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	0.028	0.040	(19)	0		
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		1/QTRLY	COMPOS
ZINC TOTAL RECOVERABLE 01094 1 0 2 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	0.059	0.092	(19)	0		
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		1/QTRLY	COMPOS
CADMIUM TOTAL RECOVERABLE 01113 1 0 2 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	0.001	0.002	(19)	0		
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		1/QTRLY	COMPOS

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TELEPHONE
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DATE
YEAR 07 MO 07 DAY 17

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

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
KY0022411	001 Y

MAJOR
(SUBR LV)
F - FINAL JEFFE
BIOMONITORING/ONCE PER QUARTER
EFFLUENT
*** NO DISCHARGE |__| ***

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	04	01	TO	07	06	30

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LEAD TOTAL RECOVERABLE	SAMPLE MEASUREMENT	******	******		******	0.078	0.097	(19)	0		
01114 1 0 2 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
COPPER TOTAL RECOVERABLE	SAMPLE MEASUREMENT	******	******		******	0.010	0.016	(19)	0		
01119 1 0 2 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
TOXICITY, FINAL CONC TOXICITY UNITS	SAMPLE MEASUREMENT	******	******		******	******	<1.0	(2F)	0		
61406 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	1.00 DAILY MX	ACUTE TOXCTY		QTRLY	GRAB-2
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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TELEPHONE AREA CODE	TELEPHONE NUMBER	DATE YEAR	DATE MO	DATE DAY
502	540-6000	07	07	17

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

MORRIS FORMAN WASTEWATER TREATMENT PLANT JEFFERSON COUNTY, KENTUCKY MONTH OF June
KPDE8 PERMIT NO. KY0022411 PLANT CAPACITY - 105 MGD RECEIVING STREAM - OHIO RIVER

	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	
DATE	Final Effluent	Sec. Effluent	Bypass	raw	final	raw	final	raw	final	raw	final	raw	final	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
6/1	81.2	81.2	0.0	66	79	7.4	6.7	10.0	0.1	242	22			6.4	299	242	19	11.9	9.6	8.6	11.4	3.7	3.3	198	54	0.81	0.24	2.28	0.010	330	17	0.00
6/2	91.0	84.7	6.3	61	78	7.3	6.7	7.5	0.1	240	34			5.5	230	209	31	11.6	12.7	11.0	11.0	3.7	3.2	224	61	0.84	0.25	2.51	0.010	530	17	0.00
6/3	74.8	74.8	0.0	69	76	7.4	6.9	10.0	0.1	228	18			6.0	223	177	13	11.8	14.6	12.1	15.5	3.4	2.8	224	65	0.92	0.39	1.97	0.010	56	15	0.00
6/4	81.6	81.6	0.0	66	78	7.5	6.8	11.0	0.1	272	18			6.5	253	179	12	11.6	13.1	11.2	15.0	3.5	2.9	259	74	0.94	0.33	2.88	0.010	10	17	0.00
6/5	107.0	95.1	11.9	69	77	7.5	6.8	10.0	0.1	270	29			6.7	272	532	29	11.9	11.8	9.6	14.7	3.4	2.8	216	63	0.91	0.35	3.60	0.010	34	14	0.00
6/6	84.0	84.0	0.0	66	76	7.2	6.7	4.5	0.1	174	16			5.8	334	282	16	12.6	14.4	12.2	9.4	3.6	3.1	247	68	0.91	0.34	2.59	0.010	75	10	0.00
6/7	84.3	84.3	0.0	67	76	7.1	6.7	8.0	0.1	194	18			5.6	344	317	24	12.4	13.3	11.4	4.5	3.7	3.2	257	69	0.96	0.29	2.90	0.010	140	14	0.00
6/8	96.4	94.2	2.2	66	79	7.1	6.6	9.0	0.1	380	25			5.9	359	312	22	12.5	14.9	12.5	9.4	3.5	2.0	243	69	1.00	0.34	3.44	0.010	42	14	0.00
6/9	75.2	75.2	0.0	66	79	7.3	6.4	7.5	0.1	236	20			5.8	332	291	10	12.5	15.2	12.8	15.8	4.0	3.3	273	67	1.02	0.34	2.64	0.010	24	16	0.00
6/10	71.5	71.5	0.0	66	78	7.5	6.8	1.5	0.1	96	16			6.1	233	244	12	12.5	13.6	11.2	15.9	4.2	3.4	281	68	1.06	0.36	2.54	0.010	100	18	0.00
6/11	75.1	75.1	0.0	67	78	7.3	6.9	3.5	0.1	180	16			7.1	305	294	13	12.4	13.4	11.1	17.4	3.7	3.0	241	65	0.99	0.38	2.26	0.010	87	19	0.00
6/12	77.6	77.6	0.0	66	77	7.2	6.7	14.0	0.1	408	19			4.8	512	314	14	12.0	12.9	10.9	12.6	3.6	3.0	266	74	0.96	0.38	2.56	0.010	586	16	0.00
6/13	76.7	76.7	0.0	70	79	7.2	6.7	11.0	0.1	354	18			6.0	421	289	15	12.1	13.1	11.0	16.7	3.7	3.1	243	66	0.91	0.36	2.09	0.010	291	17	0.00
6/14	78.7	78.7	0.0	68	82	7.5	6.7	14.0	0.1	380	15			6.3	362	254	14	12.2	12.9	10.8	14.9	3.4	2.8	238	70	0.86	0.30	1.82	0.010	720	18	0.00
6/15	77.2	77.2	0.0	70	79	7.5	6.8	14.0	0.1	208	18			6.8	252	244	12	12.3	12.5	10.5	11.9	3.1	2.6	212	69	0.86	0.19	2.09	0.010	231	19	0.00
6/16	73.3	73.3	0.0	68	80	7.5	6.9	14.0	0.1	516	18			7.3	287	204	9	12.0	13.5	11.5	14.3	3.3	2.7	229	70	0.83	0.29	2.43	0.010	210	17	0.00
6/17	71.8	71.8	0.0	70	79	7.6	6.8	2.5	0.1	104	12			6.4	164	172	10	12.1	12.3	10.3	17.7	3.4	2.8	238	70	0.81	0.35	2.16	0.010	98	18	0.00
6/18	80.3	80.3	0.0	68	79	7.4	6.9	8.5	0.1	222	14			7.7	281	238	13	12.0	12.0	10.1	18.0	3.0	2.5	231	78	0.84	0.35	2.45	0.010	79	19	0.00
6/19	110.9	95.7	15.2	67	80	7.4	6.8	22.0	0.1	628	29			5.6	414	240	19	11.9	12.9	10.7	15.4	3.0	2.5	213	72	0.87	0.34	3.97	0.010	104	18	0.00
6/20	83.1	83.1	0.0	68	79	7.2	6.8	14.0	0.1	352	18			9.5	383	146	14	12.0	13.1	11.1	14.5	3.2	2.7	231	73	0.85	0.33	2.32	0.010	137	14	0.00
6/21	77.8	77.8	0.0	67	80	7.3	6.8	17.0	0.1	468	18			5.9	518	314	15	12.1	13.3	11.1	10.0	3.7	3.1	244	65	0.87	0.30	2.72	0.010	114	18	0.00
6/22	80.3	80.3	0.0	68	80	7.3	6.7	10.0	0.1	340	20			5.5	362	574	14	12.1	12.3	10.5	8.7	4.6	4.0	242	53	0.87	0.27	2.56	0.010	925	19	0.00
6/23	106.5	95.9	10.6	67	80	7.3	6.8	7.5	0.3	264	30			6.1	338	337	26	12.3	12.2	10.7	10.5	4.1	3.4	221	54	0.89	0.30	3.78	0.010	44	19	0.00
6/24	168.6	131.2	37.4	68	78	7.3	6.7	11.0	0.6	374	45			7.8	183	177	36	12.2	17.1	14.0	14.9	3.5	2.8	218	62	0.94	0.35	6.23	0.010	338	10	0.00
6/25	88.9	88.9	0.0	68	77	7.3	6.8	9.5	0.1	292	12			6.5	298	242	12	12.1	15.8	12.9	14.8	3.5	2.8	249	72	1.04	0.30	3.43	0.010	950	14	0.00
6/26	89.5	89.2	0.3	67	81	7.2	7.0	12.0	0.1	302	14			5.7	280	226	12	12.4	14.4	11.7	12.0	3.8	3.1	238	63	1.12	0.32	2.49	0.010	1267	16	0.00
6/27	84.3	84.3	0.0	68	82	7.5	6.7	11.0	0.1	258	15			5.8	261	208	13	12.3	14.4	11.6	11.8	3.3	2.7	206	62	0.94	0.35	2.36	0.010	942	18	0.00
6/28	120.3	99.5	20.8	67	81	7.5	6.8	7.5	0.2	244	28			6.0	215	241	26	12.1	14.7	12.0	12.0	3.4	2.8	259	75	0.89	0.34	4.45	0.010	28	17	0.00
6/29	118.1	110.5	7.6	68	80	7.4	6.7	8.5	0.1	346	18			8.0	205	155	12	12.0	14.9	12.1	14.9	2.9	2.4	206	70	0.87	0.28	4.06	0.010	82	13	0.00
6/30	85.9	85.9	0.0	67	76	7.5	6.6	3.0	0.1	212	26			6.6	224	205	10	11.9	13.4	11.1	13.1	3.4	2.9	233	69	0.85	0.25	3.31	0.010	540	13	0.00
Total	2671.9	2559.6	112.3															363.8								27.430	9.560					0.00
Average	89.1	85.3	3.7	67	79	7.4	6.8	9.8	0.1	293	21			6.4	305	262	17	12.1	13.5	11.3	13.3	3.5	2.9	236	67	0.914	0.319	2.90	0.010	154	16	0.00

SEWER CONNECTIONS 136122 TIMES 4 = 544488 SEWER POPULATION

IND. WASTER POPULATION EQ
CUSTOMERS 333
FLOW 303734
BOD 787288
TSS 491171

Authorized Agent  Certification No. 4663

MORRIS FORMAN WASTEWATER TREATMENT PLANT JEFFERSON COUNTY, KY

Month of Jun-07

Average Flow

SETTLING TANKS	Primary	Secondary		
		Battery A	Battery B	Battery C
Average Flow (MGD)	89.7	48.12	41.75	14.17
Tanks in Service	3.00	7.70	8.00	2.86
Surface Area (Ft.2)	57750.00	66605.00	69200.00	24739.00
Volume (MG)	6.25	6.82	7.09	2.53
Weir Length (Ft.)	2145.00	2760.45	2868.00	1025.31
Avg. Weir Overflow (GPD/Ft)	41809.42	17432.70	14556.46	13823.44
Avg. Settling Rate (GPD/Ft2)	1552.92	896.83	695.96	637.19
Avg. Detention Time	1.67	3.40	4.07	4.29

AERATION TANKS	Battery A	Battery B	Battery C
Volume (Gallons)	4200000	4200000	2100000
Avg. Flow (MGD)	51.28	47.75	16.54
Avg. Detention Time (Hours)	1.97	2.11	3.05

CHLORINE CONTACT CHAMBERS	
Contact Chambers in Use	2.00
Volume (Gallons)	2340000
Avg. Detention Time (Hours)	0.63

Remarks: BY-PASS REPORTS (See Attached)

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

KPDES #	Facility ID	Treatment Plant Name	Receiving Stream of Treatment Plant	Region
KY0022411	MSD0278	MORRIS FORMAN	OHIO RIVER	WEST

Facility Type	Facility ID	Facility Address	If Pump Station, Name of Pump Station:	Receiving Stream	Discharge to
SMH Sewer Manhole	08935-SM	1001 BRECKENRIDGE LN		MIDDLE FORK BEARGRASS CREEK	STREAM

Activity Code / Description	WO #	Initiated	Initiated By	Problem	Resolution	Completed
DISREV: RAIN EVENT DISCHARGE	681406	06/28/07 04:00 PM	JOHN LASLEY JR	LACK OF SYSTEM CAPACITY	DISCHARGE TO WATERS OF THE US	06/28/07 06:33 PM

Spot Inspections:

Discharge Amount:	13,579 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:

06/28/07 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 #	Facility ID	Treatment Plant Name	Receiving Stream of Treatment Plant	Region
KY0022411 (Cont'd)	MSD0278	MORRIS FORMAN	OHIO RIVER	WEST

Facility Type	Facility ID	Facility Address	If Pump Station, Name of Pump Station:	Receiving Stream	Discharge to
SMH Sewer Manhole	72571-X	4600 CHAMPIONS TRACE LN		SOUTH FORK BEARGRASS CREEK	STREAM

Activity Code / Description	WO #	Initiated	Initiated By	Problem	Resolution	Completed
DISREV: RAIN EVENT DISCHARGE	681407	06/28/07 07:30 PM	MICHAEL GRIFFITH	LACK OF SYSTEM CAPACITY	DISCHARGE TO WATERS OF THE US	06/28/07 07:30 PM

Spot Inspections:

Discharge Amount:	159,206 GAL
Cause:	HEAVY RAIN
Clean Up:	RAIN EVENT RELATED - CLEANUP NOT FEASIBLE
Control Zone:	THE MAGNITUDE OF THIS 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:

06/28/07 01:00 PM	Email notification of unauthorized discharge sent to Harkins.John@epamail.epa.gov and eppc.ert@ky.gov