MSD

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

August 23, 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 July 1 to July 31, 2007 are enclosed. All permit requirements were met for the month of July, 2007.

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

Sincerely,

Alex E. Novak
Operations Manager

paw

MFDMR0707.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	07	01	TO	07	07	31

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	******	******		5.0	******	******	(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	14,021	15,960	(26)	******	19	22	(19)	0		
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	220,547	273,835	(26)	******	291	345	(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	******	******		6.6	******	6.9	(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	8,259	9,525	(26)	******	11	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	194,588	232,453	(26)	******	247	295	(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	9,875	10,335	(26)	******	13.8	14.7	(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 08 | DAY 23

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

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	001 B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

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

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

JEFFE

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 0 0 PRI/PRLM PROC CMPLT	SAMPLE MEASUREMENT	******	******		******	201	234	(19)	0		
	PERMIT REQUIREMENT	******	****** ****	****	******	REPORT MO AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	22	25	(19)	0		
	PERMIT REQUIREMENT	******	****** ****	****	******	REPORT MO AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
SOLIDS, TOTAL SUSPENDED 00530 F 0 0 PRI/PRLM PROC CMPLT	SAMPLE MEASUREMENT	******	******		******	119	141	(19)	0		
	PERMIT REQUIREMENT	******	****** ****	****	******	REPORT MO AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	19	29	(19)	0		
	PERMIT REQUIREMENT	******	****** ****	****	******	REPORT MO AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 F 0 0 PRI/PRLM PROC CMPLT	SAMPLE MEASUREMENT	******	******		******	14.3	16.0	(19)	0		
	PERMIT REQUIREMENT	******	****** ****	****	******	REPORT MO AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	13.0	14.0	(19)	0		
	PERMIT REQUIREMENT	******	****** ****	****	******	REPORT MO AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 F 0 0 PRI/PRLM PROC CMPLT	SAMPLE MEASUREMENT	17.33	32.70	(03)	******	******	******		0		
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	MGD	******	******	****** ****	****		WHEN DISCHG	CONTIN

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE		
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	502 540-6000	07	08	23
TYPED OR PRINTED			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
2 - SECONDARY BYPASS AFTER PRIMARY TREATMENT

Form Approved.
OMB No. 2040-0004

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4522 ALGONQUIN PKWY
LOUISVILLE KY 40211-2497
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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: FROM YEAR 07 MO 07 DAY 01 TO YEAR 07 MO 07 DAY 31

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

JEFFE

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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
NITROGEN, AMMONIA TOTAL (AS N) 00610 G O O RAW SEW/INFLUENT	SAMPLE MEASUREMENT	8805	9435	(26)	******	12.4	13.0	(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 O O SEC/BIOL PRCS CMPLT	SAMPLE MEASUREMENT	86.8	148.7	(03)	******	******	******		0		
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	****** **** ****			CONTINUOUS	CONTIN
CHLORINE, TOTAL RESIDUAL 50060 1 O O 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 O EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	126	211	(13)	7		
	PERMIT REQUIREMENT	******	****** **** ****		******	200 30DA GEO	400 #/ 7 DA GEO	100ML		DAILY	GRAB
BOD, 5-DAY PERCENT REMOVAL 81010 K O O PERCENT REMOVAL	SAMPLE MEASUREMENT	******	******		93	******	******	(23)	0		
	PERMIT REQUIREMENT	******	****** **** ****		85 MO MIN	******	******	PER-CENT		ONCE/ MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K O O PERCENT REMOVAL	SAMPLE MEASUREMENT	******	******		95	******	******	(23)	0		
	PERMIT REQUIREMENT	******	****** **** ****		85 MO MIN	******	******	PER-CENT		ONCE/ MONTH	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 AREA CODE 502 NUMBER 540-6000

DATE YEAR 07 MO 08 DAY 23

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

MORRIS FORMAN WASTEWATER TREATMENT PLANT JEFFERSON COUNTY, KENTUCKY MONTH OF July
KPDES 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
7/1	77.2	77.2	0.0	66	72	7.3	6.8	14.0	0.1	284	11			6.8	218	148	10	11.9	12.8	10.7	16.4	3.1	2.6	213	71	0.80	0.29	2.94	0.010	430	15	0.00
7/2	77.3	77.3	0.0	67	77	7.4	6.9	11.0	0.1	256	15			8.7	251	217	12	14.0	14.0	11.3	17.7	3.1	2.4	204	66	0.75	0.35	3.35	0.010	248	16	0.00
7/3	77.4	77.4	0.0	66	83	7.3	6.8	6.5	0.1	252	11			7.9	247	205	10	15.0	10.7	8.4	17.9	3.5	2.7	213	62	0.74	0.29	4.41	0.010	136	15	0.00
7/4	77.0	77.0	0.0	66	81	7.2	6.8	1.9	0.1	112	9			8.0	151	183	10	14.9	12.0	9.6	17.1	3.1	2.5	237	76	0.75	0.24	3.91	0.010	590	18	0.00
7/5	187.2	123.1	64.1	66	81	7.3	6.7	4.5	0.5	212	46			6.4	134	118	38	15.0	12.9	10.6	18.7	2.4	2.0	201	83	0.81	0.26	5.20	0.010	8	10	0.00
7/6	100.1	98.8	1.3	66	79	7.4	6.8	8.5	0.1	308	12			7.4	288	202	11	15.1	10.5	8.6	18.7	3.3	2.7	216	65	0.86	0.32	3.78	0.010	238	11	0.00
7/7	84.8	84.8	0.0	66	80	7.5	6.8	4.5	0.1	190	11			7.4	190	171	11	14.9	12.8	11.1	17.4	3.9	3.4	207	52	0.82	0.33	3.85	0.010	380	11	0.00
7/8	78.8	78.8	0.0	66	80	7.4	6.7	7.0	0.1	160	9			7.8	225	192	13	14.8	12.9	10.4	18.2	3.0	2.4	232	79	0.83	0.35	3.34	0.010	85	11	0.00
7/9	82.6	82.6	0.0	66	81	7.7	6.9	12.0	0.1	290	8			7.5	306	199	13	15.0	12.5	10.2	18.0	3.1	2.5	226	73	0.89	0.36	3.59	0.010	1400	15	0.00
7/10	121.6	102.2	19.4	66	81	7.5	6.8	16.0	0.1	464	19			6.4	345	197	23	14.9	11.7	9.6	16.1	2.8	2.4	219	78	0.87	0.33	4.56	0.010	40	17	0.00
7/11	100.9	100.5	0.4	66	81	7.4	6.8	9.5	0.1	334	12			6.7	286	194	11	15.1	12.9	10.6	13.8	2.5	2.1	207	84	0.82	0.27	4.47	0.010	236	11	0.00
7/12	83.7	83.7	0.0	66	79	7.5	6.8	5.5	0.1	198	9			6.3	210	169	11	14.8	12.3	10.2	14.8	3.2	2.5	246	77	0.80	0.26	3.60	0.010	259	14	0.00
7/13	83.1	83.1	0.0	67	80	7.5	6.8	7.0	0.1	212	14			7.0	214	162	10	15.0	11.4	9.6	15.0	3.0	2.5	257	85	0.83	0.34	4.35	0.010	10	16	0.00
7/14	78.8	78.8	0.0	66	81	7.7	6.9	2.5	0.1	148	16			6.7	199	169	16	15.1	13.0	10.9	13.4	3.2	2.6	244	82	0.86	0.31	3.14	0.010	18	15	0.00
7/15	83.6	83.3	0.3	68	81	7.5	6.9	17.0	0.1	254	12			7.1	251	170	12	15.1	8.5	7.3	17.3	3.5	3.0	253	73	0.88	0.35	3.77	0.010	81	15	0.00
7/16	80.3	80.3	0.0	66	80	7.4	6.8	15.0	0.1	356	18			6.0	433	250	18	15.0	10.0	8.5	14.1	3.0	2.6	237	78	0.87	0.35	4.19	0.010	430	14	0.00
7/17	97.8	91.8	6.0	66	81	7.4	6.8	40.0	0.1	768	20			5.9	488	292	33	15.0	10.0	8.3	11.0	3.7	3.1	254	71	0.89	0.38	5.51	0.010	353	15	0.00
7/18	89.2	89.2	0.0	66	82	7.4	6.6	5.5	0.1	182	17			5.1	335	254	20	14.9	10.1	8.6	11.7	4.1	3.5	247	60	0.90	0.35	4.30	0.010	2570	13	0.00
7/19	115.6	88.4	27.2	66	84	7.3	6.7	3.5	0.1	158	24			5.5	326	281	35	15.0	10.3	8.5	11.2	3.7	3.2	280	75	1.00	0.46	6.40	0.010	232	16	0.00
7/20	119.1	97.5	21.6	66	79	7.4	6.6	8.5	0.1	202	18			6.2	302	192	16	15.1	12.2	10.3	13.3	3.5	2.9	217	63	1.10	0.34	6.60	0.010	6	9	0.00
7/21	81.8	81.8	0.0	66	79	7.3	6.8	4.5	0.1	142	12			6.0	279	238	14	15.1	10.9	8.6	14.0	3.9	3.1	261	67	1.07	0.31	4.24	0.010	420	16	0.00
7/22	75.9	75.9	0.0	66	80	7.3	6.8	12.0	0.1	200	7			5.9	324	211	13	15.0	7.8	6.8	15.4	4.0	3.4	237	64	0.99	0.31	3.84	0.010	82	18	0.00
7/23	79.7	79.7	0.0	66	81	7.4	6.8	6.5	0.1	156	16			7.3	410	297	17	14.9	8.5	7.5	14.8	2.7	2.4	282	103	0.96	0.27	4.58	0.010	90	17	0.00
7/24	78.5	78.5	0.0	66	81	7.5	6.8	5.5	0.2	222	12			6.0	438	317	17	14.7	11.1	9.4	13.3	2.6	2.3	196	75	0.95	0.30	4.62	0.010	20	15	0.00
7/25	79.0	79.0	0.0	66	81	7.4	6.7	10.0	0.2	292	26			5.0	368	309	20	14.9	10.7	8.5	12.9	2.9	2.5	199	67	0.89	0.34	4.71	0.010	149	17	0.00
7/26	79.9	79.9	0.0	66	81	7.3	6.8	5.5	0.2	188	16			5.5	350	275	22	14.8	10.4	7.7	11.3	3.1	2.2	217	71	0.82	0.42	4.59	0.010	184	16	0.00
7/27	103.8	93.6	10.2	66	80	7.3	6.7	3.0	0.1	200	20			5.1	280	236	24	14.9	10.6	9.0	13.5	2.8	2.4	234	82	0.82	0.44	5.29	0.010	54	17	0.00
7/28	139.0	116.2	22.8	66	80	7.4	6.6	7.0	0.1	348	11			7.8	241	123	15	14.9	13.1	10.8	17.1	2.3	1.9	193	84	0.84	0.44	6.14	0.010	48	9	0.00
7/29	84.8	84.8	0.0	66	81	7.3	6.9	4.0	0.1	150	8			6.2	217	189	11	15.2	11.8	9.8	17.8	3.0	2.6	264	86	0.90	0.38	3.01	0.010	25	16	0.00
7/30	83.6	83.6	0.0	66	81	7.3	6.9	8.5	0.1	232	10			6.8	363	279	15	15.0	10.4	8.6	16.1	3.0	2.5	259	87	0.92	0.30	3.33	0.010	33	15	0.00
7/31	82.6	82.6	0.0	66	81	7.3	6.8	5.5	0.1	192	28			5.8	340	330	19	15.2	10.1	8.6	12.5	2.9	2.5	213	73	0.82	0.39	3.27	0.010	2750	18	0.00
Total	2864.7	2691.4	173.3															460.2								27.050	10.430					0.00
Average	92.4	86.8	5.6	66	80	7.4	6.8	8.8	0.1	247	15			6.6	291	219	17	14.8	11.3	9.3	15.2	3.2	2.6	231	75	0.873	0.336	4.29	0.010	126	15	0.00

SEWER CONNECTIONS 136303 TIMES 4 = 545212 SEWER POPULATION

IND. WASTER POPULATION EQ

CUSTOMERS	332
FLOW	334880
BOD	772285
TSS	360919

Authorized Agent  Certification No. 4663

MORRIS FORMAN WASTEWATER TREATMENT PLANT JEFFERSON COUNTY, KY

Month of	Jul-07

Average Flow

SETTLING TANKS	Primary	Secondary		
		Battery A	Battery B	Battery C
Average Flow (MGD)	90.7	43.55	46.31	14.86
Tanks in Service	3.10	8.00	8.00	3.00
Surface Area (Ft.2)	59675.00	69200.00	69200.00	25950.00
Volume (MG)	6.46	7.09	7.09	2.66
Weir Length (Ft.)	2216.50	2868.00	2868.00	1075.50
Avg. Weir Overflow (GPD/Ft)	40942.36	15183.55	16147.84	13821.44
Avg. Settling Rate (GPD/Ft2)	1520.72	866.55	758.05	668.72
Avg. Detention Time	1.71	3.91	3.67	4.29

AERATION TANKS	Battery A	Battery B	Battery C
Volume (Gallons)	4200000	4200000	2100000
Avg. Flow (MGD)	49.55	52.31	17.35
Avg. Detention Time (Hours)	2.03	1.93	2.90

CHLORINE CONTACT CHAMBERS	
Contact Chambers in Use	2.00
Volume (Gallons)	2340000
Avg. Detention Time (Hours)	0.62

Remarks: BY-PASS REPORTS (See Attached)

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

IMSAST0004
Discharge Report
Jul 01, 2007 12:00 AM thru Jul 31, 2007 11:59 PM

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	44397	4000 FINCASTLE RD		SOUTH FORK BEARGRASS CREEK	GROUND

Activity Code / Description	WO #	Initiated	Initiated By	Problem	Resolution	Completed
DISREV: RAIN EVENT DISCHARGE	688216	07/19/07 07:33 PM	MICHAEL GRIFFITH	LACK OF SYSTEM CAPACITY	DISCHARGE TO WATERS OF THE US	07/19/07 10:24 PM

Spot Inspections:

Discharge Amount:	1,620 GAL
Cause:	HEAVY RAIN
Clean Up:	RAIN EVENT RELATED-CLEANUP NOT FEASIBLE.
Control Zone:	RAIN EVENT RELATED TEMPORARY SIGNS PLACED AND DOOR HANGERS POSTED.
Impact:	OVERFLOW TO THE WATERS OF US DURING RAIN EVENT.
Repair:	RAIN EVENT RELATED-THIS SITE IS IN MSD CAPITAL PLAN FOR ABATEMENT.

Notifications:

07/19/07 12:59 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
SMN Sewer Main	50341	1535 POPLAR LEVEL RD			

Activity Code / Description	WO #	Initiated	Initiated By	Problem	Resolution	Completed
DISDW: DRY WEATHER DISCHARGE	685496	07/12/07 03:30 PM	MELVIN BENFORD	ROOTS	DISCHARGE TO WATERS OF THE US	07/12/07 10:30 PM

Spot Inspections:

Discharge Amount:	1,200 GAL
Cause:	ROOTS IN THE MAIN SEWER
Clean Up:	CLEANUP COMPLETED BY MSD PERSONNEL
Control Zone:	SIGNS WERE PLACED AROUND EFFECTED AREA. SET PUMP TO PUMP SEWAGE FROM ONE MANHOLE TO ANOTHER MANNHOLE. WORK ORDER 685500.
Impact:	TISSUE PAPER AND WASTE WATER IN DITCH
Repair:	WORK ORDER 687912 - PRIVATE CONTRACTOR (BASHAM) INSTALLED 350 FEET OF 15 INCH SEWER, REPLACED A MANHOLE AND LINED THE CREEK WITH BOULDERS.

Notifications:

07/12/07 12:59 PM	Email notification of unauthorized discharge sent to Harkins.John@epamail.epa.gov and eppc.ert@ky.gov