



MSD

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

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

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

Sincerely,

Alex E. Novak
Operations Manager

paw

MFDMR0807.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 ALBONQUIN 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

JEFFE

MUNICIPAL DISCHARGE

EFFLUENT

*** NO DISCHARGE 1 ***

MONITORING PERIOD

FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
07	08	01	07	08	01

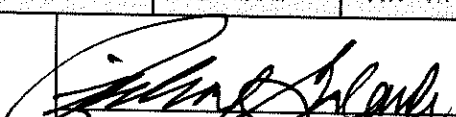
NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****		5.1	*****	*****	(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	13,396	16,444	(26)	*****	19	24	(19)	0		
00310 2 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	30	45	MG/L			DAILY COMPOS
SEC/BIDL PRCS CMPLT		MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV				
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	250,951	290,449	(26)	*****	339	383	(19)	0		
00310 3 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT	MG/L			DAILY COMPOS
RAW SEW/INFLUENT		MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV				
PH	SAMPLE MEASUREMENT	*****	*****		6.6	*****	6.9	(12)	0		
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0	SV			DAILY GRAB
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	6,221	7,651	(26)	*****	9	11	(19)	0		
00500 2 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	30	45	MG/L			DAILY COMPOS
SEC/BIDL PRCS CMPLT		MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	226,872	242,243	(26)	*****	302	348	(19)	0		
00500 3 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT	MG/L			DAILY COMPOS
RAW SEW/INFLUENT		MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV				
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	11,085	12,079	(26)	*****	15.8	18.0	(19)	0		
00610 2 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	20	30	MG/L			DAILY COMPOS
SEC/BIDL PRCS CMPLT		MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV				

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		
502	540-600	07	09	17
AREA CODE	NUMBER	YEAR	MO	DAY

TYPED OR PRINTED

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

2 - INFLUENT
2 - SECONDARY EFFLUENT
1 - FINAL EFFLUENT

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

MAJOR
(SUBR LV)
F - FINAL

JEFFE

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

NAME MSD MORRIS FORMAN STP
ADDRESS 0/0 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	08	01		07	08	31

MUNICIPAL DISCHARGE
EFFLUENT
*** NO DISCHARGE 1 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			
NITROGEN, AMMONIA TOTAL (AS N) 00510 0 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	9356	9512	(26)	*****	13.3	14.0	(19)	0		
	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L			DAILY COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 0 0 0 SEC/BIOLOGICAL PROC COMPLT	SAMPLE MEASUREMENT	84.7	186.3	(03)	*****	*****	*****		0		
	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	*****			CONTINUOUS
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.010	0.010	(19)	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.019 MD AVG	0.019 DAILY MX	MG/L			DAILY GRAB
COLIFORM, FECAL GENERAL 74055 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	104	159	(13)	4		
	PERMIT REQUIREMENT	*****	*****	*****	*****	200 30DA GED	400 7 DA GED	100ML			DAILY GRAB
BOD, 5-DAY PERCENT REMOVAL 51010 0 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		94	*****	*****	(23)	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	PERCENT			ONCE/ CALCTD MONTH
SOLIDS, SUSPENDED PERCENT REMOVAL 51011 0 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		98	*****	*****	(23)	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	PERCENT			ONCE/ CALCTD MONTH
	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
AREA CODE NUMBER
DATE
07 09 17
YEAR MO DAY

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

0 - INFLUENT
1 - SECONDARY EFFLUENT
2 - FINAL EFFLUENT

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

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

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

KY0032411

PERMIT NUMBER

001 B

DISCHARGE NUMBER

MAJOR

(SUBR LV)

F - FINAL

SECONDARY BYPASS

EFFLUENT

*** NO DISCHARGE 1 ***

JEFFE

MONITORING PERIOD

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

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)	SAMPLE MEASUREMENT	*****	*****		*****	238	282	(19)	0		
00310 F O O	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		WHEN COMPOS DISCHG	
PRI/PRLM PRCS CMPLT				*****							
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	*****	*****		*****	25	27	(19)	0		
00310 I O O	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		WHEN COMPOS DISCHG	
EFFLUENT GROSS VALUE				*****							
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	152	166	(19)	0		
00530 F O O	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		WHEN COMPOS DISCHG	
PRI/PRLM PRCS CMPLT				*****							
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	17	21	(19)	0		
00530 I O O	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		WHEN COMPOS DISCHG	
EFFLUENT GROSS VALUE				*****							
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****		*****	14.1	15.0	(19)	0		
00610 F O O	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		WHEN COMPOS DISCHG	
PRI/PRLM PRCS CMPLT				*****							
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****		*****	13.0	14.0	(19)	0		
00610 I O O	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		WHEN COMPOS DISCHG	
EFFLUENT GROSS VALUE				*****							
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	20.00	23.40	(03)	*****	*****	*****		0		
00050 F O O	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	MGD	*****	*****	*****	*****		WHEN CONTIN DISCHG	
PRI/PRLM PRCS CMPLT											

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		
			502 540-6000 AREA CODE NUMBER	07	09	17
TYPED OR PRINTED						

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

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	prim.		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																															
																final	final																																														
8/1	80.7	80.7	0.0	66	82	7.3	6.8	5.5	0.1	170	25			5.5	290	238	18	15.0	10.7	9.1	11.7	2.7	2.4	213	79	0.77	0.42	3.93	0.010	258	18	0.00																															
8/2	80.1	80.1	0.0	66	83	7.3	6.8	14.0	0.1	294	9			6.6	376	226	14	15.0	10.1	8.6	16.0	2.5	2.1	240	97	0.71	0.22	3.53	0.010	71	20	0.00																															
8/3	81.6	81.6	0.0	66	81	7.3	6.8	7.5	0.1	208	14			6.5	334	229	15	14.9	9.4	8.3	13.9	2.7	2.5	232	85	0.72	0.22	3.98	0.010	72	19	0.00																															
8/4	79.1	79.1	0.0	71	78	7.2	6.6	18.0	0.2	296	14			5.9	394	275	17	15.1	10.0	9.0	12.0	3.4	3.0	214	63	0.74	0.23	3.71	0.010	76	17	0.00																															
8/5	112.3	88.9	23.4	69	83	6.9	6.7	19.0	0.0	376	19			5.8	288	179	24	15.1	11.2	9.5	15.0	2.9	2.5	204	71	0.69	0.20	6.25	0.010	46	11	0.00																															
8/6	83.9	83.9	0.0	71	82	7.5	6.6	6.0	0.1	206	10			6.5	337	268	14	15.0	10.1	8.8	15.5	2.9	2.5	264	91	0.84	0.24	3.56	0.010	160	16	0.00																															
8/7	83.6	83.6	0.0	69	85	7.3	6.8	11.0	0.1	250	11			5.5	328	268	16	15.0	10.6	8.9	12.0	2.6	2.1	229	88	0.89	0.29	3.64	0.010	113	16	0.00																															
8/8	85.1	85.1	0.0	70	82	7.3	6.8	12.0	0.1	280	11			8.8	325	192	19	15.1	10.4	9.0	12.4	2.7	2.3	207	77	0.84	0.29	4.10	0.010	85	18	0.00																															
8/9	85.6	85.6	0.0	69	85	7.3	6.7	11.0	0.1	248	8			5.6	328	245	12	15.0	10.4	8.9	11.6	2.7	2.3	221	82	0.77	0.29	4.26	0.010	5	20	0.00																															
8/10	83.7	83.7	0.0	69	85	7.5	6.8	14.0	0.1	468	10			7.3	412	232	17	15.1	9.5	7.9	12.1	2.5	2.0	237	95	0.72	0.36	3.33	0.010	50	21	0.00																															
8/11	75.4	75.4	0.0	70	84	7.4	6.8	11.5	0.1	352	16			5.4	317	198	23	15.1	10.1	8.5	11.5	2.8	2.4	230	81	0.79	0.35	4.06	0.010	36	18	0.00																															
8/12	73.4	73.4	0.0	68	82	7.3	6.9	11.0	0.1	270	8			5.9	255	199	20	14.9	10.1	8.7	14.7	3.0	2.6	292	96	0.84	0.31	3.11	0.010	154	20	0.00																															
8/13	80.3	80.3	0.0	69	84	7.2	6.8	19.0	0.1	428	12			6.2	559	298	20	14.9	10.1	8.5	14.2	2.7	2.3	277	102	0.79	0.25	4.19	0.010	16050	16	0.00																															
8/14	79.7	79.7	0.0	69	82	7.2	6.7	16.0	0.1	392	11			6.2	486	329	20	15.4	9.9	8.5	10.5	2.8	2.3	272	97	0.87	0.21	4.48	0.010	52	18	0.00																															
8/16	113.0	94.2	18.8	69	86	7.4	6.7	19.0	0.1	454	26			6.6	487	323	19	15.2	11.4	9.9	13.4	2.9	2.5	324	110	0.71	0.51	4.73	0.010	2517	17	0.00																															
8/17	100.1	94.6	5.5	69	84	7.4	6.6	9.0	0.1	220	13			6.4	467	282	37	15.0	11.0	9.6	11.2	3.0	2.7	314	104	0.86	0.22	7.04	0.010	17	16	0.00																															
8/18	79.1	79.1	0.0	69	82	7.3	6.8	4.5	0.1	178	9			5.6	270	298	10	15.0	12.1	10.3	13.3	4.0	3.5	311	77	0.90	0.29	3.88	0.010	116	16	0.00																															
8/19	77.2	77.2	0.0	69	83	7.3	6.8	3.5	0.1	152	10			5.7	280	280	13	15.1	11.7	10.0	13.2	3.1	2.7	319	101	0.94	0.35	4.16	0.010	266	19	0.00																															
8/20	82.2	82.2	0.0	69	84	7.3	6.8	10.0	0.1	312	10			5.3	383	284	14	15.1	11.9	10.1	11.9	3.1	2.6	329	104	0.98	0.38	8.18	0.010	70	19	0.00																															
8/21	155.0	109.9	45.1	69	83	7.4	6.7	7.5	0.1	284	23			5.4	282	209	28	15.0	11.3	9.8	13.3	2.8	2.4	282	100	0.92	0.20	6.65	0.010	4550	12	0.00																															
8/22	113.5	111.5	2.0	69	81	7.4	6.8	8.0	0.1	314	10			6.0	327	206	27	15.2	12.6	10.6	14.1	2.8	2.3	263	98	0.91	0.36	4.21	0.010	193	11	0.00																															
8/23	89.5	89.5	0.0	69	83	7.4	6.7	17.0	0.1	406	7			5.6	320	230	16	15.0	11.5	10.0	13.2	3.5	3.1	300	86	0.89	0.28	3.68	0.010	72	14	0.00																															
8/24	86.9	86.9	0.0	69	84	7.5	6.7	13.5	0.1	400	12			5.8	343	231	15	15.0	12.3	10.4	16.3	3.4	2.9	298	91	0.82	0.26	3.72	0.010	480	15	0.00																															
8/25	112.5	74.4	38.1	69	83	7.2	6.7	9.5	0.1	330	19			6.3	270	209	25	15.1	11.1	9.2	12.4	3.2	2.6	316	98	0.84	0.15	6.02	0.010	46	16	0.00																															
8/26	92.5	82.2	10.3	69	83	7.2	6.6	5.0	0.1	158	10			6.0	223	227	19	15.3	12.7	10.6	13.5	3.1	2.6	292	96	0.96	0.21	3.99	0.010	276	11	0.00																															
8/27	81.0	81.0	0.0	69	81	7.5	6.7	8.5	0.1	248	8			6.0	320	257	10	15.3	12.0	10.0	15.1	3.2	2.7	352	110	0.99	0.22	3.49	0.010	85	15	0.00																															
8/28	78.8	78.8	0.0	69	83	7.4	6.8	11.0	0.1	208	8			5.5	284	292	10	15.1	12.0	10.1	12.3	3.5	2.9	359	105	0.88	0.22	4.19	0.010	21	17	0.00																															
8/29	85.6	85.6	0.0	69	82	7.5	6.6	14.0	0.1	362	11			6.3	350	306	11	15.2	12.5	10.6	11.5	3.4	2.9	320	94	0.89	0.23	3.22	0.010	52	16	0.00																															
8/30	95.1	95.1	0.0	69	80	7.4	6.6	12.0	0.1	298	13			5.1	276	244	11	15.1	13.1	11.1	9.9	3.2	2.7	297	95	0.91	0.30	3.29	0.010	95	17	0.00																															
8/31	82.7	82.7	0.0	69	79	7.4	6.7	10.0	0.1	380	10			5.8	260	194	8	15.1	13.5	11.2	12.5	3.5	2.9	343	99	0.89	0.29	2.72	0.010	20	16	0.00																															
Total	2769.1	2625.9	143.2																																																												
Average	89.3	84.7	4.6	69	83	7.3	6.7	11.4	0.1	302	13			6.0	339	252	17	15.1	11.2	9.5	13.0	3.0	2.6	278	93	0.844	0.277	4.35	0.010	104	16	0.00																															
SEWER CONNECTIONS																																	136033	TIME	4	844122	STATION																										

SEWER CONNECTIONS

136033 TIMES 4 = 544132 SEWER POPULATION

IND. WASTER POPULATION EQ
 CUSTOMERS 331
 FLOW 306590
 BOD 941582
 TSS 528589

Authorized Agent

Certification No. 4663



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

IMSAST0004

Discharge Report

Aug 01, 2007 12:00 AM thru Aug 31, 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
SMH Sewer Manhole	08935-SM	1001 BRECKENRIDGE LN		MIDDLE FORK BEARGRASS CREEK	STREAM

<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	696391	08/21/07 09:55 AM	MICHAEL GRIFFITH	LACK OF SYSTEM CAPACITY	DISCHARGE TO WATERS OF THE US	08/21/07 10:47 AM

Spot Inspections:

Discharge Amount:	4,579 GAL
Cause:	RAIN EVENT RELATED
Clean Up:	THE MAGNITUDE OF THE STORM DID NOT FACILITATE CLEANUP
Control Zone:	THE MAGNITUDE OF THE STORM DID NOT ALLOW CONTROL ZONE SETUP
Impact:	THE MAJORITY OF THIS OVERFLOW CONSISTED PRIMARILY OF STORMWATER WITH SOME SEWAGE
Repair:	RAIN EVENT RELATED - THIS SITE IS IN MSD CAPITAL PLAN FOR ABATEMENT

Notifications:

08/21/07 12:59 PM	Email notification of unauthorized discharge sent to Harkins.John@epamail.epa.gov and eppc.ert@ky.gov
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Metropolitan Sewer District

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Discharge Report

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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 72571-X	Facility Address 4600 CHAMPIONS TRACE LN	If Pump Station, Name of Pump Station:	Receiving Stream SOUTH FORK BEARGRASS CREEK	Discharge to STREAM
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<u>Activity Code / Description</u>	<u>WQ #</u>	<u>Initiated</u>	<u>Initiated By</u>	<u>Problem</u>	<u>Resolution</u>	<u>Completed</u>
DISREV: RAIN EVENT DISCHARGE	696392	08/21/07 11:05 AM	MICHAEL GRIFFITH	LACK OF SYSTEM CAPACITY	DISCHARGE TO WATERS OF THE US	08/21/07 11:36 AM

Spot Inspections:

Discharge Amount:	12,470 GAL
Cause:	RAIN EVENT RELATED
Clean Up:	THE MAGNITUDE OF THE STORM DID NOT FACILITATE CLEANUP
Control Zone:	THE MAGNITUDE OF THE STORM DID NOT ALLOW CONTROL ZONE SETUP
Impact:	THE MAJORITY OF THE OVERFLOW CONSISTED PRIMARILY OF STORMWATER WITH SOME SEWAGE.
Repair:	THIS SITE IS IN MSD CAPITAL PLAN FOR ABATEMENT

Notifications:

08/21/07 12:59 PM	Email notification of unauthorized discharge sent to Harkins.John@epamail.epa.gov and eppc.ert@ky.gov
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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 CSO131	Facility Address 1630 FRANKFORT AVE	If Pump Station, Name of Pump Station:	Receiving Stream SOUTH FORK BEARGRASS CREEK	Discharge to
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<u>Activity Code / Description</u> DISDW: DRY WEATHER DISCHARGE	<u>WO #</u> 694277	<u>Initiated</u> 08/06/07 10:40 AM	<u>Initiated By</u> CLYDE MORRISON	<u>Problem</u> STRUCTURAL FAILURE	<u>Resolution</u> DISCHARGE TO WATERS OF THE US	<u>Completed</u> 08/06/07 11:38 AM
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Spot Inspections:

Discharge Amount:	200 GAL
Cause:	MSD STRUCTURAL FAILURE - CHAIN ON FLAP GATE BROKE
Clean Up:	THE LOCATION OF THE CSO DOES NOT ALLOW CLEANUP
Control Zone:	ADVISED CUSTOMER TO AVOID DIRECT CONTACT WITH SEWAGE
Impact:	CSO 131 DISCHARGING SEWAGE INTO THE CREEK.
Repair:	WORK ORDER 694292 - REPAIRED THE FLAP GATE

Notifications:

08/06/07 12:59 AM	Email notification of unauthorized discharge sent to Harkins.John@epamail.epa.gov and eppc.ert@ky.gov
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Discharge Report

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KPDES #
KY0022411 (Cont'd)

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	IS023A-SI	2316 SENECA VALLEY RD			

<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	696662	08/23/07 01:01 PM	EDGAR BERGLUND	STRUCTURAL FAILURE	DISCHARGE TO WATERS OF THE US	08/23/07 03:50 PM

Spot Inspections:

Discharge Amount:	50 GAL
Cause:	STRUCTURAL FAILURE TO THE 8 INCH SIPHON RUNNING ACROSS CREEK.
Clean Up:	BYPASS PUMPING AROUND MANHOLE.
Control Zone:	SIGNS PUT OUT ALONG CREEK.
Impact:	SMALL AMOUNT OF SEWAGE LEAKING FROM SIPHON COMING OUT OF CREEK BANK.
Repair:	WORK ORDER 696657 - INSTALLED 37.5 FEET OF 8-INCH CAST IRON PIPE AND PLUGGED THE OLD LINE WITH WATER PLUG

Notifications:

08/23/07 12:59 PM	Email notification of unauthorized discharge sent to Harkins.John@epamail.epa.gov and eppc.ert@ky.gov
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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	Facility ID	Facility Address	If Pump Station, Name of Pump Station:	Receiving Stream	Discharge to
SLS Sewer Lift Station	MSD0183-PS	3450 WOODSIDE RD	GLENVIEW HILLS	OHIO RIVER	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	695785	08/16/07 07:30 PM	NOBLE MARKS JR	POWER OUTAGE (LG&E)	DISCHARGE TO WATERS OF THE US	08/16/07 08:20 PM

Spot Inspections:

Discharge Amount:	1,500 GAL
Cause:	LOUISVILLE GAS AND ELECTRIC POWER OUTAGE
Clean Up:	WASHED THE AFFECTED AREA DOWN. RAKED AND HAULED AWAY DEBRIS
Control Zone:	SIGNS POSTED AND AREA TAPED OFF
Impact:	SLIGHT DISCOLORATION OF STREAM
Repair:	GENERATOR PUT IN PLACE TILL POWER IS RESTORED

Notifications:

08/16/07 12:59 PM	Email notification of unauthorized discharge sent to Harkins.John@epamail.epa.gov and eppc.ert@ky.gov
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