



**MSD**

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

December 27, 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 November 1 to November 30, 2007 are enclosed. All permit requirements were met for the month of November, 2007.

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

Sincerely,

Alex E. Novak  
Operations Manager

paw

MFDMR1107.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 FORNAN STP

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

MAJOR  
(SUBR LV)  
F - FINAL

ADDRESS C/O LOUISVILLE/JEFF CO MSD  
4522 ALGONQUIN PKWY

KY0022411  
PERMIT NUMBER

301  
DISCHARGE NUMBER

LOUISVILLE KY 40211-2497

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	11	01		07	11	30

FACILITY MSD MORRIS FORN STP  
LOCATION LOUISVILLE KY 40211

MUNICIPAL DISCHARGE  
EFFLUENT

ATTN: ALEX E NOVAK, OPER MGR


\*\*\* NO DISCHARGE 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	*****	*****		5.3	*****	*****	( 19)	0		
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L			DAILY GRAB
BOD, 5-DAY (20 DEG. C)	00310 5 0 0	12,653	14,150	( 26)	*****	18	21	( 19)	0		
SEC/BIDL PRCS CMPLT	PERMIT REQUIREMENT	REPORT	REPORT		*****	30	45				DAILY COMPOS
BOD, 5-DAY (20 DEG. C)	00310 9 0 0	253,981	265,978	( 26)	*****	338	382	( 19)	0		
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT				DAILY COMPOS
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.6	*****	7.1	( 12)	0		
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0	MG/L			DAILY GRAB
SOLIDS, TOTAL SUSPENDED	00500 5 0 0	8,648	11,206	( 26)	*****	12	17	( 19)	0		
SEC/BIDL PRCS CMPLT	PERMIT REQUIREMENT	REPORT	REPORT		*****	30	45				DAILY COMPOS
SOLIDS, TOTAL SUSPENDED	00500 9 0 0	235,135	250,545	( 26)	*****	304	338	( 19)	0		
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT				DAILY COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	00610 5 0 0	10,695	11,649	( 26)	*****	15.3	17.6	( 19)	0		
SEC/BIDL PRCS CMPLT	PERMIT REQUIREMENT	REPORT	REPORT		*****	20	30				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		DATE		
502	540-6000	07	12	27
AREA CODE	NUMBER	YEAR	MO	DAY

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

I - INFLUENT  
E - SECONDARY EFFLUENT  
F - FINAL EFFLUENT

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
 NAME MSD MORRIS FORMAN STP

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

Form Approved.  
 OMB No. 2040-0004

ADDRESS C/O LOUISVILLE/JEFF CO MSD  
 4522 ALDRICH/QUIN HWY

KY0022411  
 PERMIT NUMBER

0011  
 DISCHARGE NUMBER

MAJOR (SUBR LV)  
 F - FINAL

JEFFE

FACILITY LOCATION MSD MORRIS FORM STP  
 LOUISVILLE KY 40211

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	11	01		07	11	30

MUNICIPAL DISCHARGE  
 EFFLUENT

\*\*\* 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			
NITROGEN, AMMONIA TOTAL (AS N) 30510 3 0 0	9270	10191	( 26 )	*****	13.1	15.1	( 19 )	0			
RAW SEW/INFLUENT	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 2 0 0	87.4	149.4	( 03 )	*****	*****	*****		0			
SEC/BIOLOGICAL PROC CAPLT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		CONTIN	CONTIN	
CHLORINE, TOTAL RESIDUAL 50020 1 0 0	*****	*****		*****	0.010	0.010	( 19 )	0			
EFFLUENT GROSS VALUE	*****	*****	****	*****	0.019 MD AVG	0.019 DAILY MX	MG/L		DAILY	GRAB	
COLIFORM, FECAL GENERAL 14055 1 2 0	*****	*****	****	*****	47	147	( 13 )	2			
EFFLUENT GROSS VALUE	*****	*****	****	*****	1000 30DA GED	2000 #/ 7 DA GED	100ML		DAILY	GRAB	
BOD, 5-DAY PERCENT REMOVAL 31010 1 0 0	*****	*****	****	95	85 MD MIN	*****	***** PER-CENT	0	ONCE/	CALCTD MONTH	
PERCENT REMOVAL	*****	*****	****	97	85 MD MIN	*****	***** PER-CENT	0	ONCE/	CALCTD MONTH	
SOLIDS, SUSPENDED PERCENT REMOVAL 31011 1 0 0	*****	*****	****	97	85 MD MIN	*****	***** PER-CENT	0	ONCE/	CALCTD MONTH	
PERCENT REMOVAL	*****	*****	****	97	85 MD MIN	*****	***** PER-CENT	0	ONCE/	CALCTD MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 H. J. SCHARDEIN, JR.  
 EXECUTIVE DIRECTOR

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*[Signature]*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
502	540-6000	07	12	27
AREA CODE	NUMBER	YEAR	MO	DAY

TYPED OR PRINTED

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

I - INFLUENT  
 E - SECONDARY EFFLUENT  
 F - FINAL EFFLUENT

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
 NAME MSD MORRIS FORDAN STP

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

Form Approved.  
 OMB No. 2040-0004

ADDRESS C/O LOUISVILLE/JEFF CO MSD  
 4582 ALGONQUIN PKWY  
 LOUISVILLE KY 40211-2497

KY0022411  
 PERMIT NUMBER

001 B  
 DISCHARGE NUMBER

MAJOR (SUBR LV)  
 F - FINAL

JEFFE

FACILITY MSD MORRIS FORM STP  
 LOCATION LOUISVILLE KY 40211

MONITORING PERIOD							
YEAR	MO	DAY	FROM	TO	YEAR	MO	DAY
07	11	01			07	11	30

SECONDARY BYPASS  
 EFFLUENT

\*\*\* 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			
BOD, 5-DAY (20 DEG. C)	*****	*****	*****	*****	*****	227	408	( 19)	0	WHEN COMPOS DISCHG	
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT MD AVG	REPORT MX WK AV	MG/L			
BOD, 5-DAY (20 DEG. C)	*****	*****	*****	*****	*****	34	62	( 19)	0	WHEN COMPOS DISCHG	
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT MD AVG	REPORT MX WK AV	MG/L			
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	255	940	( 19)	0	WHEN COMPOS DISCHG	
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT MD AVG	REPORT MX WK AV	MG/L			
SOLIDS, TOTAL SUSPENDED	*****	*****	*****	*****	*****	46	126	( 19)	0	WHEN COMPOS DISCHG	
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT MD AVG	REPORT MX WK AV	MG/L			
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	13.8	18.0	( 19)	0	WHEN COMPOS DISCHG	
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT MD AVG	REPORT MX WK AV	MG/L			
NITROGEN, AMMONIA TOTAL (AS N)	*****	*****	*****	*****	*****	12.9	17.0	( 19)	0	WHEN COMPOS DISCHG	
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT MD AVG	REPORT MX WK AV	MG/L			
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	25.20	38.40	( 03)	0	WHEN CONTIN DISCHG	
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT MD AVG	REPORT MX WK AV	MGD			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 H. J. SCHARDEIN, JR.  
 EXECUTIVE DIRECTOR

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*Richard Salmo*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
502	540-6000	07	12	27
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

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 FLOW TSS TVSS			AERATION BASIN				ACTIVE		CHLORINATION			FINAL						
	Effluent	Effluent	Bypass	raw	final	raw	final	raw	final	raw	final	raw	final	final	raw	prim.	final	final	MG	g/L	g/L	mg/L	g/L	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				
																																		MLSS	MLVSS	Chlorine	Resid
11/1	81.4	81.4	0.0	68	71	7.5	6.8	14.0	0.1	290	20			5.9	314		226	13	15.6	13.9	11.0	13.2	4.2	3.3	417	100	1.21	0.26	2.33	0.010	30	17	0.00				
11/2	80.5	80.5	0.0	68	71	7.3	6.9	14.5	0.1	472	26			6.3	483		324	13	15.4	13.9	11.1	13.8	3.8	3.1	458	120	1.25	0.32	2.40	0.010	22	17	0.00				
11/3	78.0	78.0	0.0	64	70	7.2	6.8	14.5	1.0	508	30			5.9	496		358	25	15.4	14.1	11.3	11.4	4.4	3.5	493	114	1.29	0.39	2.54	0.010	82	17	0.00				
11/4	75.5	75.5	0.0	68	70	7.3	7.1	10.5	0.1	230	28			5.4	301		237	25	15.5	16.4	13.0	11.4	4.4	3.4	483	109	1.25	0.38	3.58	0.010	42	19	0.00				
11/5	115.1	95.9	19.2	65	71	7.2	6.8	6.0	2.5	176	83			5.9	270		252	52	15.2	15.1	12.2	12.3	4.0	3.2	464	116	1.24	0.38	5.83	0.010	64	18	0.00				
11/6	87.9	85.5	2.4	67	65	7.2	6.7	14.0	0.1	360	25			6.2	406		232	14	15.3	15.9	12.7	15.1	4.0	3.2	366	91	1.21	0.39	4.57	0.010	30	13	0.00				
11/7	76.4	76.4	0.0	65	67	7.5	6.7	14.0	0.1	316	14			5.6	382		244	8	15.3	15.2	12.1	13.7	4.1	3.3	482	116	1.18	0.38	2.24	0.010	21	18	0.00				
11/8	79.2	79.2	0.0	67	66	7.5	6.8	21.0	0.1	488	12			6.8	518		242	10	15.4	14.5	11.5	17.0	3.7	2.9	352	96	1.05	0.28	2.45	0.010	46	20	0.00				
11/9	77.5	77.5	0.0	65	68	7.5	6.9	6.5	0.1	312	14			5.3	358		278	7	15.3	12.5	10.0	14.3	4.7	3.8	441	94	0.99	0.30	2.51	0.010	30	20	0.00				
11/10	72.0	72.0	0.0	67	69	7.3	6.9	4.0	0.1	340	11			5.9	354		295	8	15.1	11.8	9.9	13.2	4.7	3.9	458	97	0.96	0.36	2.48	0.010	89	21	0.00				
11/11	74.2	74.2	0.0	65	69	7.5	6.9	4.0	0.1	200	13			6.1	331		226	8	15.4	11.9	9.6	14.9	4.1	3.3	413	101	1.01	0.36	2.69	0.010	42	20	0.00				
11/12	77.2	77.2	0.0	64	70	7.3	7.0	14.0	0.1	372	14			7.1	459		324	9	15.2	12.8	10.6	16.1	4.3	3.7	454	104	1.13	0.34	2.42	0.010	31	17	0.00				
11/13	120.9	104.8	16.1	65	69	7.3	6.9	14.0	3.0	384	126			5.7	353		408	62	15.1	11.7	10.0	13.7	3.5	3.1	351	99	1.20	0.28	4.90	0.010	35	16	0.00				
11/14	88.0	88.0	0.0	64	78	7.3	6.8	7.5	0.1	268	20			6.0	299		245	16	15.4	15.5	12.6	15.1	4.1	3.4	370	89	1.10	0.20	3.84	0.010	144	13	0.00				
11/15	83.1	83.1	0.0	65	67	7.5	6.7	6.0	0.1	230	18			5.9	318		297	12	15.3	14.2	11.4	11.8	4.5	3.6	436	97	1.17	0.29	2.60	0.010	21	15	0.00				
11/16	76.5	76.5	0.0	64	68	7.3	6.9	12.5	0.1	430	18			6.4	382		181	8	15.7	15.9	12.7	14.5	4.4	3.5	421	97	1.26	0.37	2.47	0.010	22	18	0.00				
11/17	74.4	74.4	0.0	64	70	7.4	6.9	12.0	0.1	424	14			6.6	384		240	9	15.2	15.9	12.7	16.3	4.4	3.6	424	97	1.22	0.36	2.70	0.010	23	20	0.00				
11/18	72.2	72.2	0.0	65	72	7.3	6.9	5.5	0.1	234	12			7.6	279		250	8	15.4	13.3	11.2	17.4	3.8	3.2	350	93	0.90	0.36	2.53	0.010	42	20	0.00				
11/19	77.7	77.7	0.0	61	68	7.4	6.8	8.5	0.1	242	10			7.4	364		278	9	15.1	13.8	11.6	17.4	4.2	3.3	429	103	0.95	0.37	2.64	0.010	19	19	0.00				
11/20	77.9	77.9	0.0	64	73	7.4	6.8	5.0	0.1	158	12			7.1	400		328	11	15.2	12.2	10.4	15.6	4.5	3.8	403	89	0.99	0.28	2.79	0.010	13	19	0.00				
11/21	135.1	100.4	34.7	61	75	7.0	6.8	13.0	0.4	420	55			7.0	394		328	51	15.2	13.7	11.1	14.4	4.1	3.4	343	83	0.98	0.36	5.70	0.010	29	17	0.00				
11/22	141.8	109.7	32.1	62	67	7.3	6.6	11.0	0.1	308	23			7.4	230		140	19	15.4	14.0	11.5	18.1	4.2	3.6	299	72	1.02	0.29	3.90	0.010	81	9	0.00				
11/23	82.0	82.0	0.0	59	65	7.4	6.9	8.0	0.1	218	6			7.4	198		121	10	15.4	10.7	9.4	18.2	4.2	3.6	390	93	1.12	0.18	1.81	0.010	6	17	0.00				
11/24	80.0	80.0	0.0	61	61	7.4	7.0	14.0	0.1	266	6			7.9	312		179	6	15.3	12.4	10.7	17.8	4.3	3.6	334	78	1.13	0.30	1.97	0.010	16	18	0.00				
11/25	109.1	90.9	18.2	57	62	7.4	6.9	11.0	0.3	182	11			7.3	174		146	23	14.7	12.2	10.7	17.6	4.1	3.6	318	78	1.02	0.39	2.76	0.010	54	15	0.00				
11/26	196.4	130.0	66.4	61	62	7.5	6.9	6.5	0.6	244	34			9.6	132		127	32	14.9	12.3	10.3	20.0	2.5	2.1	227	91	0.96	0.39	4.74	0.010	38200	7	0.00				
11/27	136.4	123.9	12.5	58	59	7.4	7.0	11.0	0.1	218	11			11.0	227		184	15	14.8	13.0	10.7	20.0	2.6	2.4	227	88	0.96	0.30	2.56	0.010	2150	8	0.00				
11/28	108.5	108.5	0.0	60	67	7.4	6.9	7.5	0.1	276	11			8.9	338		212	10	15.4	12.2	10.3	16.2	3.4	2.7	212	63	0.89	0.31	2.26	0.010	44	9	0.00				
11/29	97.8	97.8	0.0	59	67	7.3	6.9	15.0	0.1	314	12			7.7	348		211	10	15.1	12.7	10.5	17.9	4.4	3.7	237	55	0.83	0.31	2.42	0.010	35	12	0.00				
11/30	90.5	90.5	0.0	60	66	7.3	6.8	8.0	0.1	232	14			8.2	342		178	8	15.0	13.6	10.5	19.8	3.8	3.0	260	69	0.87	0.31	2.18	0.010	11	16	0.00				
Total	2823.2	2621.6	201.6																																		
Average	94.1	87.4	6.7	63	68	7.4	6.9	10.4	0.3	304	23			6.9	338		243	17	15.3	13.6	11.1	15.6	4.0	3.3	377	93	1.078	0.326	3.03	0.010	47	16	0.00				

SEWER CONNECTIONS

136370 TIMES 4 = 545480 SEWER POPULATION

IND. WASTER POPULATION EQ  
 CUSTOMERS                    334  
 FLOW                            350774  
 BOD                             1015909  
 TSS                             589687

Authorized Agent

Certification No. 4663

MORRIS FORMAN WASTEWATER TREATMENT PLANT

JEFFERSON COUNTY, KY

Month of Nov-07

Average Flow

SETTLING TANKS	Primary	Secondary		
		Battery A	Battery B	Battery C
Average Flow (MGD)	96.0	45.63	48.42	15.88
Tanks in Service	3.00	8.00	8.00	3.00
Surface Area (Ft.2)	57750.00	69200.00	69200.00	25950.00
Volume (MG)	6.25	7.09	7.09	2.66
Weir Length (Ft.)	2145.00	2868.00	2868.00	1075.50
Avg. Weir Overflow (GPD/Ft)	44767.85	15911.41	16883.46	14764.19
Avg. Settling Rate (GPD/Ft <sup>2</sup> )	1662.81	903.06	786.44	716.25
Avg. Detention Time	1.56	3.73	3.51	4.02

AERATION TANKS

Battery A    Battery B    Battery C

Volume (Gallons)	4200000	4200000	2100000
Avg. Flow (MGD)	51.63	54.42	18.50
Avg. Detention Time (Hours)	1.95	1.85	2.72

CHLORINE CONTACT CHAMBERS

Contact Chambers in Use	2.00
Volume (Gallons)	2340000
Avg. Detention Time (Hours)	0.58

Remarks: BY-PASS REPORTS (See Attached)



Report Selections: Treatment Plant: MSD0278 MORRIS FORMAN, Excluding PPI, CSO, Result: WUS, Act Code: DISDW, DISREV

<b>KPDES #</b> KY0022411	<b>Facility ID</b> MSD0278	<b>Treatment Plant Name</b> MORRIS FORMAN	<b>Receiving Stream of Treatment Plant</b> OHIO RIVER	<b>Region</b> WEST
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<b>Facility Type</b> SMH Sewer Manhole	<b>Facility ID</b> 29595	<b>Facility Address</b> 7636 DEER MEADOW DR	<b>If Pump Station, Name of Pump Station:</b>	<b>Receiving Stream</b>	<b>Discharge to</b>
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<b>Activity Code / Description</b> DISDW: DRY WEATHER DISCHARGE	<b>WO #</b> 720776	<b>Initiated</b> 11/03/07 02:05 PM	<b>Initiated By</b> DUNLAP	<b>Assigned To</b> DUNLAP	<b>Disch Stat</b>	<b>Event Date</b>	<b>Problem</b> ROOTS	<b>Resolution</b> DISCHARGE TO WATERS OF THE US	<b>Completed</b> 11/03/07 03:10 PM
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**Spot Inspections:**

Discharge Amount:	10 GAL
Cause:	ROOTS IN MAIN SEWER
Clean Up:	NO CLEAN UP REQUIRED WATER SOAKED INTO GROUND
Control Zone:	ADVISED CUSTOMER TO AVOID DIRECT CONTACT WITH SEWAGE; ALSO PLACED SIGNS AROUND IMPACTED AREA
Impact:	SMALL AMOUNT OF WATER AROUND MANHOLE. NO SEWAGE OR PAPER PRODUCTS PRESENT. SMALL DISCHARGE INTO CREEK
Repair:	WORK ORDERS 720773 AND 721336 - FLUSHED MAIN SEWER AND REPAIRED THE MAIN SEWER

**Notifications:**

11/03/07 02:05 PM	ADVISED CUSTOMER ON SITE
11/03/07 12:59 PM	Email notification of unauthorized discharge sent to Harkins.John@epa.gov, eppc.ert@ky.gov and bradley.kouns@ky.gov



Report Selections: Treatment Plant: MSD0278 MORRIS FORMAN, Excluding PPI, CSO, Result: WUS, Act Code: DISDW, DISREV

<b>KPDES #</b> KY0022411 (Cont'd)	<b>Facility ID</b> MSD0278	<b>Treatment Plant Name</b> MORRIS FORMAN	<b>Receiving Stream of Treatment Plant</b> OHIO RIVER	<b>Region</b> WEST
<b>Facility Type</b> SMH Sewer Manhole	<b>Facility ID</b> CSO113	<b>Facility Address</b> 1215 ELLISON AVE	<b>If Pump Station, Name of Pump Station:</b> SOUTH FORK BEARGRASS CREEK	<b>Discharge to</b> STREAM

<u>Activity Code / Description</u>	<u>WO #</u>	<u>Initiated</u>	<u>Initiated By</u>	<u>Assigned To</u>	<u>Disch Stat</u>	<u>Event Date</u>	<u>Problem</u>	<u>Resolution</u>	<u>Completed</u>
DISDW: DRY WEATHER DISCHARGE	721326	11/07/07 10:50 AM	MORRISON	BRIGHT	R	12/09/05	OBSTRUCTION-NOT GREASE / ROOTS	DISCHARGE TO WATERS OF THE US	11/07/07 11:35 AM

**Spot Inspections:**

Discharge Amount:	675 GAL
Cause:	OBSTRUCTION IN MAIN SEWER
Clean Up:	MSD PERSONNEL CLEANED AND SANITIZED THE IMPACTED AREA
Control Zone:	PLACED BARRICADES AND CONES AROUND THE AFFECTED AREA
Impact:	WATER WAS KICKING OVER THE DAM INTO THE CREEK
Repair:	FLUSHED MAIN SEWER AND REMOVED THE BLOCKAGE

**Notifications:**

11/07/07 12:24 PM	DISCHARGE TO CSO OVERFLOW, PUBLIC AWARENESS AT POINT OF OVERFLOW
11/07/07 12:59 AM	Email notification of unauthorized discharge sent to Harkins.John@epamail.epa.gov, eppc.ert@ky.gov and bradley.kouns@ky.gov

Total Facilities Printed: 2