



MSD

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

March 22, 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 February 1 to February 28, 2007 are enclosed. All permit requirements were met for the month of February, 2007.

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

Sincerely,

Alex E. Novak
Operations Manager

paw

MFDMR0207.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 670 LOUISVILLE/JEFF CO MSD
4502 ALCONGOUTN 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)

XY0022411
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MAJOR
(SUBR LV)
F - FINAL

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	02	01		07	02	28

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			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****		6.6	*****	*****	(19)	0		
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	INST MIN	*****	*****	MG/L		DAILY	GRAB
EFFLUENT GROSS VALUE											
DO, 3-DAY (20 DEG. C)	SAMPLE MEASUREMENT	19,690	21,705	(26)	*****	23	28	(19)	1		
00310 2 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	30	45			DAILY	COMPOS
SEC/BIOLOGICAL PROCS CMPLT		MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV	MG/L			
DO, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	250,393	265,580	(26)	*****	269	320	(19)	0		
00310 3 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT			DAILY	COMPOS
RAW SEW/INFLUENT		MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV	MG/L			
PH	SAMPLE MEASUREMENT	*****	*****		6.7	*****	7.0	(12)	0		
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		DAILY	GRAB
EFFLUENT GROSS VALUE											
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	18,816	20,829	(26)	*****	21	24	(19)	0		
00530 2 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	30	45			DAILY	COMPOS
SEC/BIOLOGICAL PROCS CMPLT		MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV	MG/L			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	238,839	269,638	(26)	*****	253	313	(19)	0		
00530 3 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT			DAILY	COMPOS
RAW SEW/INFLUENT		MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV	MG/L			
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	6,157	6,234	(26)	*****	7.3	8.4	(19)	0		
00610 2 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	20	30			DAILY	COMPOS
SEC/BIOLOGICAL PROCS CMPLT		MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV	MG/L			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		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.				TELEPHONE		DATE			
H. J. SCHARDEIN, JR. EXECUTIVE DIRECTOR						502	540-6000	07	03	22	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE	NUMBER	YEAR	MO	DAY	

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

0 - INFLUENT
E - SECONDARY EFFLUENT
F - FINAL EFFLUENT

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


NAME MSD MORRIS FORMAN STP
ADDRESS 670 LOUISVILLE/JEFF CO MSD
4502 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			001 1			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	02	01		07	02	28

MAJOR (SUBR LV)
F - FINAL JEFFE
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) 00610 3 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	7953	8300	(26)	*****	9.4	11.3	(19)	0		
	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		DAILY	COMPOS
LOW, IN CONDUIT OR THRU TREATMENT PLANT 00050 5 0 0 SEC/BIOLOGICAL PROCESSEMENT	SAMPLE MEASUREMENT	105.6	169.0	(03)	*****	*****	*****		0		
	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	*****		CONTINUOUS	CONTINUOUS
CHLORINE, TOTAL RESIDUAL 00060 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 04055 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	186	307	(13)	7		
	PERMIT REQUIREMENT	*****	*****	*****	*****	1000 30DA GED	2000 7 DA GED	100ML		DAILY	GRAB
BOD, 5-DAY PERCENT REMOVAL 01010 4 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		92	*****	*****	(23)	0		
	PERMIT REQUIREMENT	*****	*****	*****	85 MD MIN	*****	*****	PERCENT		ONCE/MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL 01011 4 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		92	*****	*****	(23)	0		
	PERMIT REQUIREMENT	*****	*****	*****	85 MD MIN	*****	*****	PERCENT		ONCE/MONTH	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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	07	03	22
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

0 - INFLUENT
E - SECONDARY EFFLUENT

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

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4522 ALCONQUIN PKWY
LOUISVILLE KY 40211-2497

FACILITY MSD MORRIS FORM STP
LOCATION LOUISVILLE KY 40211

ATTN: ALAN E NOVAK, OPER MGR

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

KY0022411	001 B
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR (SUBR LV)
F - FINAL JEFFE

SECONDARY BYPASS
EFFLUENT

*** NO DISCHARGE ***

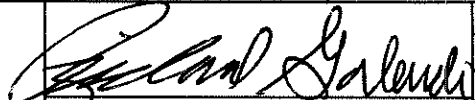
NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
WATER TEMPERATURE (20 DEG. C)	SAMPLE MEASUREMENT	*****	*****		*****	139	144	(19)	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
WATER TEMPERATURE (20 DEG. C)	SAMPLE MEASUREMENT	*****	*****		*****	40	50	(19)	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	111	119	(19)	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	45	74	(19)	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	9.3	10.5	(19)	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****		*****	7.2	7.5	(19)	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	47.25	73.60	(03)	*****	*****	*****		0		
	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	MGD	*****	*****	*****	*****		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 OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
502	540-6000	07	03	22
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.

F - FINAL EFFLUENT

SECONDARY BYPASS AFTER PRIMARY TREATMENT

DATE	WASTEWATER FLOWS (Million Gallons)				TEMP (DEGF)	pH		SETS (ML)		TSS (mg/L)		TS (mg/L)		D.O. (mg/L)	5-DAY BOD (mg/L)				RETURN SLUDGE FLOW								AERATION BASIN				ACTIVE		CHLORINATION			FINAL EFFLUENT	
	Final Effluent	Sec Effluent	Bypass			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	Coliform #/100 ml	NH3-N mg/L	Pump Hours				
2/1	95.6	95.6	0.0		48	58	7.4	6.9	7.0	0.1	268	23		8.6	246	212	15	12.2	12.6	10.9	14.9	3.0	2.4	187	62	0.85	0.36	1.84	0.010	118	12	0.00					
2/2	96.5	96.5	0.0		48	55	7.5	6.9	14.0	0.1	332	20		9.0	362	252	14	12.6	12.3	10.0	16.1	3.3	2.6	189	59	0.92	0.30	1.61	0.010	867	6	0.00					
2/3	85.5	85.5	0.0		48	56	7.3	6.7	9.0	0.1	352	22		6.6	278	272	18	12.4	13.1	10.6	12.6	3.5	2.9	208	59	0.97	0.27	1.74	0.010	1150	9	0.00					
2/4	82.4	82.4	0.0		48	57	7.2	6.9	4.0	0.1	114	24		7.0	223	230	19	12.2	11.4	9.6	6.4	3.8	3.2	210	56	0.97	0.29	1.88	0.010	283	9	0.00					
2/5	82.0	82.0	0.0		49	55	7.4	6.9	11.0	0.1	326	19		7.0	309	319	23	12.4	9.0	7.9	2.2	4.2	3.7	223	53	0.96	0.28	1.99	0.010	117	11	0.00					
2/6	91.8	91.8	0.0		48	53	7.4	6.9	12.0	0.1	376	31		7.5	392	270	25	12.5	10.8	9.0	3.6	3.2	2.7	213	67	1.03	0.34	1.83	0.010	321	11	0.00					
2/7	87.6	87.6	0.0		49	53	7.4	6.8	22.0	0.1	420	22		7.7	428	272	16	12.5	13.5	10.9	12.5	3.5	2.8	219	62	1.11	0.36	1.85	0.010	82	9	0.00					
2/8	83.3	83.3	0.0		48	57	7.3	6.8	19.0	0.1	176	27		9.5	388	256	16	12.8	12.5	10.3	14.8	3.7	2.9	227	62	1.13	0.37	1.77	0.010	26	10	0.00					
2/9	84.7	84.7	0.0		49	57	7.4	6.8	19.0	0.1	404	26		9.5	437	269	19	12.5	13.8	11.5	11.4	3.6	3.0	212	59	1.12	0.36	1.49	0.010	580	11	0.00					
2/10	80.1	80.1	0.0		50	57	7.3	6.8	17.5	0.1	524	26		8.5	379	242	18	12.6	14.8	12.2	10.2	3.8	3.1	230	61	1.04	0.28	2.01	0.010	1	9	0.00					
2/11	81.5	81.5	0.0		49	56	7.3	6.7	6.5	0.1	376	20		8.3	247	221	15	12.5	11.8	9.9	13.9	4.8	3.9	238	50	1.01	0.35	1.78	0.010	75	13	0.00					
2/12	119.9	95.7	24.2		49	55	7.2	6.8	12.0	0.4	276	66		8.1	274	224	26	12.6	12.8	11.0	13.4	4.7	4.0	214	46	1.07	0.37	3.43	0.010	124	12	0.00					
2/13	274.1	121.5	152.6		49	56	7.3	7.0	8.0	3.5	168	126		12.3	136	100	90	12.6	11.2	9.6	18.0	3.5	3.0	203	58	1.08	0.27	8.39	0.010	256	5	0.00					
2/14	173.5	129.5	44.0		46	49	7.5	6.9	6.5	0.2	148	27		14.8	162	108	33	12.6	11.4	9.6	19.6	3.8	3.2	171	45	1.09	0.27	4.33	0.010	127	5	0.00					
2/15	143.0	131.5	11.5		48	52	7.3	6.9	10.0	0.1	212	26		13.1	209	123	18	12.6	9.9	8.5	18.3	2.5	2.2	158	65	1.06	0.35	1.58	0.010	1500	7	0.00					
2/16	118.4	118.4	0.0		48	51	7.1	6.8	10.0	0.1	200	14		9.7	289	208	20	12.4	11.5	9.7	16.2	3.7	3.3	148	40	0.97	0.18	2.01	0.010	290	7	0.00					
2/17	120.3	118.3	2.0		48	58	7.3	6.9	8.5	0.1	182	21		8.4	193	128	18	12.2	11.9	10.4	16.9	3.3	3.0	149	45	0.90	0.29	2.11	0.010	218	8	0.00					
2/18	102.5	102.5	0.0		48	58	7.3	6.8	8.0	0.1	136	20		8.7	138	104	14	12.4	11.9	9.9	16.6	3.5	3.0	150	43	0.95	0.30	1.79	0.010	200	8	0.00					
2/19	105.4	105.4	0.0		48	59	7.3	6.8	8.0	0.1	182	16		9.9	234	163	18	12.2	10.0	8.6	18.2	3.6	3.1	149	42	0.95	0.26	1.79	0.010	63	8	0.00					
2/20	108.0	108.0	0.0		48	60	7.4	6.8	11.0	0.1	180	20		9.2	264	210	21	11.9	11.9	10.0	15.5	3.5	2.8	143	42	0.91	0.26	1.71	0.010	308	9	0.00					
2/21	102.3	102.3	0.0		48	61	7.3	6.8	18.0	0.1	304	24		8.7	446	245	22	12.0	11.6	9.6	13.0	3.4	2.8	142	44	0.93	0.26	1.60	0.010	700	7	0.00					
2/22	105.2	105.2	0.0		48	61	7.3	7.0	5.5	0.1	144	29		9.1	263	284	23	11.7	12.4	10.9	13.0	4.1	3.5	175	43	0.93	0.30	1.86	0.010	250	8	10.00					
2/23	115.5	115.5	0.0		48	61	7.5	6.8	21.0	10.0	320	32		7.1	336	229	28	12.1	12.5	10.6	8.0	2.9	2.4	174	60	0.95	0.22	1.90	0.010	560	7	24.00					
2/24	146.6	115.6	31.0		48	59	7.4	6.7	3.0	0.1	124	38		8.4	161	144	41	12.2	14.0	12.0	17.8	3.1	2.7	183	59	1.07	0.22	3.45	0.010	30	9	24.00					
2/25	227.1	125.6	101.5		48	55	7.5	6.8	2.0	1.2	148	50		14.5	86	78	58	12.1	13.1	11.3	20.0	3.0	2.5	185	61	1.02	0.24	3.82	0.010	168	5	24.00					
2/26	189.9	134.3	55.6		48	56	7.5	7.0	6.5	0.1	184	34		11.0	171	138	48	12.1	12.8	10.5	19.6	2.6	2.2	166	64	0.93	0.25	3.30	0.010	3450	6	24.00					
2/27	163.1	138.2	24.9		48	57	7.5	6.9	8.5	0.1	244	28		9.8	231	159	36	12.1	13.0	10.8	18.6	2.5	2.2	159	64	0.92	0.30	2.32	0.010	96	7	24.00					
2/28	164.7	139.5	25.2		48	57	7.4	6.9	8.5	0.1	256	26		10.4	262	191	33	12.3	10.6	9.2	16.5	3.5	3.0	161	47	0.89	0.32	2.32	0.010	118	8	24.00					
Total Average	3430.5 122.5	2958.0 105.6	472.5 16.9		48 56	7.4 6.8	10.6 0.6	253 31						9.4 269		202 27		345.3 12.3	12.1 10.2		14.2 3.5	2.9 185	54			27.73 0.99	8.22 0.29	2.41 0.010	186	8	154.0 5.50						

136308 TIMES 4 = 545232 SEWER POPULATION

IND. WASTER POPULATION EQ	
CUSTOMERS	481
FLOW	621605
BOD	1074019
TSS	684402

Authorized Agent

Certification No. 4663



MSD Louisville and Jefferson County
Metropolitan Sewer District

IMSAST0004
Discharge Report

Feb 01, 2007 12:00 AM thru Feb 28, 2007 11:59 PM

Report Selections: Excluding PPI, CSO, UPSET, BYPAS, 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
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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	638485	02/13/07 4:05 PM	MICHAEL GRIFFITH	LACK OF SYSTEM CAPACITY	DISCHARGE TO WATERS OF THE US	02/14/07 01:45 AM

Spot Inspections:

Discharge Amount:	720,000 GAL
Cause:	HEAVY RAIN
Clean Up:	RAIN EVENT RELATED - CLEANUP NOT FEASIBLE
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: MANY AREA CREEKS LEFT THEIR BANKS
Repair:	RAIN EVENT RELATED - THIS SITE IS IN MSD CAPITAL PLAN FOR ABATEMENT

Notifications:

02/13/07 12:59 PM	Email notification of unauthorized discharge sent to Harkins.John@epamail.epa.gov and eppc.ert@ky.gov
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MSD Louisville and Jefferson County
Metropolitan Sewer District

IMSAST0004
Discharge Report

Feb 01, 2007 12:00 AM thru Feb 28, 2007 11:59 PM

Report Selections: Excluding PPI, CSO, UPSET, BYPAS, 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		
Activity Code / Description DISREV: RAIN EVENT DISCHARGE	WO # 641779	Initiated 02/24/07 11:29 PM	Initiated By WILLIAM BRIGHT	Problem PUMPED OVERFLOW	Resolution DISCHARGE TO WATERS OF THE US	Completed 02/25/07 03:59 AM

Spot Inspections:

Discharge Amount:	239,000 GAL
Cause:	SET PUMPS TO ALLEVIATE PROPERTY DAMAGE AND FLOODING DURING A SIGNIFICANT RAIN EVENT.
Clean Up:	AREA AROUND THE DISCHARGE SITE DID NOT NEED TO BE CLEAN ONCE THE RAIN SUBSIDED.
Control Zone:	MSD SET BARRICADES AND TEMPORARY SIGNS ON THE PUMPS
Impact:	THE MAJORITY OF THIS OVERFLOW CONSISTED PRIMARILY OF STORMWATER WHITH SOME SEWAGE.
Repair:	THIS LOCATION IS IN MSD'S CAPITAL PLAN ABATEMENT

Notifications:

02/24/07 12:59 PM	Email notification of unauthorized discharge sent to Harkins.John@epamail.epa.gov and eppc.ert@ky.gov
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MSD Louisville and Jefferson County
Metropolitan Sewer District

IMSAST0004
Discharge Report

Feb 01, 2007 12:00 AM thru Feb 28, 2007 11:59 PM

Report Selections: Excluding PPI, CSO, UPSET, BYPAS, 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	Facility ID	Facility Address	If Pump Station, Name of Pump Station:	Receiving Stream	Discharge to
SMH Sewer Manhole	18505	3540 RAMONA AVE		SOUTH FORK BEARGRASS CREEK	CATCH BASIN

<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	638488	02/13/07 8:30 PM	CLYDE MORRISON	PUMPED OVERFLOW	DISCHARGE TO WATERS OF THE US	02/14/07 05:00 AM

Spot Inspections:

Discharge Amount:	565,000 GAL
Cause:	SET PUMPS TO ALLEVIATE PROPERTY DAMAGE AND FLOODING DURING A SIGNIFICANT RAIN EVENT.
Clean Up:	MSD CLEANED THE OVERFLOW SITE ONCE THE RAIN SUBSIDED.
Control Zone:	MSD SET BARRICADES AND TEMPORARY SIGNS ON THE PUMPS
Impact:	THE MAJORITY OF THIS OVERFLOW CONSISTED PRIMARILY OF STORMWATER WITH SOME SEWAGE.
Repair:	THIS LOCATION IS IN MSD'S CAPITAL PLAN ABATEMENT

Notifications:

02/13/07 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

IMSAST0004

Discharge Report

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Report Selections: Excluding PPI, CSO, UPSET, BYPAS, 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 SMH Sewer Manhole	Facility ID 21101	Facility Address 4302 SHELBYVILLE RD	If Pump Station, Name of Pump Station: Receiving Stream UPPER SINKING FORK	Discharge to DITCH

Activity Code / Description	WO #	Initiated	Initiated By	Problem	Resolution	Completed
DISREV: RAIN EVENT DISCHARGE	638481	02/13/07 6:55 PM	CLYDE MORRISON	PUMPED OVERFLOW	DISCHARGE TO WATERS OF THE US	02/14/07 09:57 AM

Spot Inspections:

Discharge Amount:	992,200 GAL
Cause:	SET PUMPS TO ALLEVIATE PROPERTY DAMAGE AND FLOODING DURING A SIGNIFICANT RAIN EVENT.
Clean Up:	MSD CLEANED THE AREA AROUND THE OVERFLOW SITE ONCE THE RAIN SUBSIDED.
Control Zone:	MSD SET BARRICADES AND TEMPORARY SIGNS ON THE PUMPS
Impact:	THE MAJORITY OF THIS OVERFLOW CONSISTED PRIMARILY OF STORMWATER WITH SOME SEWAGE.
Repair:	THIS LOCATION IS IN MSD'S CAPITAL PLAN ABATEMENT

Notifications:

02/13/07 12:59 PM	Email notification of unauthorized discharge sent to Harkins.John@epamail.epa.gov and eppc.ert@ky.gov
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MSD Louisville and Jefferson County
Metropolitan Sewer District

IMSAST0004
Discharge Report

Feb 01, 2007 12:00 AM thru Feb 28, 2007 11:59 PM

Report Selections: Excluding PPI, CSO, UPSET, BYPAS, 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 SMH Sewer Manhole	Facility ID 21156	Facility Address 4601 STONEHENGE DR	If Pump Station, Name of Pump Station: UPPER SINKING FORK	Discharge to CATCH BASIN

<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	638489	02/13/07 6:23 PM	CLYDE MORRISON	PUMPED OVERFLOW	DISCHARGE TO WATERS OF THE US	02/14/07 02:45 AM

Spot Inspections:

Discharge Amount:	556,200 GAL
Cause:	SET PUMPS TO ALLEVIATE PROPERTY DAMAGE AND FLOODING DURING A SIGNIFICANT RAIN EVENT.
Clean Up:	MSD CLEANED THE OVERFLOW SITE ONCE THE RAIN SUBSIDED.
Control Zone:	MSD SET BARRICADES AND TEMPORARY SIGNS ON THE PUMPS
Impact:	THE MAJORITY OF THIS OVERFLOW CONSISTED PRIMARILY OF STORMWATER WHITH SOME SEWAGE.
Repair:	THIS LOCATION IS IN MSD'S CAPITAL PLAN ABATEMENT

Notifications:

02/13/07 12:59 PM	Email notification of unauthorized discharge sent to Harkins.John@epamail.epa.gov and eppc.ert@ky.gov
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MSD Louisville and Jefferson County
Metropolitan Sewer District

IMSAST0004
Discharge Report

Feb 01, 2007 12:00 AM thru Feb 28, 2007 11:59 PM

Report Selections: Excluding PPI, CSO, UPSET, BYPAS, 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	Facility ID	Facility Address	If Pump Station, Name of Pump Station:	Receiving Stream	Discharge to
SMH Sewer Manhole	30885	10713 EAGLE RIDGE PL			

<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	635438	02/04/07 2:05 PM	GERALD DUNLAP	OBSTRUCTION-NOT GREASE / ROOTS	DISCHARGE TO WATERS OF THE US	02/04/07 03:10 PM

Spot Inspections:

Discharge Amount:	20 GAL
Cause:	OBSTRUCTION IN MAIN SEWER
Clean Up:	RAKED AND BAGGED DEBRIS
Control Zone:	PLACED SIGNS ALSO ADVISED CUSTOMER LEFT OVERFLOW DOOR CARD
Impact:	DAMP AREA AROUND MANHOLE PAPER PRODUCTS ALONG FENCE LINE
Repair:	WORK ORDER #635432 - FLUSHED MANHOLES, RELIEVED OBSTRUCTION

Notifications:

02/04/07 01:00 PM	Email notification of unauthorized discharge sent to Harkins.John@epamail.epa.gov and eppc.ert@ky.gov
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MSD Louisville and Jefferson County
Metropolitan Sewer District

IMSAST0004
Discharge Report

Feb 01, 2007 12:00 AM thru Feb 28, 2007 11:59 PM

Report Selections: Excluding PPI, CSO, UPSET, BYPAS, 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 CSO018	Facility Address 1800 NIGHTINGALE RD	If Pump Station, Name of Pump Station:	Receiving Stream SOUTH FORK BEARGRASS CREEK	Discharge to STREAM
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Activity Code / Description DISDW: DRY WEATHER DISCHARGE	WO # 638586	Initiated 02/14/07 7:30 AM	Initiated By PATRICK ELDER	Problem MECHANICAL FAILURE	Resolution DISCHARGE TO WATERS OF THE US	Completed 02/14/07 09:39 AM
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Spot Inspections:

Discharge Amount:	460,000 GAL
Cause:	GRINDER FAILURE @ MSD0022-PS NIGHTINGALE
Clean Up:	CLEANUP NOT FEASIBLE, CHECKED SOUTH FORK OF BEARGRASS CREEK FOR SOLIDS, FOUND NONE
Control Zone:	PERMANENT SIGNS ARE INSTALLED AT CSO018 FOR SOUTH FORK OF BEARGRASS CREEK
Impact:	NO SOLIDS OBSERVED IN AREA IN SOUTH FORK OF BEARGRASS CREEK
Repair:	REMOVED BLOCKAGE / CLOG FROM GRINDER IN MSD0022-PS & RETURNED TO SERVICE

Notifications:

02/14/07 12:59 PM	Email notification of unauthorized discharge sent to Harkins.John@epamail.epa.gov and eppc.ert@ky.gov
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MSD Louisville and Jefferson County
Metropolitan Sewer District

IMSAST0004
Discharge Report

Feb 01, 2007 12:00 AM thru Feb 28, 2007 11:59 PM

Report Selections: Excluding PPI, CSO, UPSET, BYPAS, 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		
<u>Activity Code / Description</u> DISREV: RAIN EVENT DISCHARGE	<u>WO #</u> 641852	<u>Initiated</u> 02/24/07 10:15 PM	<u>Initiated By</u> JAMES PORTER JR	<u>Problem</u> LACK OF SYSTEM CAPACITY	<u>Resolution</u> DISCHARGE TO WATERS OF THE US	<u>Completed</u> 02/25/07 12:00 PM

Spot Inspections:

Discharge Amount:	279,000 GAL
Cause:	RAIN EVENT IN THE AREA; LACK OF CAPACITY IN SYSTEM.
Clean Up:	THE AREA WAS WASHED DOWN
Control Zone:	FLAGS WERE PUT OUT AT AREA OF DISCHARGE.
Impact:	SLIGHT DISCOLORATION IN THE STREAM.
Repair:	THE RAIN EVENT STOPPED, AREA WAS WASHED DOWN.

Notifications:

02/26/07 12:59 AM	Email notification of unauthorized discharge sent to Harkins.John@epamail.epa.gov and eppc.ert@ky.gov
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