



MSD

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

September 23, 2008

Ms. Vicki Prather
Surface Water Permits Branch
Permits Support Section
Division of Water
200 Fair Oaks Lane
Frankfort, KY 40601

**Re: Morris Forman Wastewater Treatment Plant (MFWTP)
KPDES Permit No. KY0022411**

Dear Ms. Prather:

In accordance with the provisions of the KPDES Permit referenced above, the monthly operating report and the monthly Discharge Monitoring Report (DMR) for the reporting period August 1 to August 31, 2008 are enclosed. All permit requirements were met for the month of August, 2008. There were no reported overflows for this month.

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

Sincerely,

Alex E. Novak
Operations Manager

paw

MFDMR0808.doc

Enclosures

cc: C. Roth, DOW-Louisville
T. Kraus, Obrien & Gere
A. Vicory, ORSANCO



*Beneficial Use of Louisville's Biosolids
www.louisvillegreen.com*

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

KY0022411
PERMIT NUMBER

001 1
DISCHARGE NUMBER

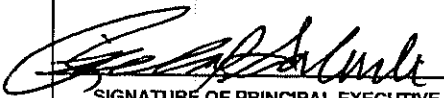
MAJOR (SUBR LV)
F - FINAL
MUNICIPAL DISCHARGE EFFLUENT
*** NO DISCHARGE 1 1 ***
NOTE: Read instructions before completing this form.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	08	01		08	08	31

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 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	4.5	*****	*****	(19)	0		DAILY GRAB
BOD, 5-DAY (20 DEG. C) 00310 E 0 0 SEC/BIOLOGICAL PROCESSES COMPLIANT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	30	45	MG/L	0		DAILY COMPOS
BOD, 5-DAY (20 DEG. C) 00310 G 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	360	437	MG/L	0		DAILY COMPOS
PH 00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.5	*****	6.9	(12)	0		DAILY GRAB
SOLIDS, TOTAL SUSPENDED 00530 E 0 0 SEC/BIOLOGICAL PROCESSES COMPLIANT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	30	45	MG/L	0		DAILY COMPOS
SOLIDS, TOTAL SUSPENDED 00530 G 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	369	523	MG/L	0		DAILY COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 E 0 0 SEC/BIOLOGICAL PROCESSES COMPLIANT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	20	30	MG/L	0		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	08	09	23
AREA CODE NUMBER	YEAR	MO	DAY

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

G - INFLUENT
E - SECONDARY EFFLUENT
1 - FINAL EFFLUENT

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

KY0022411
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MAJOR (SUBR LV)
F - FINAL JEFFE
MUNICIPAL DISCHARGE EFFLUENT

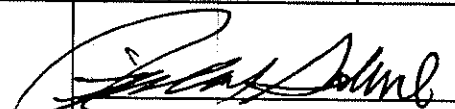
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	08	01		08	08	31

*** NO DISCHARGE 1 ***
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PARAMETER	X	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 G O O RAW SEW/INFLUENT	SAMPLE MEASUREMENT	9523	10163	(26)	*****	14.7	16.3	(19)	0		
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	BS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L			DAILY COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 60050 E O O SEC/BIOLOGICAL PROC COMPLT	SAMPLE MEASUREMENT	77.9	139.5	(03)	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	*****			CONTINCONTINUOUS
CHLORINE, TOTAL RESIDUAL 60060 I 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 I I O EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	50	150	(13)	2		
	PERMIT REQUIREMENT	*****	*****	*****	*****	200 30DA GEG	400 #/ 7 DA GEG	100ML			DAILY GRAB
BOD, 5-DAY PERCENT REMOVAL 81010 K O O PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		97	*****	*****	(23)	0		
	PERMIT REQUIREMENT	*****	*****	*****	85 MO MIN	*****	*****	PERCENT			ONCE/ CALCTD MONTH
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K O O PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		97	*****	*****	(23)	0		
	PERMIT REQUIREMENT	*****	*****	*****	85 MO MIN	*****	*****	PERCENT			ONCE/ CALCTD MONTH
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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TELEPHONE 502 540-6000
DATE 08 09 23
AREA CODE NUMBER YEAR MO DAY

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

G - INFLUENT
E - SECONDARY EFFLUENT
F - FINAL EFFLUENT

NAME MSD MORRIS FORMAN STP
ADDRESS C/D 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 B
DISCHARGE NUMBER


MAJOR (SUBR LV)
F - FINAL
SECONDARY BYPASS EFFLUENT
*** NO DISCHARGE ***
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MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	08	01		08	08	31

PARAMETER	X	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 PRCS CMPLT	SAMPLE MEASUREMENT	*****	*****		*****	212	236	(19)	0		
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		WHEN COMPOS DISCHG	
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	26	41	(19)	0		
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		WHEN COMPOS DISCHG	
SOLIDS, TOTAL SUSPENDED 00530 F 0 0 PRI/PRLM PRCS CMPLT	SAMPLE MEASUREMENT	*****	*****		*****	158	250	(19)	0		
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		WHEN COMPOS DISCHG	
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	18	26	(19)	0		
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		WHEN COMPOS DISCHG	
NITROGEN, AMMONIA TOTAL (AS N) 00610 F 0 0 PRI/PRLM PRCS CMPLT	SAMPLE MEASUREMENT	*****	*****		*****	15.3	16.0	(19)	0		
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		WHEN COMPOS DISCHG	
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	12.0	13.0	(19)	0		
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		WHEN COMPOS DISCHG	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 00050 F 0 0 PRI/PRLM PRCS CMPLT	SAMPLE MEASUREMENT	13.83	16.50	(03)	*****	*****	*****		0		
	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	MGD	*****	*****	*****	****		WHEN CONTIN DISCHG	

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502 540-6000 08 09 23
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MONITORING DURING PERIODS OF SECONDARY BYPASS IN ADDITION TO REGULAR MONITORING.
1 - FINAL EFFLUENT
F - SECONDARY BYPASS AFTER PRIMARY TREATMENT.

Table with columns: 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 (D.O., MLSS, MLVSS, SET, SVI), ACTIVE Sludge Wasted, Primary Sludge, CHLORINATION (Chlorine Dosage, Resid, Fecal Coliform), FINAL EFFLUENT (NH3-N, Pump. Hours).

SEWER CONNECTIONS

135440 TIMES 4 = 541760 SEWER POPULATION

IND. WASTER POPULATION EQ
CUSTOMERS 336
FLOW 213048
BOD 858726
TSS 619890

Authorized Agent [Signature]
Certification No. 4663