MSD

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

August 15, 2008

Ms. Kathy Thurman
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 Ms. Thurman:

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 July 1 to July 31, 2008 are enclosed. All permit requirements were met for the month of July, 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

MFDMR0708.doc

Enclosures

cc: C. Roth, DOW-Louisville
G. Harrison, EPPC
A. Freeman, EPA, Region IV
R. Shaw, MSD
A. Vicory, ORSANCO

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 LOCATION MSD MORRIS FORM STP
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		YEAR	MO	DAY
FROM	08	07	01	TO	08	07	31

Form Approved.
OMB No. 2040-0004

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

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	******	******		5.3	******	******	(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	15,553	21,412	(26)	******	22	31	(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	182,989	211,300	(26)	******	247	305	(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	******	******		6.5	******	7.0	(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	8,067	9,866	(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	195,351	227,595	(26)	******	256	325	(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	9,621	10,670	(26)	******	13.5	15.1	(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		DATE		
502	540-6000	08	08	15
AREA CODE	NUMBER	YEAR	MO	DAY

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

G - INFLUENT
E - SECONDARY EFFLUENT
1 - FINAL EFFLUENT

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 LOCATION MSD MORRIS FORM STP
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		YEAR	MO	DAY
FROM	08	07	01	TO	08	07	31

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

Form Approved.
OMB No. 2040-0004

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NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	8786	9584	(26)	******	12.5	14.1	(19)	0		
00610 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
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	86.0	178.0	(03)	******	******	******		0		
50050 E 0 0 SEC/BIOL PRCS CMPLT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	*******		CONTINUOUS	CONTIN
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******	0.010	0.010	(19)	0		
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*******	******	0.019 MO AVG	0.019 DAILY MX	MG/L		DAILY	GRAB
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	******	******		******	69	93	(13)	4		
74055 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*******	******	200 30DA GEO	400 7 DA GEO	#/100ML		DAILY	GRAB
BOD, 5-DAY PERCENT REMOVAL	SAMPLE MEASUREMENT	******	******		92	******	******	(23)	0		
81010 K 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	******	******	*******	85 MO MIN	******	******	PER-CENT		ONCE/MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	******	******		96	******	******	(23)	0		
81011 K 0 0 PERCENT REMOVAL	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

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TELEPHONE		DATE		
502	540-6000	08	08	15
AREA CODE	NUMBER	YEAR	MO	DAY

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E - SECONDARY EFFLUENT
1 - FINAL EFFLUENT

Form Approved.
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PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

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FACILITY MSD MORRIS FORM STP
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ATTN: ALEX E NOVAK, OPER MGR

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

KY0022411 — PERMIT NUMBER
001 B — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	07	01	TO	08	07	31

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

JEFFE

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PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BOD, 5-DAY (20 DEG. C) 00310 F 0 0 PRI/PRLM PRCS CMPLT	SAMPLE MEASUREMENT	******	******		******	122	153	(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	******	******		******	23	28	(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 PRCS CMPLT	SAMPLE MEASUREMENT	******	******		******	101	132	(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	******	******		******	27	40	(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 PRCS CMPLT	SAMPLE MEASUREMENT	******	******		******	12.1	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	******	******		******	12.6	16.5	(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 PRCS CMPLT	SAMPLE MEASUREMENT	25.31	25.70	(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	08	08	15
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
F - SECONDARY BYPASS AFTER PRIMARY TREATMENT.

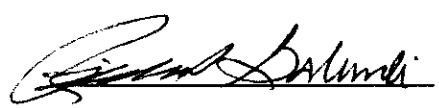
MORRIS FORMAN WASTEWATER TREATMENT PLANT JEFFERSON COUNTY, KENTUCKY MONTH OF July
KPDES PERMIT NO. KY0022411 PLANT CAPACITY - 105 MGD RECEIVING STREAM - OHIO RIVER

	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	79.4	79.4	0.0	58	73	7.3	6.8	12.0	0.1	298	16			5.3	228	202	17	25.6	11.8	9.5	12.2	2.8	2.4	203	73	0.77	0.37	2.49	0.010	204	19	0.00
7/2	80.9	80.9	0.0	58	73	7.3	6.7	13.0	0.1	328	11			6.4	422	242	17	25.6	10.0	8.1	13.5	2.9	2.4	212	74	0.79	0.29	2.36	0.010	58	17	0.00
7/3	83.7	83.7	0.0	58	75	7.2	6.8	8.0	0.1	236	18			6.4	331	234	13	25.7	11.1	9.8	14.0	3.6	3.2	187	52	0.78	0.35	2.07	0.010	89	20	0.00
7/4	146.2	107.9	38.3	58	73	7.4	6.8	1.8	0.9	92	66			5.6	111	152	34	26.6	12.4	10.4	14.2	3.8	3.1	191	51	0.78	0.38	5.85	0.010	480	14	0.00
7/5	112.7	102.6	10.1	58	72	7.4	6.6	9.0	0.1	190	14			7.2	154	67	11	25.9	12.6	10.4	14.6	3.1	2.6	201	66	0.93	0.38	3.51	0.010	6	10	0.00
7/6	85.7	85.7	0.0	58	73	7.5	6.9	2.5	0.1	71	10			7.2	79	56	9	25.5	11.1	8.8	17.0	2.5	2.0	191	77	0.92	0.40	2.00	0.010	99	16	0.00
7/7	94.2	94.2	0.0	59	74	7.5	6.9	13.0	0.1	228	12			5.8	229	104	12	25.5	9.6	7.6	12.7	2.2	1.7	161	74	0.80	0.37	2.39	0.010	202	14	0.00
7/8	89.3	89.3	0.0	59	76	7.3	6.8	11.0	0.1	258	26			8.8	336	175	16	25.2	9.0	7.0	19.7	2.5	1.9	169	68	0.68	0.20	2.27	0.010	24	16	0.00
7/9	88.1	88.1	0.0	58	76	7.5	6.7	7.5	0.1	214	12			8.6	213	107	12	25.4	8.1	7.0	18.3	2.3	1.9	191	88	0.65	0.13	2.14	0.010	129	14	0.00
7/10	78.4	78.4	0.0	59	75	7.3	6.5	4.5	0.1	186	14			9.7	200	142	10	25.8	7.8	6.4	19.7	2.5	2.0	179	71	0.77	0.19	2.07	0.010	8	14	0.00
7/11	76.3	76.3	0.0	58	75	7.3	6.8	9.5	0.9	284	19			8.5	274	141	45	25.7	10.0	8.1	19.8	2.3	1.9	161	72	0.87	0.25	2.32	0.010	15	13	0.00
7/12	75.5	75.5	0.0	63	76	7.4	6.8	8.5	0.1	236	11			8.7	189	124	17	25.3	7.8	6.3	18.3	2.1	1.7	161	77	0.85	0.28	2.34	0.010	28	14	0.00
7/13	104.7	93.6	11.1	66	76	7.2	6.8	9.0	0.1	222	17			10.0	135	51	18	25.2	8.1	6.5	18.9	2.3	1.9	163	71	0.78	0.32	3.72	0.010	18	11	0.00
7/14	78.2	78.2	0.0	63	75	7.4	6.9	9.0	0.1	232	11			10.4	218	107	12	25.4	6.9	5.7	20.0	1.9	1.6	173	90	0.74	0.30	2.73	0.010	7850	11	0.00
7/15	81.0	81.0	0.0	66	75	7.4	6.8	8.0	0.1	234	13			10.1	259	185	15	24.7	6.9	5.4	19.1	2.2	1.7	189	84	0.77	0.27	2.65	0.010	86	13	0.00
7/16	80.3	80.3	0.0	64	75	7.3	6.8	15.0	0.1	432	11			7.1	369	178	15	24.7	7.3	5.4	19.6	2.3	1.7	158	69	0.70	0.14	2.31	0.010	24	15	0.00
7/17	79.8	79.8	0.0	65	76	7.2	7.0	11.0	0.1	392	16			5.7	358	223	12	25.1	7.7	6.3	18.7	2.7	2.3	158	60	0.63	0.20	2.75	0.010	78	16	0.00
7/18	79.0	79.0	0.0	64	75	7.3	6.6	13.0	0.1	302	11			5.9	443	296	15	25.0	9.3	7.8	17.1	3.6	3.1	190	52	0.64	0.29	2.69	0.010	48	15	0.00
7/19	77.4	77.4	0.0	64	79	7.2	6.7	7.5	0.1	372	12			6.8	294	193	7	24.9	8.7	7.5	14.8	2.5	2.1	202	64	0.72	0.32	2.76	0.010	10	18	0.00
7/20	87.2	80.1	7.1	64	79	7.1	6.7	7.5	0.1	254	17			6.8	182	158	21	24.9	8.7	7.5	16.7	2.5	2.1	228	91	0.92	0.31	3.08	0.010	117	18	0.00
7/21	107.2	93.5	13.7	63	76	7.1	7.0	8.5	0.1	292	22			11.0	229	148	21	25.0	8.6	7.3	17.5	2.1	1.9	162	77	0.85	0.31	4.30	0.010	11	15	0.00
7/22	86.4	86.4	0.0	64	77	7.2	6.7	4.5	0.1	174	8			8.7	248	197	10	24.6	9.3	7.7	17.5	2.5	2.1	170	70	0.83	0.38	2.65	0.010	52	18	0.00
7/23	83.6	83.6	0.0	64	77	7.2	6.6	6.0	0.1	244	13			7.2	238	188	8	24.8	8.1	6.6	17.4	2.1	1.8	167	82	0.78	0.37	2.49	0.010	52	16	0.00
7/24	80.5	80.5	0.0	64	77	7.1	6.8	9.0	0.1	322	11			6.4	322	237	8	24.6	8.9	7.5	15.9	2.9	2.5	194	67	0.83	0.39	2.36	0.010	50	19	0.00
7/25	80.5	80.5	0.0	64	77	7.2	6.6	8.5	0.1	326	8			6.5	347	246	10	25.3	8.5	7.1	12.8	2.7	2.2	200	75	0.91	0.32	2.35	0.010	116	16	0.00
7/26	74.4	74.4	0.0	64	75	7.3	6.7	8.5	0.1	292	7			6.5	315	184	14	24.7	9.4	7.9	13.8	2.6	2.2	201	79	0.94	0.31	2.23	0.010	11	18	0.00
7/27	69.8	69.8	0.0	64	78	7.3	6.8	3.5	0.1	136	9			6.3	160	140	12	24.7	9.1	7.5	15.7	2.7	2.3	207	77	0.95	0.29	1.97	0.010	78	21	0.00
7/28	128.2	102.5	25.7	64	79	7.3	6.7	6.5	0.1	348	24			9.1	205	133	28	24.7	9.9	8.0	19.0	2.8	2.2	203	72	0.91	0.12	4.44	0.010	42	13	0.00
7/29	83.0	83.0	0.0	64	77	7.2	6.7	3.5	0.1	142	9			10.7	197	165	10	24.9	8.1	6.7	15.6	2.2	1.9	168	77	0.88	0.16	2.17	0.010	101	12	0.00
7/30	133.2	100.4	32.8	64	77	7.2	6.7	4.5	0.1	338	30			6.5	224	158	27	24.7	10.9	8.7	16.1	3.1	2.5	210	67	0.60	0.30	5.20	0.010	2250	13	0.00
7/31	183.5	119.8	63.7	65	77	7.1	6.6	3.9	0.1	246	29			10.4	152	107	27	24.6	11.6	9.5	18.2	2.5	2.0	183	75	0.79	0.35	6.55	0.010	1100	7	0.00
Total	2868.3	2665.8	202.5															780.3								24.760	9.040					0.00
Average	92.5	86.0	6.5	62	76	7.3	6.8	8.0	0.2	256	16			7.8	247	163	16	25.2	9.3	7.6	16.7	2.6	2.2	185	72	0.80	0.29	2.94	0.010	69	15	

SEWER CONNECTIONS 135440 TIMES 4 = 541760 SEWER POPULATION

IND. WASTER POPULATION EQ

CUSTOMERS	336
FLOW	339438
BOD	580010
TSS	397159

Authorized Agent  Certification No. 4663