



MSD

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

November 18, 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 October 1 to October 31, 2008 are enclosed. All permit requirements were met for the month of October, 2008.

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

Sincerely,

Alex E. Novak
Operations Manager

paw

MFDMR01008.doc

Enclosures

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



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

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

MAJOR
(SUBR LV)
F - FINAL

JEFFE

MUNICIPAL DISCHARGE
EFFLUENT

*** NO DISCHARGE 1 1 ***

NOTE: Read Instructions before completing this form.

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

NAME MSD MORRIS FORMAN STP
ADDRESS C/O LOUISVILLE/JEFF CO MSD
4522 ALGONQUIN PKWY

FACILITY MSD MORRIS FORM STP
LOCATION LOUISVILLE

KY 40211-2497

KY 40211

ATTN: ALEX E NOVAK, OPER MGR

KY0022411
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	10	01		08	10	31

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DO)		*****	*****		5.2	*****	*****	(19)	0		
00300 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	2 INST MIN	*****	*****	MG/L		DAILY	GRAB
BOD, 5-DAY (20 DEG. C)		6,223	7,152	(26)	*****	10	11	(19)	0		
00310 E 0 0 SEC/BIOLOGICAL PROCESSES COMPLIANT		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)		251,457	264,734	(26)	*****	411	443	(19)	0		
00310 G 0 0 RAW SEW/INFLUENT		REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		DAILY	COMPOS
PH		*****	*****		6.6	*****	6.9	(12)	0		
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED		6,376	7,516	(26)	*****	11	11	(19)	0		
00530 E 0 0 SEC/BIOLOGICAL PROCESSES COMPLIANT		REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	30 MO AVG	45 MX WK AV	MG/L		DAILY	COMPOS
SOLIDS, TOTAL SUSPENDED		225,353	252,940	(26)	*****	358	403	(19)	0		
00530 G 0 0 RAW SEW/INFLUENT		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)		10,309	11,176	(26)	*****	18	20	(19)	0		
00610 E 0 0 SEC/BIOLOGICAL PROCESSES COMPLIANT		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	11	18
AREA CODE	NUMBER	YEAR	MO	DAY

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

G - INFLUENT
E - SECONDARY EFFLUENT
F - FINAL EFFLUENT

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

MAJOR
(SUBR LV)
F - FINAL
MUNICIPAL DISCHARGE
EFFLUENT

JEFFE

*** NO DISCHARGE 1-1-18 ***

NOTE: Read Instructions before completing this form.

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 MSD MORRIS FORM STP
LOCATION LOUISVILLE KY 40211
ATTN: ALEX E NOVAK, OPER MGR

KY0022411
PERMIT NUMBER

001 1
DISCHARGE NUMBER

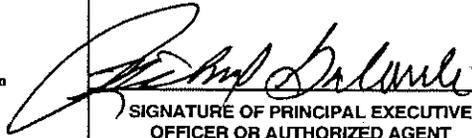
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	10	01		08	10	31

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		9111	9272	(26) LBS/DY	*****	16	17	(19) MG/L	0		DAILY COMPOS
		REPORT MO AVG	REPORT MX WK AV		*****	REPORT MO AVG	REPORT MX WK AV				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 E O O SEC/BIOL PRCS CMPLT		72.0	164.5	(03) MGD	*****	*****	*****	*****	0		CONTINCONTIN
		REPORT MO AVG	REPORT DAILY MX		*****	*****	*****	****			UDUS
CHLORINE, TOTAL RESIDUAL 50060 I O O EFFLUENT GROSS VALUE		*****	*****	*****	*****	0.010	0.010	(19) MG/L	0		DAILY GRAB
		*****	*****	****	*****	0.019 MO AVG	0.019 DAILY MX				
COLIFORM, FECAL GENERAL 74055 I I O EFFLUENT GROSS VALUE		*****	*****	*****	*****	51	63	(13) #/100ML	4		DAILY GRAB
		*****	*****	****	*****	200 30DA GEO	400 7 DA GEO				
BOD, 5-DAY PERCENT REMOVAL 81010 K O O PERCENT REMOVAL		*****	*****	*****	98	*****	*****	(23) PER-CENT	0		ONCE/ CALCTD MONTH
		*****	*****	****	85 MO MIN	*****	*****				
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K O O PERCENT REMOVAL		*****	*****	*****	98	*****	*****	(23) PER-CENT	0		ONCE/ CALCTD MONTH
		*****	*****	****	85 MO MIN	*****	*****				
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

H. J. SCHARDEIN, JR.
EXECUTIVE DIRECTOR

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

502 540-6000
AREA CODE NUMBER

08 11 18
YEAR MO DAY

TYPED OR PRINTED

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

G - INFLUENT
E - SECONDARY EFFLUENT
1 - FINAL EFFLUENT

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

MAJOR
(SUBR LV)
F - FINAL

JEFFE

SECONDARY BYPASS
EFFLUENT

*** NO DISCHARGE 1-1-81 ***
NOTE: Read Instructions before completing this form.

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 MSD MORRIS FORM STP
LOCATION LOUISVILLE KY 40211
ATTN: ALEX E NOVAK, OPER MGR

KY0022411
PERMIT NUMBER

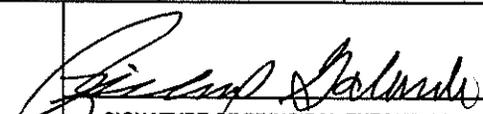
001 B
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	10	01		08	10	31

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) 00310 F O O PRI/PRLM PRCS CMPLT	PERMIT REQUIREMENT	*****	*****	*****	*****	173	191	(19)	0		
BOD, 5-DAY (20 DEG. C) 00310 1 O O EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	47	84	(19)	0	WHEN DISCHG	COMPOS
SOLIDS, TOTAL SUSPENDED 00530 F O O PRI/PRLM PRCS CMPLT	PERMIT REQUIREMENT	*****	*****	*****	*****	187	344	(19)	0	WHEN DISCHG	COMPOS
SOLIDS, TOTAL SUSPENDED 00530 1 O O EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	44	69	(19)	0	WHEN DISCHG	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 F O O PRI/PRLM PRCS CMPLT	PERMIT REQUIREMENT	*****	*****	*****	*****	14	19	(19)	0	WHEN DISCHG	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 O O EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	12	19	(19)	0	WHEN DISCHG	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 F O O PRI/PRLM PRCS CMPLT	PERMIT REQUIREMENT	40.9	43.2	(O3)	*****	*****	*****	*****	0	WHEN DISCHG	CONTIN

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TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
5021	540-6000	08	11	18
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
7 - SECONDARY BYPASS AFTER PRIMARY TREATMENT.

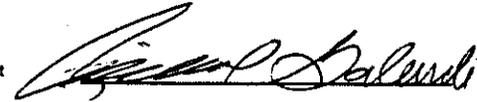
DATE	WASTEWATER FLOWS (Million Gallons)			TEMP (DEGF)		pH		SETS (ML)		TSS (mg/L)		TS (mg/L)		D.O. (mg/L)	5-DAY BOD (mg/L)			RETURN SLUDGE					AERATION BASIN					ACTIVE		CHLORINATION			FINAL EFFLUENT	
	Final Sec.	Effluent	Effluent Bypass	raw	final	raw	final	raw	final	raw	final	raw	final	final	raw	prim.	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	
																																		MG
10/1	71.4	71.4	0.0	66	73	7.4	6.6	12.0	0.1	274	23			5.8	272	194	15	24.7	13.4	11.3	11.1	3.7	3.2	360	96	1.13	0.40	3.53	0.010	5	18	0.00		
10/2	67.3	67.3	0.0	66	73	7.3	6.7	6.5	0.1	217	12			6.9	234	178	9	25.5	12.9	11.1	11.4	3.8	3.2	348	91	1.07	0.43	2.12	0.010	14	21	0.00		
10/3	66.7	66.7	0.0	66	72	7.3	6.6	14.0	0.1	424	14			5.5	391	249	21	25.9	12.5	10.6	11.4	3.4	2.8	329	97	1.10	0.12	2.00	0.010	5	19	0.00		
10/4	63.6	63.6	0.0	66	73	7.4	6.7	15.0	0.1	444	14			5.2	706	434	25	26.0	12.6	10.6	10.7	3.7	3.1	342	93	1.08	0.17	2.06	0.010	168	17	0.00		
10/5	59.1	59.1	0.0	66	73	7.5	6.7	10.0	0.2	294	13			5.2	344	295	26	25.9	13.1	11.1	11.0	3.6	3.0	360	100	0.97	0.40	1.86	0.010	1700	21	0.00		
10/6	65.6	65.6	0.0	66	74	7.5	6.8	6.0	0.1	613	13			5.6	720	221	26	25.6	12.1	10.1	11.5	4.3	3.7	360	82	1.02	0.44	1.91	0.010	9	22	0.00		
10/7	117.7	80.2	37.5	66	74	7.4	6.8	10.0	1.3	354	69			6.8	312	191	84	25.4	12.6	10.8	11.2	4.4	3.7	407	93	1.09	0.46	5.35	0.010	22	19	0.00		
10/8	164.7	121.5	43.2	66	69	7.2	6.6	7.0	0.5	236	45			9.0	230	154	45	25.8	15.2	12.6	14.7	3.6	3.0	260	73	1.10	0.38	6.03	0.010	70	7	0.00		
10/9	78.6	76.6	0.0	66	72	7.4	6.7	15.0	0.2	365	13			5.9	389	234	45	25.3	14.1	11.6	12.3	3.7	3.0	313	86	1.18	0.38	3.92	0.010	28	11	0.00		
10/10	73.8	73.8	0.0	66	73	7.3	6.8	10.0	0.1	384	13			6.5	342	266	9	25.8	13.7	11.7	12.7	5.6	4.7	356	64	1.16	0.36	2.06	0.010	56	15	0.00		
10/11	68.0	68.0	0.0	66	75	7.2	6.7	7.5	0.1	272	13			6.8	342	258	11	25.8	12.6	10.4	13.9	4.9	4.0	359	73	1.03	0.40	1.66	0.010	6	19	0.00		
10/12	66.0	66.0	0.0	68	77	7.4	6.7	7.0	0.1	196	12			6.5	324	266	10	25.8	13.1	10.8	14.1	3.8	3.2	370	98	1.13	0.42	1.90	0.010	11300	19	0.00		
10/13	70.1	70.1	0.0	66	75	7.3	6.8	13.0	0.1	357	11			6.5	437	294	11	25.7	13.0	10.8	13.9	4.1	3.4	417	99	1.18	0.24	1.69	0.010	22	21	0.00		
10/14	71.3	71.3	0.0	66	77	7.3	6.8	15.0	0.1	430	12			6.4	464	293	12	25.5	12.2	10.3	10.8	4.2	3.5	394	95	1.12	0.30	1.87	0.010	24	22	0.00		
10/15	71.5	71.5	0.0	66	76	7.1	6.7	8.5	0.1	380	11			6.2	500	333	11	26.0	11.7	10.0	12.0	3.6	3.0	391	109	1.06	0.38	2.06	0.010	116	21	0.00		
10/16	76.6	76.6	0.0	66	74	7.2	6.6	8.5	0.1	269	16			5.8	447	444	15	26.0	12.7	10.8	9.7	3.9	3.4	462	114	1.11	0.41	2.32	0.010	34	18	0.00		
10/17	66.2	66.2	0.0	66	72	7.3	6.8	10.0	0.1	366	13			5.3	441	264	13	25.3	12.9	10.7	12.2	3.6	3.0	429	116	1.18	0.40	1.99	0.010	15	19	0.00		
10/18	64.9	64.9	0.0	66	73	7.4	6.7	14.0	0.1	444	12			5.6	477	263	11	25.1	13.5	11.4	12.2	3.6	3.0	366	107	1.16	0.39	1.99	0.010	29	21	0.00		
10/19	57.2	57.2	0.0	66	72	7.3	6.7	12.0	0.1	322	10			5.8	386	256	11	25.2	11.9	10.2	12.7	4.4	3.7	524	118	1.06	0.45	2.03	0.010	70	21	0.00		
10/20	59.3	59.3	0.0	66	71	7.0	6.7	12.0	0.7	338	11			6.6	385	253	11	25.3	11.0	9.2	10.5	3.9	3.3	444	114	1.00	0.45	2.52	0.010	576	23	0.00		
10/21	64.6	64.6	0.0	67	72	8.4	6.6	15.0	0.6	372	11			5.8	466	279	16	25.6	12.3	10.2	11.7	3.8	3.2	409	107	1.00	0.40	2.02	0.010	46	22	0.00		
10/22	64.5	64.5	0.0	66	70	7.3	6.8	16.0	0.1	408	10			7.5	449	272	9	25.4	11.0	9.2	13.8	3.4	2.9	460	133	0.97	0.35	2.02	0.010	23	21	0.00		
10/23	62.9	62.9	0.0	66	70	7.2	6.8	20.0	0.1	456	9			6.0	496	254	11	25.7	11.5	9.7	14.5	3.7	3.1	452	124	1.18	0.38	1.87	0.010	56	20	0.00		
10/24	101.3	109.4	81.9	66	63	7.2	6.8	8.5	0.5	312	52			6.0	241	170	52	25.5	11.9	10.0	15.5	2.9	2.5	310	105	0.88	0.42	6.53	0.010	224	12	0.00		
10/25	98.1	97.2	0.9	65	65	7.3	6.7	11.0	0.1	334	9			7.6	345	175	7	26.0	11.6	9.7	16.4	2.9	2.4	316	108	1.04	0.40	2.69	0.010	183	10	0.00		
10/26	75.3	75.3	0.0	65	66	7.4	6.8	10.0	0.2	248	9			6.0	294	195	5	25.3	10.1	8.4	13.5	3.0	2.5	311	102	1.01	0.43	1.82	0.010	40	13	0.00		
10/27	75.3	75.3	0.0	65	61	7.1	6.9	7.5	0.1	278	13			7.7	380	292	11	25.3	11.2	9.5	14.0	3.3	2.8	359	106	0.94	0.36	2.05	0.010	15	14	0.00		
10/28	69.8	69.8	0.0	65	64	7.1	6.8	12.0	0.1	362	10			6.5	449	274	10	25.1	9.4	7.8	13.5	3.0	2.5	370	122	0.98	0.28	1.66	0.010	10	16	0.00		
10/29	67.6	67.6	0.0	65	67	7.2	6.9	14.0	0.1	426	9			6.7	527	286	10	25.0	10.8	9.1	11.8	3.6	3.1	358	100	1.00	0.34	2.07	0.010	8600	17	0.00		
10/30	63.6	63.6	0.0	65	65	7.1	6.8	13.0	0.1	336	11			6.4	428	275	14	25.2	9.8	8.4	12.6	3.1	2.6	419	134	1.06	0.24	1.43	0.010	21	17	0.00		
10/31	64.0	64.0	0.0	66	67	7.1	6.7	10.0	0.1	380	15			6.8	506	326	18	25.4	11.6	10.0	11.9	3.3	2.9	360	107	1.09	0.26	1.51	0.010	5	17	0.00		
Total	2395.0	2231.5	163.5															791.1								32.880	11.240					0.00		
Average	77.3	72.0	5.3	66	71	7.3	6.7	11.3	0.2	358	16			6.4	411	264	19	25.5	12.2	10.3	12.5	3.7	3.1	378	102	1.06	0.36	2.54	0.010	51	18	0.00		

SEWER CONNECTIONS

134794 TIMES 4 = 539176 SEWER POPULATION

IND. WASTER POPULATION EQ
 CUSTOMERS 332
 FLOW 196615
 BOD 1016758
 TSS 580742

Authorized Agent



Certification No. 4663

MORRIS FORMAN WASTEWATER TREATMENT PLANT JEFFERSON COUNTY, KY

Month of Oct-08

Average Flow

SETTLING TANKS	Primary	Secondary		
		Battery A	Battery B	Battery C
Average Flow (MGD)	78.5	37.98	35.39	11.23
Tanks in Service	3.90	8.00	8.00	3.00
Surface Area (Ft.2)	75075.00	69200.00	69162.33	25950.00
Volume (MG)	8.12	7.09	7.08	2.66
Weir Length (Ft.)	2788.50	2868.00	2866.44	1075.50
Avg. Weir Overflow (GPD/Ft)	28145.84	13241.79	12346.39	10441.69
Avg. Settling Rate (GPD/Ft2)	1045.42	710.65	670.74	562.79
Avg. Detention Time	2.48	4.48	4.80	5.68

AERATION TANKS

Battery A Battery B Battery C

Volume (Gallons)	4200000	4200000	2100000
Avg. Flow (MGD)	49.12	46.39	14.60
Avg. Detention Time (Hours)	2.05	2.17	3.45

CHLORINE CONTACT CHAMBERS

Contact Chambers in Use	2.00
Volume (Gallons)	2340000
Avg. Detention Time (Hours)	0.72

Remarks: BY-PASS REPORTS (See Attached)



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

KPDES # KY0022411	Facility ID MSD0278	Treatment Plant Name MORRIS FORMAN	Receiving Stream of Treatment Plant OHIO RIVER	Region WEST
Facility Type SMN Sewer Main	Facility ID 16104	Facility Address 2177 MILLVALE RD	If Pump Station, Name of Pump Station:	Receiving Stream MIDDLE FORK BEARGRASS CREEK
				Discharge to GROUND

<u>Activity Code / Description</u>	<u>WO #</u>	<u>Initiated</u>	<u>Initiated By</u>	<u>Assigned To</u>	<u>Disch Status</u>	<u>Event Date</u>	<u>Problem</u>	<u>Result</u>	<u>Completed</u>	<u>Condition</u>
DISDW: DRY WEATHER DISCHARGE	832136	10/14/08 01:30 PM	BRIGHT	BRIGHT	REPAIRED - ISSUE RESOLVED	10/15/08	STRUCTURAL FAILURE	DISCHARGE TO WATERS OF THE US	10/15/08 04:01 PM	MAIN

Spot Inspections:

Discharge Amount:	1,591 GAL
Cause:	STRUCTURAL FAILURE OF MAIN SEWER
Clean Up:	NO CLEAN UP - PIPE DISCHARGING UNDERGROUND AND LEAKING THROUGH ROCK AND ENTERING CREEK
Control Zone:	PLACED TEMPORARY SIGNS AROUND THE IMPACTED AREA AND AREAS DOWNSTREAM OF IMPACTED AREA, WARNING ALL POTENTIAL PUBLIC
Impact:	DISCOLORATION OF STREAM
Repair:	CONTRACTOR CONTACTED BY ENGINEERING DEPARTMENT TO MAKE REPAIR

Notifications:

10/14/08 12:57 PM	DISSNO	Supplemental Email notification of unauthorized discharge has been sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
10/14/08 02:14 PM	DISPUB	ADVISED ALL POSSIBLE PUBLIC ENCOUNTERS WITH TEMPORARY SIGNS
10/14/08 12:57 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov



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

KPDES # KY0022411 (Cont'd)	Facility ID MSD0278	Treatment Plant Name MORRIS FORMAN	Receiving Stream of Treatment Plant OHIO RIVER	Region WEST
Facility Type SMN Sewer Main	Facility ID .93130	Facility Address 4068 MASSIE AVE	If Pump Station, Name of Pump Station: MUDDY FORK BEARGRASS CREEK	Discharge to CATCH BASIN

<u>Activity Code / Description</u>	<u>WO #</u>	<u>Initiated</u>	<u>Initiated By</u>	<u>Assigned To</u>	<u>Disch Status</u>	<u>Event Date</u>	<u>Problem</u>	<u>Result</u>	<u>Completed</u>	<u>Condition</u>
DISDW: DRY WEATHER DISCHARGE	833073	10/19/08 08:30 PM	KIMBROUGH	KIMBROUGH	REPAIRED - ISSUE RESOLVED	10/21/08	OBSTRUCTION-NOT GREASE / ROOTS	DISCHARGE TO WATERS OF THE US	10/21/08 05:54 PM	MAIN

Spot Inspections:

Discharge Amount:	27,240 GAL
Cause:	MUD AND SEWAGE WAS IN THE MAIN SEWER
Clean Up:	MSD PERSONNEL CLEANED AND SANITIZED AROUND THE MANHOLE
Control Zone:	PLACED TEMPORARY SIGNS AROUND THE IMPACTED AREA
Impact:	DISCOLORATION OF STREAM
Repair:	WORK ORDERS 833083 & 833670 - FLUSHED THE MAIN SEWER

Notifications:

10/19/08 08:30 PM	DISPUB ADVISED CUSTOMER ON SITE
10/19/08 01:00 PM	DISNOT Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov

Total Facilities Printed: 2
Total Work Orders Printed: 2