MSD

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

December 23, 2008

Carolena Bentley
Division of Water
Surface Water Permits Branch
200 Fair Oaks Lane 4th Floor
Frankfort, KY 40601

Re: **Morris Forman Water Quality Treatment Center**
KPDES Permit No. KY0022411

Dear Ms. Bentley:

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 November 1 to November 30, 2008 are enclosed. All permit requirements were met for the month of November, 2008.

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

Sincerely,

Alex E. Novak
Operations Manager

paw

MFDMR1108.doc

Enclosures

cc: C. Roth, DOW-Louisville
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 MSD MORRIS FORM STP
LOCATION LOUISVILLE KY 40211
ATTN: ALEX E NOVAK, OPER MGR

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

Form Approved.
OMB No. 2040-0004

KY0022411	001 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	11	01	TO	08	11	30

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

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	******	******		5.5	******	******	(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	7,425	8,978	(26)	******	12	15	(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	236,047	257,796	(26)	******	375	418	(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	******	******		6.6	******	6.9	(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	7,686	9,087	(26)	******	12	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	186,501	212,786	(26)	******	293	335	(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	9,204	9,352	(26)	******	15	17	(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		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.	502 | 540-6000	08	12	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)*

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

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

OMB No. 2040-0004

KY0022411	001 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	11	01	TO	08	11	30

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

JEFFE

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 G 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	9328	9818	(26)	******	15.6	18.0	(19)	0		
	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 50050 E 0 0 SEC/BIOL PRCS CMPLT	SAMPLE MEASUREMENT	73.9	139.6	(03)	******	******	******		0		
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	CONTIN
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 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 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	29	66	(13)	0		
	PERMIT REQUIREMENT	******	******	*** ****	******	1000 30DA GEO	2000 7 DA GEO	#/ 100ML		DAILY	GRAB
BOD, 5-DAY PERCENT REMOVAL 81010 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	******	******		97	******	******	(23)	0		
	PERMIT REQUIREMENT	******	******	*** ****	85 MO MIN	******	******	PER- CENT		ONCE/ MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	******	******		96	******	******	(23)	0		
	PERMIT REQUIREMENT	******	******	*** ****	85 MO MIN	******	******	PER- CENT		ONCE/ MONTH	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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 AREA CODE	540-6000 NUMBER	08 YEAR	12 MO	22 DAY
TYPED OR PRINTED							

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)*
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OMB No. 2040-0004

KY0022411	001 B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	11	01	TO	08	11	30

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

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PARAMETER		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	******	******		******	226	267	(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	******	******		******	35	50	(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	******	******		******	120	140	(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	******	******		******	26	36	(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	******	******		******	14.6	18.7	(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	******	******		******	10.5	13.0	(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	28.00	49.30	(03)	******	******	******		0		
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	MGD	******	******	******	**** ****		WHEN DISCHG	CONTIN

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
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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)*

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 November
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
11/1	62.3	62.3	0.0	65	68	7.0	6.7	9.5	0.1	310	14			7.0	420	299	14	24.7	10.9	9.4	13.4	3.4	3.0	347	102	1.02	0.35	2.38	0.010	46	18	0.00
11/2	59.1	59.1	0.0	66	70	7.3	6.7	9.0	0.1	257	9			6.7	346	275	10	24.6	10.1	8.7	13.2	3.3	2.8	358	109	0.99	0.33	2.17	0.010	460	18	0.00
11/3	61.8	61.8	0.0	65	69	7.1	6.8	5.0	0.1	182	9			6.7	312	254	10	24.4	9.6	8.5	12.6	3.4	3.0	367	113	1.06	0.22	2.01	0.010	6	19	0.00
11/4	63.1	63.1	0.0	66	70	7.3	6.7	16.0	0.1	523	10			6.6	553	308	11	24.2	9.6	8.4	12.6	3.8	3.2	371	103	1.09	0.20	2.20	0.010	42	19	0.00
11/5	65.0	65.0	0.0	65	71	7.2	6.8	12.0	0.1	420	11			5.5	508	298	10	24.3	11.1	9.6	11.4	3.7	3.2	476	126	1.18	0.26	2.10	0.010	9	16	0.00
11/6	67.6	67.8	0.0	65	69	7.3	6.7	13.0	0.1	350	8			7.5	339	267	10	24.2	9.4	8.2	13.0	3.2	2.8	373	117	1.19	0.37	2.10	0.010	12	17	0.00
11/7	75.3	75.3	0.0	65	69	7.3	6.7	14.0	0.1	304	13			7.1	445	241	8	24.5	9.6	8.8	13.3	3.8	3.4	370	101	1.02	0.42	1.62	0.010	25	17	0.00
11/8	64.2	64.2	0.0	65	68	7.3	6.7	5.5	0.1	152	15			7.6	361	322	12	24.1	10.3	9.5	13.2	3.9	3.5	373	97	1.15	0.45	1.56	0.010	48	15	0.00
11/9	64.2	64.2	0.0	65	66	7.3	6.7	10.5	0.1	302	12			6.0	435	287	13	23.9	10.1	8.7	13.1	3.6	3.1	414	116	1.16	0.43	1.62	0.010	8	16	0.00
11/10	61.8	61.8	0.0	65	64	7.1	6.9	10.0	0.1	312	11			7.8	422	268	14	24.2	7.9	6.8	15.4	3.2	2.9	390	131	1.18	0.29	1.80	0.010	93	17	0.00
11/11	76.1	75.2	0.9	65	63	7.2	6.8	9.0	0.1	300	16			7.4	429	313	19	24.1	10.2	8.8	13.5	3.1	2.7	397	133	1.18	0.15	2.15	0.010	66	18	0.00
11/12	78.6	78.6	0.0	65	65	7.0	6.6	9.0	0.1	316	14			7.4	398	268	15	24.8	10.9	9.4	12.4	3.4	3.1	417	120	1.23	0.25	1.80	0.010	15	15	0.00
11/13	115.1	92.7	22.4	65	66	7.2	6.7	7.0	0.2	280	32			8.8	272	206	38	24.7	10.4	9.0	16.2	2.6	2.3	314	124	1.23	0.29	3.35	0.010	209	9	0.00
11/14	73.4	72.8	0.0	65	65	7.2	6.8	7.0	0.1	280	12			7.2	403	282	15	24.3	11.1	9.3	16.2	3.1	2.6	362	115	1.28	0.30	1.67	0.010	721	12	0.00
11/15	218.1	120.0	98.1	65	59	7.0	6.7	4.5	0.5	136	45			12.1	150	152	63	24.4	12.4	10.7	16.4	2.6	2.3	328	125	1.15	0.27	7.84	0.010	300	8	0.00
11/16	88.4	88.0	0.8	66	56	7.5	6.7	7.5	0.1	190	9			8.4	217	161	10	24.3	10.1	8.5	18.7	2.9	2.4	326	117	1.07	0.28	1.45	0.010	103	7	0.00
11/17	79.7	79.7	0.0	65	60	7.1	6.9	3.5	0.1	126	11			10.8	302	256	10	24.0	10.9	9.1	16.6	2.9	2.4	316	108	1.02	0.31	1.46	0.010	3	13	0.00
11/18	69.6	69.6	0.0	65	60	7.2	6.8	17.0	0.1	392	10			7.5	413	265	11	23.7	10.7	9.1	14.6	2.9	2.4	357	122	0.98	0.32	1.61	0.010	12	16	0.00
11/19	72.7	72.7	0.0	65	60	7.2	6.8	21.0	0.1	488	12			9.1	561	299	12	23.7	11.3	9.5	17.6	3.0	2.5	353	118	0.95	0.32	1.77	0.010	13	18	0.00
11/20	71.3	71.3	0.0	65	61	7.3	6.7	12.0	0.1	420	12			8.5	456	303	9	23.6	10.3	8.9	17.4	3.3	2.8	420	125	1.01	0.30	1.75	0.010	4	16	0.00
11/21	67.6	67.6	0.0	66	60	7.4	6.8	16.0	0.1	198	14			7.4	468	284	12	24.0	11.4	9.9	12.5	3.4	2.9	331	100	1.05	0.30	2.32	0.010	5	18	0.00
11/22	69.3	69.3	0.0	65	57	7.2	6.7	6.5	0.1	250	12			7.6	414	312	14	23.8	12.1	10.4	13.9	2.8	2.5	339	121	0.99	0.28	2.78	0.010	4	18	0.00
11/23	63.9	63.9	0.0	65	58	7.2	6.6	14.0	0.1	346	12			7.2	440	303	10	23.8	11.8	10.0	12.3	3.4	2.9	351	104	1.03	0.28	1.68	0.010	40	16	0.00
11/24	174.5	103.2	71.3	65	57	7.1	6.8	5.0	0.7	178	52			12.5	258	227	81	24.3	12.6	10.6	17.3	3.1	2.6	332	107	1.01	0.26	5.47	0.010	145	11	0.00
11/25	97.1	94.8	2.3	65	59	7.4	6.6	13.0	0.1	388	19			11.6	392	241	19	24.9	12.8	11.0	19.8	3.1	2.6	297	99	1.11	0.28	1.98	0.010	60	9	0.00
11/26	74.9	74.9	0.0	65	59	7.2	6.6	14.0	0.1	502	16			9.4	486	242	8	24.8	12.1	10.6	18.3	4.3	3.8	338	83	1.11	0.32	1.18	0.010	42	14	0.00
11/27	67.5	67.5	0.0	65	61	7.5	6.7	7.0	0.1	244	10			7.1	313	246	10	24.3	12.8	10.6	16.5	3.5	2.9	311	90	0.95	0.29	1.10	0.010	60	14	0.00
11/28	63.4	63.4	0.0	65	60	7.6	6.9	8.0	0.1	258	11			11.2	299	165	8	25.0	13.7	11.8	19.0	3.4	3.0	352	102	1.01	0.29	1.10	0.010	9	18	0.00
11/29	65.9	65.9	0.0	65	59	7.6	6.8	5.0	0.1	250	11			10.3	266	184	10	24.1	10.8	9.1	20.0	3.7	3.1	369	100	1.11	0.31	1.24	0.010	19	22	0.00
11/30	83.2	83.2	0.0	65	59	7.7	6.8	5.5	0.1	144	13			9.9	162	153	6	23.7	11.3	9.3	20.0	3.3	2.7	323	98	0.98	0.23	1.44	0.010	7	20	0.00
		0.0																														0.00
Total	2414.9	2218.9	195.8															727.4								32.490	8.950					
Average	80.5	71.6	6.5	65	63	7.3	6.7	9.9	0.1	293	15			8.3	375	257	18	24.2	11.0	9.4	15.4	3.3	2.9	360	111	1.08	0.30	2.16	0.010	29	15	0.00

SEWER CONNECTIONS 135047 TIMES 4 = 540188 SEWER POPULATION

IND. WASTER POPULATION EQ	
CUSTOMERS	333
FLOW	226447
BOD	939398
TSS	397134

Authorized Agent  Certification No. 4863

MORRIS FORMAN WASTEWATER TREATMENT PLANT JEFFERSON COUNTY, KY

Month of Nov-08

Average Flow

SETTLING TANKS	Primary	Secondary		
		Battery A	Battery B	Battery C
Average Flow (MGD)	85.2	35.05	38.47	12.25
Tanks in Service	4.00	8.00	8.00	3.00
Surface Area (Ft.2)	77000.00	69200.00	69200.00	25950.00
Volume (MG)	8.33	7.09	7.09	2.66
Weir Length (Ft.)	2860.00	2868.00	2868.00	1075.50
Avg. Weir Overflow (GPD/Ft)	29803.50	12221.73	13411.95	11390.39
Avg. Settling Rate (GPD/Ft2)	1106.99	662.78	703.36	594.73
Avg. Detention Time	2.35	4.85	4.42	5.21

AERATION TANKS	Battery A	Battery B	Battery C
Volume (Gallons)	4200000	4200000	2100000
Avg. Flow (MGD)	45.86	48.67	15.43
Avg. Detention Time (Hours)	2.20	2.07	3.27

CHLORINE CONTACT CHAMBERS	
Contact Chambers in Use	2.00
Volume (Gallons)	2340000
Avg. Detention Time (Hours)	0.66

Remarks: BY-PASS REPORTS (See Attached)

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

KPDES #	Facility ID	Treatment Plant Name	Receiving Stream of Treatment Plant	Region
KY0022411	MSD0278	MORRIS FORMAN	OHIO RIVER	WEST

Facility Type	Facility ID	Facility Address	If Pump Station, Name of Pump Station:	Receiving Stream	Discharge to
SMH Sewer Manhole	CSO015	4010 BELLS LN		OHIO RIVER	STREAM

Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Event Date	Problem	Result	Completed	Condition
DISDW: DRY WEATHER DISCHARGE	840087	11/04/08 10:00 AM	ELDER	CIEZ	DOCUMENTED	12/19/07	ELECTRICAL PROBLEMS AT MSD	DISCHARGE TO WATERS OF THE US	11/04/08 04:20 PM	

Spot Inspections:

Discharge Amount:	67,500 GAL
Cause:	FAULTY OPERATING LEVEL SETTING FOR SOUTHWESTERN PUMP STATION
Clean Up:	OVERFLOW DIRECTLY TO RIVER. NO CLEANUP POSSIBLE
Control Zone:	NOTIFICATION THROUGH UPDATE OF WEB SITE
Impact:	NO IMPACT OBSERVED, PIPE DISCHARGE SUBMERGED
Repair:	REVISED OPERATING LEVEL OF SOUTHWESTERN PUMP STATION

Notifications:

11/04/08 05:14 PM	DISPUB	Public notified by update of web site
11/04/08 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: 1
Total Work Orders Printed: 1