



MSD

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

January 14, 2009

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

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

Sincerely,

Alex E. Novak
Operations Manager

paw

MFDMR1208.doc

Enclosures

cc: C. Roth, DOW-Louisville
A. Vicory, ORSANCO



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

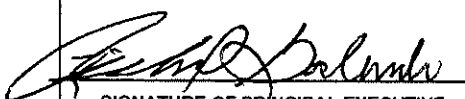
NAME MSD MORRIS FORMAN STP
ADDRESS C/O LOUISVILLE/JEFF CD MSD
4522 ALBONQUIN PKWY
LOUISVILLE KY 40211-2497
FACILITY MSD MORRIS FORM STP
LOCATION LOUISVILLE KY 40211
ATTN: ALEX E NOVAK, OPER MGR

KY0022411
PERMIT NUMBER

001 1
DISCHARGE NUMBER

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

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 08 | 12 | 01 | | 08 | 12 | 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 (DD) 00300 I O O EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | 7.2 | ***** | ***** | (19) | 0 | | | |
| | PERMIT REQUIREMENT | ***** | ***** | **** | 2 | ***** | ***** | | | DAILY | GRAB | |
| BOD, 5-DAY (20 DEG. C) 00310 E O O SEC/BIDL PRCS CMPLT | SAMPLE MEASUREMENT | 12,701 | 13,543 | (26) | ***** | 17 | 19 | (19) | 0 | | | |
| | PERMIT REQUIREMENT | REPORT MO AVG | REPORT MX WK AV | LBS/DY | ***** | 30 | 45 | | | DAILY | COMPOS | |
| BOD, 5-DAY (20 DEG. C) 00310 O O O RAW SEW/INFLUENT | SAMPLE MEASUREMENT | 225,430 | 266,611 | (26) | ***** | 274 | 413 | (19) | 0 | | | |
| | PERMIT REQUIREMENT | REPORT MO AVG | REPORT MX WK AV | LBS/DY | ***** | REPORT MO AVG | REPORT MX WK AV | MG/L | | DAILY | COMPOS | |
| PH 00400 I O O EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | 6.7 | ***** | 7.2 | (12) | 0 | | | |
| | PERMIT REQUIREMENT | ***** | ***** | **** | 6.0 | ***** | 9.0 | | | DAILY | GRAB | |
| SOLIDS, TOTAL SUSPENDED 00530 E O O SEC/BIDL PRCS CMPLT | SAMPLE MEASUREMENT | 15,478 | 20,555 | (26) | ***** | 20 | 23 | (19) | 0 | | | |
| | PERMIT REQUIREMENT | REPORT MO AVG | REPORT MX WK AV | LBS/DY | ***** | 30 | 45 | | | DAILY | COMPOS | |
| SOLIDS, TOTAL SUSPENDED 00530 O O O RAW SEW/INFLUENT | SAMPLE MEASUREMENT | 202,300 | 239,865 | (26) | ***** | 234 | 273 | (19) | 0 | | | |
| | 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) 00610 E O O SEC/BIDL PRCS CMPLT | SAMPLE MEASUREMENT | 8,893 | 10,081 | (26) | ***** | 12 | 16 | (19) | 0 | | | |
| | PERMIT REQUIREMENT | REPORT MO AVG | REPORT MX WK AV | LBS/DY | ***** | 20 | 30 | | | DAILY | COMPOS | |
| 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. | | | |  SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | | TELEPHONE | | DATE | | |
| H. J. SCHARDEIN, JR. EXECUTIVE DIRECTOR | | | | | | | | 502 | 540-6000 | 09 | 01 | 14 |
| TYPED OR PRINTED | | | | | 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

AY0022411
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 | 12 | 01 | | 08 | 12 | 31 |

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

| PARAMETER | SAMPLE MEASUREMENT | 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 | | 7938 | 9387 | (26) | ***** | 11 | 15 | (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 O O SEC/BIDL PROS CMPLT | | 90.7 | 302.5 | (03) | ***** | ***** | ***** | | 0 | | |
| | PERMIT REQUIREMENT | REPORT MO AVG | REPORT DAILY MX | MGD | ***** | ***** | ***** | **** | | CONTIN | CONTIN |
| CHLORINE, TOTAL RESIDUAL 50060 1 O O EFFLUENT GROSS VALUE | | ***** | ***** | | ***** | <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 O EFFLUENT GROSS VALUE | | ***** | ***** | | ***** | 184 | 356 | (13) | 4 | | |
| | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 1000 30DA GED | 2000 7 DA GED | #/ 100ML | | DAILY | GRAB |
| BOD, 5-DAY PERCENT REMOVAL 81010 K O O PERCENT REMOVAL | | ***** | ***** | | 94 | 85 MO MIN | ***** | ***** | 0 | ONCE/ | CALCTD |
| | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | ***** | ***** | PER-CENT | | MONTH | |
| SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K O O PERCENT REMOVAL | | ***** | ***** | | 92 | 85 MO MIN | ***** | ***** | 0 | ONCE/ | CALCTD |
| | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | ***** | ***** | PER-CENT | | MONTH | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

| | | | | | | | |
|--|---|---|------------------|--------------------|------------|----------|-----------|
| 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. |  SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE | | DATE | | |
| H. J. SCHARDEIN, JR. EXECUTIVE DIRECTOR | | | 502 AREA CODE | 540-6000 NUMBER | 09 YEAR | 01 MO | 14 DAY |
| TYPED OR PRINTED | | | | | | | |

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/O LOUISVILLE/JEFF CO MSD
4532 ALGONQUIN PKWY
LOUISVILLE KY 40211-2497
FACILITY MSD MORRIS FORM STP
LOCATION LOUISVILLE KY 40211
ATTN: ALEX E NOVAK, DPER MGR


KY0022411
PERMIT NUMBER

001 B
DISCHARGE NUMBER

MAJOR (SUBR LV)
F - FINAL JEFFE
SECONDARY BYPASS
EFFLUENT
*** NO DISCHARGE 1/1 ***
NOTE: Read Instructions before completing this form.

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 08 | 12 | 01 | | 08 | 12 | 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 CMLPT | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 150 | 290 | (19) | 0 | | |
| | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | REPORT MO AVG | REPORT MX WK AV | MG/L | | WHEN DISCHG | COMPOS |
| BOD, 5-DAY (20 DEG. C) 00310 I 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 37 | 89 | (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 CMLPT | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 109 | 135 | (19) | 0 | | |
| | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | REPORT MO AVG | REPORT MX WK AV | MG/L | | WHEN DISCHG | COMPOS |
| SOLIDS, TOTAL SUSPENDED 00530 I 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 36 | 46 | (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 CMLPT | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 12 | 15 | (19) | 0 | | |
| | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | REPORT MO AVG | REPORT MX WK AV | MG/L | | WHEN DISCHG | COMPOS |
| NITROGEN, AMMONIA TOTAL (AS N) 00610 I 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 10 | 14 | (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 CMLPT | SAMPLE MEASUREMENT | 37.42 | 54.07 | (03) | ***** | ***** | ***** | | 0 | | |
| | PERMIT REQUIREMENT | REPORT MO AVG | REPORT MX WK AV | MGD | ***** | ***** | ***** | **** | | WHEN DISCHG | CONTIN |

| | | | | | | |
|--|---|---------------------------|--------|------|----|-----|
| 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. | TELEPHONE 502 540-6000 | DATE | | | |
| | | | 09 | 01 | 14 | |
| 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

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

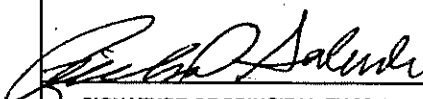
KY0022411
PERMIT NUMBER

001 Y
DISCHARGE NUMBER

MAJOR (SUBR LV)
F - FINAL JEFFE
BIOMONITORING/ONCE PER QUARTER EFFLUENT
*** NO DISCHARGE 1 1 ***
NOTE: Read Instructions before completing this form.

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 08 | 10 | 01 | | 08 | 12 | 31 |

| PARAMETER | SAMPLE MEASUREMENT | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|---------|-------|--------------------------|---------|---------|-------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| HARDNESS, TOTAL (AS CaCO3) 00900 1 0 2 EFFLUENT GROSS VALUE | ***** | ***** | ***** | ***** | ***** | 422 | 456 | (19) | 0 | QTRLY | COMPOS |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | REPORT | REPORT | MG/L | | | |
| CADMIUM, DISSOLVED (AS CD) 01025 1 0 2 EFFLUENT GROSS VALUE | ***** | ***** | ***** | ***** | ***** | 0.003 | 0.003 | (19) | 0 | QTRLY | COMPOS |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | REPORT | REPORT | MG/L | | | |
| COPPER, DISSOLVED (AS CU) 01040 1 0 2 EFFLUENT GROSS VALUE | ***** | ***** | ***** | ***** | ***** | 0.010 | 0.010 | (19) | 0 | QTRLY | COMPOS |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | REPORT | REPORT | MG/L | | | |
| LEAD, DISSOLVED (AS PB) 01049 1 0 2 EFFLUENT GROSS VALUE | ***** | ***** | ***** | ***** | ***** | 0.005 | 0.005 | (19) | 0 | QTRLY | COMPOS |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | REPORT | REPORT | MG/L | | | |
| ZINC, DISSOLVED (AS ZN) 01090 1 0 2 EFFLUENT GROSS VALUE | ***** | ***** | ***** | ***** | ***** | 0.060 | 0.060 | (19) | 0 | QTRLY | COMPOS |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | REPORT | REPORT | MG/L | | | |
| ZINC TOTAL RECOVERABLE 01094 1 0 2 EFFLUENT GROSS VALUE | ***** | ***** | ***** | ***** | ***** | 0.061 | 0.061 | (19) | 0 | QTRLY | COMPOS |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | REPORT | REPORT | MG/L | | | |
| CADMIUM TOTAL RECOVERABLE 01113 1 0 2 EFFLUENT GROSS VALUE | ***** | ***** | ***** | ***** | ***** | 0.003 | 0.003 | (19) | 0 | QTRLY | COMPOS |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | REPORT | REPORT | 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. |  SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE | | DATE | | |
| H. J. SCHARDEIN, JR. EXECUTIVE DIRECTOR | | | 502 | 540-6000 | 09 | 01 | 14 |
| TYPED OR PRINTED | | | AREA CODE | NUMBER | YEAR | MO | DAY |

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

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

NAME MSD MORRIS FORMAN STP
 ADDRESS C/O LOUISVILLE/JEFF CO MSD
 4522 ALCONQUIN 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
 PERMIT NUMBER

001 Y
 DISCHARGE NUMBER

MAJOR (SUBR LV)
 F - FINAL JEFFE
 BIDMONITORING/ONCE PER QUARTER
 EFFLUENT

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 08 | 10 | 01 | TO | 08 | 12 | 31 |


*** NO DISCHARGE [] ***

NOTE: Read Instructions before completing this form.

| PARAMETER | X | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|---------|-------|--------------------------|---------|----------|--------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| LEAD TOTAL RECOVERABLE 01114 1 0 2 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 0.005 | 0.005 | (19) | 0 | | |
| | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | REPORT | REPORT | | | QTRLY | COMPOS |
| | | | | **** | | MO AVG | DAILY MX | MG/L | | | |
| COPPER TOTAL RECOVERABLE 01119 1 0 2 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 0.010 | 0.010 | (19) | 0 | | |
| | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | REPORT | REPORT | | | QTRLY | COMPOS |
| | | | | **** | | MO AVG | DAILY MX | MG/L | | | |
| TOXICITY, FINAL CONC TOXICITY UNITS 61406 1 0 1 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | 41.0 | (2F) | 0 | | |
| | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | ***** | 1.00 | ACUTE | | QTRLY | GRAB-2 |
| | | | | **** | | | DAILY MX | TOXCTY | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

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 | 09 | 01 | 14 |
| AREA CODE | NUMBER | YEAR | MO | DAY |

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

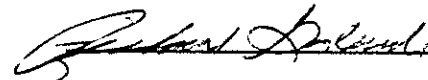
| DATE | WASTEWATER FLOWS (Million Gallons) | | | TEMP (DEGF) | | pH | | SETS (ML) | | TSS (mg/L) | | TS (mg/L) | | D.O. (mg/L) | 5-DAY BOD (mg/L) | | | RETURN SLUDGE | | | | AERATION BASIN | | | | ACTIVE | | CHLORINATION | | | FINAL EFFLUENT | | | |
|---------|---------------------------------------|--------|--------|-------------|-------|-----|-------|-----------|-------|------------|-------|-----------|-------|-------------|------------------|-------|-------|---------------|------|------|------|----------------|-------|-----|-----|--------|---------|--------------|-------|-------|----------------|--------|----|-----|
| | Final | Sec. | Bypass | raw | final | raw | final | raw | final | raw | final | raw | final | final | raw | prim. | final | FLOW | TSS | TVSS | D.O. | MLSS | MLVSS | SET | SVI | Wasted | Primary | Chlorine | Resid | Fecal | NH3-N | Pump. | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | MG | g/L |
| 12/1 | 76.7 | 76.7 | 0.0 | 65 | 55 | 7.3 | 6.9 | 12.0 | 0.1 | 330 | 13 | | | 12.1 | 394 | 256 | 10 | 23.4 | 10.8 | 9.2 | 19.8 | 3.1 | 2.7 | 284 | 91 | 0.93 | 0.26 | 1.25 | 0.010 | 7 | 17 | 0.00 | | |
| 12/2 | 71.7 | 71.7 | 0.0 | 65 | 56 | 7.3 | 6.8 | 20.0 | 0.1 | 412 | 22 | | | 10.3 | 576 | 339 | 23 | 20.5 | 12.7 | 11.0 | 19.5 | 3.1 | 2.7 | 332 | 107 | 0.76 | 0.38 | 1.37 | 0.010 | 68 | 14 | 0.00 | | |
| 12/3 | 73.8 | 73.8 | 0.0 | 65 | 58 | 7.2 | 6.8 | 16.0 | 0.1 | 478 | 18 | | | 8.5 | 797 | 346 | 27 | 23.1 | 7.1 | 6.2 | 17.8 | 2.7 | 2.4 | 383 | 158 | 0.79 | 0.36 | 1.61 | 0.010 | 111 | 18 | 0.00 | | |
| 12/4 | 125.4 | 88.5 | 26.9 | 65 | 57 | 7.7 | 6.8 | 9.5 | 3.0 | 120 | 46 | | | 10.8 | 269 | 290 | 89 | 23.7 | 7.5 | 6.3 | 17.2 | 1.9 | 1.6 | 326 | 178 | 0.81 | 0.38 | 3.49 | 0.010 | 160 | 14 | 0.00 | | |
| 12/5 | 71.4 | 71.5 | 0.0 | 65 | 57 | 7.2 | 6.7 | 6.5 | 0.1 | 250 | 16 | | | 7.3 | 366 | 284 | 19 | 23.7 | 10.9 | 9.5 | 15.3 | 4.7 | 4.1 | 373 | 83 | 0.90 | 0.40 | 1.39 | 0.010 | 108 | 17 | 0.00 | | |
| 12/6 | 72.9 | 72.9 | 0.0 | 65 | 55 | 7.5 | 6.7 | 6.5 | 0.1 | 226 | 19 | | | 7.6 | 270 | 217 | 13 | 23.6 | 11.4 | 9.8 | 15.6 | 4.8 | 2.3 | 404 | 88 | 0.94 | 0.44 | 1.49 | 0.010 | 94 | 17 | 0.00 | | |
| 12/7 | 64.3 | 64.3 | 0.0 | 65 | 55 | 7.5 | 6.7 | 1.5 | 0.1 | 98 | 13 | | | 7.2 | 216 | 239 | 16 | 22.9 | 9.2 | 7.8 | 16.8 | 2.8 | 2.4 | 376 | 125 | 1.01 | 0.47 | 1.41 | 0.010 | 105 | 17 | 0.00 | | |
| 12/8 | 68.0 | 69.0 | 0.0 | 65 | 52 | 7.6 | 6.8 | 5.5 | 0.1 | 272 | 20 | | | 9.2 | 273 | 223 | 17 | 22.4 | 11.7 | 9.7 | 18.4 | 3.4 | 2.8 | 373 | 85 | 1.06 | 0.32 | 1.80 | 0.010 | 250 | 19 | 0.00 | | |
| 12/9 | 160.3 | 86.0 | 74.3 | 65 | 58 | 7.3 | 6.8 | 2.5 | 0.4 | 160 | 44 | | | 9.4 | 206 | 169 | 54 | 23.3 | 13.0 | 10.5 | 18.5 | 3.1 | 2.4 | 282 | 92 | 0.77 | 0.25 | 4.20 | 0.010 | 29 | 14 | 0.00 | | |
| 12/10 | 141.5 | 108.8 | 32.7 | 65 | 55 | 7.4 | 6.9 | 2.5 | 0.1 | 152 | 26 | | | 11.1 | 220 | 167 | 39 | 24.7 | 11.3 | 9.3 | 19.7 | 3.0 | 2.6 | 253 | 86 | 0.71 | 0.25 | 2.56 | 0.010 | 26950 | 6 | 0.00 | | |
| 12/11 | 101.0 | 98.0 | 3.0 | 65 | 57 | 7.4 | 6.8 | 12.0 | 0.1 | 206 | 17 | | | 9.0 | 377 | 239 | 20 | 24.5 | 14.6 | 12.1 | 17.8 | 3.2 | 2.6 | 240 | 77 | 0.76 | 0.23 | 1.71 | 0.010 | 116 | 9 | 0.00 | | |
| 12/12 | 83.9 | 83.9 | 0.0 | 65 | 57 | 7.3 | 6.7 | 7.0 | 0.1 | 296 | 14 | | | 9.6 | 330 | 223 | 15 | 22.3 | 15.2 | 13.0 | 16.0 | 3.5 | 3.1 | 243 | 69 | 0.80 | 0.28 | 1.23 | 0.010 | 101 | 11 | 0.00 | | |
| 12/13 | 77.2 | 77.2 | 0.0 | 65 | 57 | 7.3 | 6.7 | 8.0 | 0.1 | 286 | 20 | | | 8.1 | 331 | 249 | 18 | 24.2 | 13.8 | 12.1 | 16.1 | 3.3 | 2.8 | 265 | 79 | 0.74 | 0.32 | 1.47 | 0.010 | 40 | 14 | 0.00 | | |
| 12/14 | 74.8 | 74.8 | 0.0 | 65 | 58 | 7.4 | 6.7 | 0.8 | 0.1 | 362 | 14 | | | 7.8 | 196 | 196 | 16 | 24.3 | 14.3 | 11.8 | 16.4 | 3.8 | 3.0 | 285 | 76 | 0.71 | 0.32 | 1.42 | 0.010 | 267 | 14 | 0.00 | | |
| 12/15 | 115.2 | 94.1 | 21.1 | 65 | 56 | 7.4 | 6.7 | 4.5 | 0.1 | 146 | 33 | | | 8.4 | 196 | 132 | 36 | 24.6 | 14.1 | 11.9 | 17.5 | 3.0 | 2.6 | 330 | 82 | 0.72 | 0.31 | 2.70 | 0.010 | 680 | 13 | 9.40 | | |
| 12/16 | 90.7 | 90.7 | 0.0 | 65 | 53 | 7.4 | 6.8 | 5.5 | 0.1 | 180 | 17 | | | 9.5 | 282 | 210 | 15 | 24.9 | 14.3 | 12.3 | 18.1 | 3.4 | 3.0 | 253 | 74 | 0.75 | 0.32 | 2.52 | 0.010 | 21 | 14 | 8.50 | | |
| 12/17 | 97.9 | 96.3 | 1.6 | 65 | 55 | 7.4 | 6.8 | 12.0 | 0.1 | 272 | 30 | | | 8.6 | 350 | 280 | 41 | 24.7 | 15.4 | 13.2 | 15.8 | 3.3 | 2.8 | 253 | 77 | 0.85 | 0.30 | 1.55 | 0.010 | 143 | 9 | 0.00 | | |
| 12/18 | 85.3 | 85.3 | 0.0 | 65 | 55 | 7.4 | 6.7 | 12.0 | 0.2 | 254 | 24 | | | 9.2 | 315 | 213 | 19 | 23.9 | 15.1 | 13.4 | 14.1 | 3.5 | 3.2 | 228 | 66 | 0.86 | 0.30 | 1.45 | 0.010 | 106 | 12 | 0.00 | | |
| 12/19 | 165.0 | 94.3 | 70.7 | 65 | 57 | 7.3 | 6.8 | 12.0 | 0.6 | 236 | 62 | | | 9.0 | 216 | 189 | 55 | 22.2 | 14.3 | 12.7 | 17.5 | 4.1 | 3.7 | 300 | 73 | 0.79 | 0.32 | 4.46 | 0.010 | 1190 | 10 | 3.10 | | |
| 12/20 | 119.0 | 106.3 | 12.7 | 65 | 55 | 7.3 | 6.7 | 8.0 | 0.1 | 310 | 26 | | | 9.8 | 212 | 150 | 26 | 22.3 | 13.5 | 11.6 | 18.6 | 4.3 | 3.8 | 237 | 55 | 0.85 | 0.32 | 4.16 | 0.010 | 109 | 9 | 24.00 | | |
| 12/21 | 90.5 | 90.5 | 0.0 | 65 | 54 | 7.5 | 6.9 | 6.5 | 0.2 | 160 | 24 | | | 19.3 | 224 | 149 | 15 | 21.9 | 13.6 | 11.7 | 19.3 | 3.3 | 2.9 | 232 | 71 | 0.88 | 0.30 | 2.16 | 0.010 | 13 | 12 | 24.00 | | |
| 12/22 | 90.8 | 90.8 | 0.0 | 65 | 46 | 7.3 | 7.1 | 11.0 | 0.2 | 170 | 23 | | | 12.6 | 266 | 142 | 15 | 21.2 | 13.5 | 11.6 | 20.0 | 3.2 | 2.8 | 237 | 74 | 0.84 | 0.28 | 1.64 | 0.010 | 64 | 15 | 24.00 | | |
| 12/23 | 113.7 | 101.7 | 12.0 | 65 | 49 | 7.4 | 7.1 | 19.0 | 0.6 | 358 | 29 | | | 8.7 | 296 | 175 | 29 | 21.5 | 13.3 | 12.2 | 18.7 | 3.8 | 3.5 | 21 | 55 | 0.79 | 0.28 | 2.48 | 0.010 | 42 | 16 | 24.00 | | |
| 12/24 | 269.5 | 116.2 | 153.3 | 64 | 52 | 7.4 | 6.9 | 5.5 | 1.8 | 200 | 59 | | | 10.0 | 129 | 123 | 64 | 21.3 | 14.1 | 11.9 | 19.4 | 2.8 | 2.5 | 200 | 71 | 0.76 | 0.25 | 8.54 | 0.010 | 93 | 5 | 24.00 | | |
| 12/25 | 150.2 | 102.0 | 48.2 | 65 | 52 | 7.5 | 7.0 | 4.0 | 0.1 | 86 | 30 | | | 10.2 | 83 | 44 | 21 | 21.5 | 14.1 | 11.8 | 20.0 | 2.9 | 2.4 | 205 | 71 | 0.84 | 0.20 | 7.97 | 0.010 | 9650 | 7 | 24.00 | | |
| 12/26 | 137.0 | 104.6 | 32.4 | 65 | 53 | 7.3 | 7.0 | 6.5 | 0.1 | 222 | 31 | | | 11.2 | 174 | 81 | 22 | 20.8 | 13.4 | 11.7 | 19.8 | 3.0 | 2.7 | 168 | 57 | 0.77 | 0.25 | 1.24 | 0.010 | 4930 | 10 | 24.00 | | |
| 12/27 | 118.2 | 107.3 | 10.9 | 63 | 59 | 7.4 | 7.0 | 8.0 | 0.1 | 226 | 28 | | | 8.5 | 199 | 106 | 23 | 20.4 | 10.6 | 9.0 | 18.1 | 2.6 | 2.2 | 163 | 63 | 0.59 | 0.30 | 1.16 | 0.010 | 734 | 9 | 24.00 | | |
| 12/28 | 174.1 | 106.6 | 67.5 | 62 | 56 | 7.5 | 7.2 | 3.5 | 0.1 | 122 | 40 | | | 9.5 | 74 | 65 | 22 | 19.9 | 10.8 | 8.9 | 18.4 | 2.3 | 2.0 | 135 | 62 | 0.50 | 0.28 | 3.90 | 0.010 | 83 | 6 | 24.00 | | |
| 12/29 | 128.8 | 102.5 | 26.3 | 63 | 54 | 7.4 | 7.1 | 6.0 | 0.1 | 152 | 34 | | | 14.0 | 145 | 88 | 28 | 20.2 | 10.9 | 9.0 | 18.9 | 2.0 | 1.6 | 120 | 60 | 0.52 | 0.20 | 3.64 | 0.010 | 21150 | 10 | 24.00 | | |
| 12/30 | 105.4 | 100.4 | 5.0 | 63 | 57 | 7.4 | 7.2 | 12.0 | 0.1 | 286 | 33 | | | 9.0 | 207 | 97 | 23 | 20.1 | 8.4 | 7.5 | 19.7 | 1.9 | 1.6 | 108 | 57 | 0.17 | 0.16 | 1.59 | 0.010 | 129 | 11 | 24.00 | | |
| 12/31 | 95.9 | 95.9 | 0.0 | 63 | 55 | 7.5 | 7.1 | 12.0 | 0.1 | 236 | 22 | | | 12.7 | 310 | 142 | 18 | 20.4 | 10.0 | 8.4 | 19.6 | 2.7 | 2.3 | 127 | 47 | 0.34 | 0.17 | 1.20 | 0.010 | 101 | 13 | 24.00 | | |
| Total | 3411.1 | 2812.6 | 598.6 | | | | | | | | | | | | | | | 698.4 | | | | | | | | | | | | | | | | |
| Average | 110.0 | 90.7 | 19.3 | 65 | 55 | 7.4 | 6.9 | 8.3 | 0.3 | 234 | 27 | | | 9.8 | 274 | 188 | 27 | 22.5 | 12.4 | 10.6 | 18.0 | 3.2 | 2.7 | 250 | 81 | 0.76 | 0.30 | 2.54 | 0.010 | 184 | 12 | 309.00 | | |

SEWER CONNECTIONS

134960 TIMES 4 = 539840 SEWER POPULATION

IND. WASTER POPULATION EQ
 CUSTOMERS 333
 FLOW 508117
 BOD 938399
 TSS 484145

Authorized Agent



Certification No. 4663

MORRIS FORMAN WASTEWATER TREATMENT PLANT JEFFERSON COUNTY, KY

Month of Dec-09

Average Flow

| SETTLING TANKS | Primary | Secondary | | |
|------------------------------|----------|-----------|-----------|-----------|
| | | Battery A | Battery B | Battery C |
| Average Flow (MGD) | 110.0 | 45.27 | 45.77 | 0.34 |
| Tanks in Service | 4.00 | 8.00 | 8.00 | 0.10 |
| Surface Area (Ft.2) | 77000.00 | 69200.00 | 69200.00 | 839.05 |
| Volume (MG) | 8.33 | 7.09 | 7.09 | 0.09 |
| Weir Length (Ft.) | 2860.00 | 2868.00 | 2868.00 | 34.77 |
| Avg. Weir Overflow (GPD/Ft) | 38461.54 | 15785.70 | 15958.64 | 9832.94 |
| Avg. Settling Rate (GPD/Ft2) | 1428.57 | 799.95 | 820.59 | 13.15 |
| Avg. Detention Time | 1.82 | 3.76 | 3.72 | NA |

| AERATION TANKS | Battery A | Battery B | Battery C |
|-----------------------------|-----------|-----------|-----------|
| Volume (Gallons) | 4200000 | 4200000 | 2100000 |
| Avg. Flow (MGD) | 54.90 | 56.20 | 0.44 |
| Avg. Detention Time (Hours) | 1.84 | 1.79 | NA |

CHLORINE CONTACT CHAMBERS

| | |
|-----------------------------|---------|
| Contact Chambers in Use | 2.00 |
| Volume (Gallons) | 2340000 |
| Avg. Detention Time (Hours) | 0.51 |

Remarks: BY-PASS REPORTS (See Attached)

Battery C was taken out of service on 12/1/08 due to flooding in the basement of the service pump station. Evaluation and repairs are on-going at this time.



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 SMH Sewer Manhole | Facility ID 01106 | Facility Address 700 VANNAH AVE | If Pump Station, Name of Pump Station: MIDDLE 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 | 859918 | 12/30/08 10:00 AM | ELDER | ALEXANDER | DOCUMENTED | 07/27/64 | ROOTS | DISCHARGE TO WATERS OF THE US | 12/30/08 11:30 AM | |

Spot Inspections:

| | |
|-------------------|---|
| Discharge Amount: | 36,800 GAL |
| Cause: | ROOTS & MUD OBSTRUCTING GRAVITY LINE TO PUMP STATION. |
| Clean Up: | MSD CLEANED & SANITIZED THE AREA |
| Control Zone: | TEMPORARY SIGNS WERE PLACED; ADVISED CUSTOMERS BY DOOR CARD |
| Impact: | SEWAGE ON GROUND IN BASINS 01106-CB & BG38504 & BG38506 |
| Repair: | ROOT CUT, FLUSHED AND VACTORED DEBRIS FROM SEWER - ELIMINATING THE BLOCKAGE |

Notifications:

| | | |
|-------------------|--------|--|
| 12/30/08 01:00 AM | DISNOT | Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov |
| 12/30/08 10:00 AM | DISPUB | MSD advised customers by door card & placed temporary signs around affected area |



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 SMH Sewer Manhole | Facility ID 08935-SM | Facility Address 1001 BRECKENRIDGE LN | If Pump Station, Name of Pump Station: | Receiving Stream MIDDLE FORK BEARGRASS CREEK | Discharge to STREAM |
|---|--------------------------------|---|---|---|-------------------------------|

| <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> |
|------------------------------------|-------------|-------------------|---------------------|--------------------|---------------------|-------------------|----------------------------|-------------------------------------|----------------------|------------------|
| DISREV: RAIN EVENT DISCHARGE | 858838 | 12/24/08 06:38 AM | GRIFFITH | GRIFFITH | DOCUMENTED | 11/29/01 | LACK OF SYSTEM CAPACITY | DISCHARGE TO WATERS OF THE US | 12/24/08 10:40 PM | MAIN |

Spot Inspections:

| | |
|------------------|--|
| Discharge Amount | 2,128,997 GAL |
| Cause: | LACK OF SYSTEM CAPACITY |
| Clean Up: | NONE POSSIBLE DUE TO MAGNITUDE OF STORM |
| Control Zone: | PERMANENT |
| Impact: | NO IMPACT OBSERVED |
| Repair: | THIS LOCATION WILL BE IN THE SANITARY SEWER DISCHARGE PLAN SUBMITTED DECEMBER 31, 2008 |

Notifications:

| | | |
|-------------------|--------|--|
| 12/24/08 01:00 AM | DISNOT | Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov |
| 12/24/08 10:29 AM | DISPUB | Public was notified through a permanent sign |



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 SSL Sewer Service Line | Facility ID 1532611607 | Facility Address 11607 HAZELWOOD RD | If Pump Station, Name of Pump Station: | Receiving Stream GOOSE CREEK | Discharge to DITCH |
|--|----------------------------------|---|---|--|------------------------------|

| <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 | 859306 | 12/28/08 11:00 AM | GITTINGS | GITTINGS | REPAIRED - ISSUE RESOLVED | 12/28/08 | OBSTRUCTION-NOT GREASE / ROOTS | DISCHARGE TO WATERS OF THE US | 12/28/08 11:30 AM | MAIN |

Spot Inspections:

| | |
|-------------------|---|
| Discharge Amount: | 75 GAL |
| Cause: | OBSTRUCTION IN MAIN SEWER |
| Clean Up: | CUSTOMER CLEANED THE IMPACTED AREA AND MSD PERSONNEL PUT LIME IN DRAINAGE DITCH |
| Control Zone: | PLACED TEMPORARY SIGNS AROUND THE IMPACTED AREA |
| Impact: | SEWAGE/WATER DISCHARGING FROM THE CLEAN OUT |
| Repair: | WORK ORDER 859317 - FLUSHED OBSTRUCTION FROM THE MAIN SEWER |

Notifications:

| | | |
|-------------------|--------|--|
| 12/28/08 01:00 AM | DISNOT | Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov |
| 12/28/08 11:00 AM | DISPUB | ADVISED CUSTOMER ON SITE |



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 SMH Sewer Manhole | Facility ID 16649 | Facility Address 1726 FRASER DR | If Pump Station, Name of Pump Station: | Receiving Stream SOUTH FORK BEARGRASS CREEK | Discharge to DITCH |
|---|-----------------------------|---|---|--|------------------------------|

| <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> |
|------------------------------------|-------------|-------------------|---------------------|--------------------|---------------------|-------------------|----------------------------|-------------------------------------|----------------------|------------------|
| DISREV: RAIN EVENT DISCHARGE | 858956 | 12/24/08 12:31 PM | MITCHELL | GRIFFITH | DOCUMENTED | 01/24/02 | LACK OF SYSTEM CAPACITY | DISCHARGE TO WATERS OF THE US | 12/25/08 07:30 AM | MAIN |

Spot Inspections:

| | |
|-------------------|--|
| Discharge Amount: | 84,000 GAL |
| Cause: | LACK OF SYSTEM CAPACITY |
| Clean Up: | NONE POSSIBLE DUE TO MAGNITUDE OF STORM |
| Control Zone: | DOOR HANGERS, AREA HAS PERMANENT SIGNS |
| Impact: | NO IMPACT OBSERVED |
| Repair: | THIS LOCATION WILL BE IN THE SANITARY SEWER DISCHARGE PLAN SUBMITTED DECEMBER 31, 2008 |

Notifications:

| | | |
|-------------------|--------|--|
| 12/24/08 01:00 PM | DISNOT | Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov |
| 12/24/08 10:03 AM | DISPUB | Public was notified through a permanent sign and door hangers |



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 SMH Sewer Manhole | Facility ID 17571 | Facility Address 3035 CARSON WAY | If Pump Station, Name of Pump Station: SOUTH 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> |
|------------------------------------|-------------|-------------------|---------------------|--------------------|---------------------|-------------------|----------------------------|-------------------------------------|----------------------|------------------|
| DISREV: RAIN EVENT DISCHARGE | 858949 | 12/24/08 12:55 PM | BRIGHT | BRIGHT | DOCUMENTED | 02/17/00 | LACK OF SYSTEM CAPACITY | DISCHARGE TO WATERS OF THE US | 12/24/08 03:35 PM | |

Spot Inspections:

| | |
|-------------------|---|
| Discharge Amount: | 204,000 GAL |
| Cause: | SET PUMPS TO ALLEVIATE PROPERTY DAMAGE AND FLOODING DURING A SIGNIFICANT RAIN EVENT |
| Clean Up: | MSD PERSONNEL CLEANED AND SANITIZED THE OVERFLOW SITE ONCE THE RAIN SUBSIDED |
| Control Zone: | MSD PERSONNEL SET OUT BARRICADES AND TEMPORARY SIGNS ON THE PUMP |
| Impact: | SEWAGE VISIBLE AROUND PUMPED DISCHARGE SITE |
| Repair: | THIS LOCATION IS IN THE INTERIM SANITARY SEWER DISCHARGE PLAN |

Notifications:

| | | |
|-------------------|--------|--|
| 12/24/08 01:28 PM | DISPUB | MSD PERSONNEL PLACED SIGNS |
| 12/24/08 01:00 PM | DISNOT | Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov |



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 SMH Sewer Manhole | Facility ID 18471 | Facility Address 3107 DELL BROOKE AVE | If Pump Station, Name of Pump Station: | Receiving Stream SOUTH 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> |
|------------------------------------|-------------|-------------------|---------------------|--------------------|---------------------|-------------------|----------------------------|-------------------------------------|----------------------|------------------|
| DISREV: RAIN EVENT DISCHARGE | 858955 | 12/24/08 11:45 AM | BRIGHT | BRIGHT | DOCUMENTED | 02/17/00 | LACK OF SYSTEM CAPACITY | DISCHARGE TO WATERS OF THE US | 12/24/08 06:40 PM | |

Spot Inspections:

| | |
|-------------------|---|
| Discharge Amount: | 638,600 GAL |
| Cause: | SET PUMPS TO ALLEVIATE PROPERTY DAMAGE AND FLOODING DURING A SIGNIFICANT RAIN EVENT |
| Clean Up: | MSD PERSONNEL CLEANED AND SANITIZED THE OVERFLOW SITE ONCE THE RAIN SUBSIDED |
| Control Zone: | MSD PERSONNEL SET OUT BARRICADES AND TEMPORARY SIGNS ON THE PUMP |
| Impact: | SEWAGE VISIBLE AROUND PUMPED DISCHARGE SITE |
| Repair: | THIS LOCATION IS IN THE INTERIM SANITARY SEWER DISCHARGE PLAN |

Notifications:

| | | |
|-------------------|--------|--|
| 12/24/08 01:27 PM | DISPUB | MSD PERSONNEL PLACED SIGNS |
| 12/24/08 01:00 PM | DISNOT | Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov |



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 SMH Sewer Manhole | Facility ID 18483 | Facility Address 3015 BOAIRES LN | If Pump Station, Name of Pump Station: | Receiving Stream SOUTH 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> |
|------------------------------------|-------------|-------------------|---------------------|--------------------|---------------------|-------------------|----------------------------|-------------------------------------|----------------------|------------------|
| DISREV: RAIN EVENT DISCHARGE | 858952 | 12/24/08 11:30 AM | BRIGHT | BRIGHT | DOCUMENTED | 02/17/00 | LACK OF SYSTEM CAPACITY | DISCHARGE TO WATERS OF THE US | 12/24/08 06:31 PM | |

Spot Inspections:

| | |
|-------------------|---|
| Discharge Amount: | 508,800 GAL |
| Cause: | SET PUMPS TO ALLEVIATE PROPERTY DAMAGE AND FLOODING DURING A SIGNIFICANT RAIN EVENT |
| Clean Up: | MSD PERSONNEL CLEANED AND SANITIZED THE OVERFLOW SITE ONCE THE RAIN SUBSIDED |
| Control Zone: | MSD PERSONNEL SET OUT BARRICADES AND TEMPORARY SIGNS ON THE PUMP |
| Impact: | SEWAGE VISIBLE AROUND PUMPED DISCHARGE SITE |
| Repair: | THIS LOCATION IS IN THE INTERIM SANITARY SEWER DISCHARGE PLAN |

Notifications:

| | | |
|-------------------|--------|--|
| 12/24/08 01:27 PM | DISPUB | MSD PERSONNEL PLACED SIGNS |
| 12/24/08 01:00 PM | DISNOT | Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov |



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 SMH Sewer Manhole | Facility ID 21061 | Facility Address 4432 CORDOVA RD | If Pump Station, Name of Pump Station: | Receiving Stream UPPER SINKING FORK |
| | | | | 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> |
|------------------------------------|-------------|-------------------|---------------------|--------------------|---------------------|-------------------|----------------------------|-------------------------------------|----------------------|------------------|
| DISREV: RAIN EVENT DISCHARGE | 858953 | 12/24/08 11:55 AM | BRIGHT | BRIGHT | DOCUMENTED | 02/17/00 | LACK OF SYSTEM CAPACITY | DISCHARGE TO WATERS OF THE US | 12/24/08 01:50 PM | |

Spot Inspections:

| | |
|-------------------|---|
| Discharge Amount: | 120,700 GAL |
| Cause: | SET PUMPS TO ALLEVIATE PROPERTY DAMAGE AND FLOODING DURING A SIGNIFICANT RAIN EVENT |
| Clean Up: | MSD PERSONNEL CLEANED AND SANITIZED THE OVERFLOW SITE ONCE THE RAIN SUBSIDED |
| Control Zone: | MSD PERSONNEL SET OUT BARRICADES AND TEMPORARY SIGNS ON THE PUMP |
| Impact: | SEWAGE VISIBLE AROUND PUMPED DISCHARGE SITE |
| Repair: | THIS LOCATION IS IN THE INTERIM SANITARY SEWER DISCHARGE PLAN |

Notifications:

| | | |
|-------------------|--------|--|
| 12/24/08 01:27 PM | DISPUB | MSD PERSONNEL PLACED SIGNS |
| 12/24/08 01:00 PM | DISNOT | Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov |



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 SMH Sewer Manhole | Facility ID 21089 | Facility Address 207 BRUNSWICK RD | If Pump Station, Name of Pump Station: | Receiving Stream UPPER SINKING FORK | 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> |
|------------------------------------|-------------|-------------------|---------------------|--------------------|---------------------|-------------------|----------------------------|-------------------------------------|----------------------|------------------|
| DISREV: RAIN EVENT DISCHARGE | 858950 | 12/24/08 12:04 PM | BRIGHT | BRIGHT | DOCUMENTED | 02/17/00 | LACK OF SYSTEM CAPACITY | DISCHARGE TO WATERS OF THE US | 12/24/08 05:47 PM | |

Spot Inspections:

| | |
|-------------------|---|
| Discharge Amount: | 437,300 GAL |
| Cause: | SET PUMPS TO ALLEVIATE PROPERTY DAMAGE AND FLOODING DURING A SIGNIFICANT RAIN EVENT |
| Clean Up: | MSD PERSONNEL CLEANED AND SANITIZED THE OVERFLOW SITE ONCE THE RAIN SUBSIDED |
| Control Zone: | MSD PERSONNEL SET OUT BARRICADES AND TEMPORARY SIGNS ON THE PUMP |
| Impact: | SEWAGE VISIBLE AROUND PUMPED DISCHARGE SITE |
| Repair: | THIS LOCATION IS IN THE INTERIM SANITARY SEWER DISCHARGE PLAN |

Notifications:

| | | |
|-------------------|--------|--|
| 12/24/08 01:27 PM | DISPUB | MSD PERSONNEL PLACED SIGNS |
| 12/24/08 01:00 PM | DISNOT | Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov |



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 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 |
|---|-----------------------------|--|---|---|------------------------------|

| <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> |
|------------------------------------|-------------|-------------------|---------------------|--------------------|---------------------|-------------------|----------------------------|-------------------------------------|----------------------|------------------|
| DISREV: RAIN EVENT DISCHARGE | 858946 | 12/24/08 11:30 AM | BRIGHT | BRIGHT | DOCUMENTED | 02/17/00 | LACK OF SYSTEM CAPACITY | DISCHARGE TO WATERS OF THE US | 12/24/08 08:48 PM | |

Spot Inspections:

| | |
|------------------|---|
| Discharge Amount | 711,500 GAL |
| Cause: | SET PUMPS TO ALLEVIATE PROPERTY DAMAGE AND FLOODING DURING A SIGNIFICANT RAIN EVENT |
| Clean Up: | MSD PERSONNEL CLEANED AND SANITIZED THE OVERFLOW SITE ONCE THE RAIN SUBSIDED |
| Control Zone: | MSD PERSONNEL SET OUT BARRICADES AND TEMPORARY SIGNS ON THE PUMP |
| Impact: | SEWAGE VISIBLE AROUND PUMPED DISCHARGE SITE |
| Repair: | THIS LOCATION IS IN THE INTERIM SANITARY SEWER DISCHARGE PLAN |

Notifications:

| | | |
|-------------------|--------|--|
| 12/24/08 01:26 PM | DISPUB | MSD PERSONNEL PLACED SIGNS |
| 12/24/08 01:00 PM | DISNOT | Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov |



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 SMH Sewer Manhole | Facility ID 21153 | Facility Address 4522 CORDOVA RD | If Pump Station, Name of Pump Station: | Receiving Stream UPPER SINKING FORK | 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> |
|------------------------------------|-------------|-------------------|---------------------|--------------------|---------------------|-------------------|----------------------------|-------------------------------------|----------------------|------------------|
| DISREV: RAIN EVENT DISCHARGE | 858938 | 12/24/08 12:12 PM | BRIGHT | BRIGHT | DOCUMENTED | 02/17/00 | LACK OF SYSTEM CAPACITY | DISCHARGE TO WATERS OF THE US | 12/24/08 08:30 PM | |

Spot Inspections:

| | |
|------------------|---|
| Discharge Amount | 572,700 GAL |
| Cause: | SET PUMPS TO ALLEVIATE PROPERTY DAMAGE AND FLOODING DURING A SIGNIFICANT RAIN EVENT |
| Clean Up: | MSD PERSONNEL CLEANED AND SANITIZED THE OVERFLOW SITE ONCE THE RAIN SUBSIDED |
| Control Zone: | MSD PERSONNEL SET OUT BARRICADES AND TEMPORARY SIGNS ON THE PUMP |
| Impact: | SEWAGE VISIBLE AROUND PUMPED DISCHARGE SITE |
| Repair: | THIS LOCATION IS IN THE INTERIM SANITARY SEWER DISCHARGE PLAN |

Notifications:

| | | |
|-------------------|--------|--|
| 12/24/08 01:00 AM | DISNOT | Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov |
| 12/24/08 01:28 PM | DISPUB | MSD PERSONNEL PLACED SIGNS |



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 SMH Sewer Manhole | Facility ID 21156 | Facility Address 100 STONEHENGE DR | If Pump Station, Name of Pump Station: | Receiving Stream UPPER SINKING FORK | 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> |
|------------------------------------|-------------|-------------------|---------------------|--------------------|---------------------|-------------------|----------------------------|-------------------------------------|----------------------|------------------|
| DISREV: RAIN EVENT DISCHARGE | 858936 | 12/24/08 12:21 PM | BRIGHT | BRIGHT | DOCUMENTED | 02/17/00 | LACK OF SYSTEM CAPACITY | DISCHARGE TO WATERS OF THE US | 12/24/08 08:53 PM | |

Spot Inspections:

| | |
|-------------------|---|
| Discharge Amount: | 944,300 GAL |
| Cause: | SET PUMPS TO ALLEVIATE PROPERTY DAMAGE AND FLOODING DURING A SIGNIFICANT RAIN EVENT |
| Clean Up: | MSD PERSONNEL CLEANED AND SANITIZED THE OVERFLOW SITE ONCE THE RAIN SUBSIDED |
| Control Zone: | MSD PERSONNEL SET OUT BARRICADES AND TEMPORARY SIGNS ON THE PUMP |
| Impact: | SEWAGE VISIBLE AROUND PUMPED DISCHARGE SITE |
| Repair: | THIS LOCATION IS IN THE INTERIM SANITARY SEWER DISCHARGE PLAN |

Notifications:

| | | |
|-------------------|--------|--|
| 12/24/08 01:00 AM | DISNOT | Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov |
| 12/24/08 01:28 PM | DISPUB | MSD PERSONNEL PLACED SIGNS |



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 SMH Sewer Manhole | Facility ID 27005 | Facility Address 1012 ALTA CIR | 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> |
|------------------------------------|-------------|-------------------|---------------------|--------------------|---------------------|-------------------|----------------------------|-------------------------------------|----------------------|------------------|
| DISREV: RAIN EVENT DISCHARGE | 858951 | 12/24/08 12:13 PM | GRIFFITH | GRIFFITH | DOCUMENTED | 09/02/03 | LACK OF SYSTEM CAPACITY | DISCHARGE TO WATERS OF THE US | 12/25/08 08:35 AM | MAIN |

Spot Inspections:

| | |
|-------------------|--|
| Discharge Amount: | 216,000 GAL |
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN |
| Clean Up: | REFERRED TO I&FP FOR CLEAN UP AFTER RAIN EVENT |
| Control Zone: | BARRICADES, CAUTION TAPE, CONES, TEMPORARY SIGNS |
| Impact: | SEWAGE/DEBRIS/SOLIDS/PERSONAL HYGIENE PRODUCTS FOUND AROUND MANHOLE |
| Repair: | THIS LOCATION WILL BE IN THE SANITARY SEWER DISCHARGE PLAN SUBMITTED DECEMBER 31, 2008 |

Notifications:

| | | |
|-------------------|--------|--|
| 12/24/08 01:00 PM | DISNOT | Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov |
| 12/24/08 09:45 AM | DISPUB | Public was notified through permanent signs, barricades, caution tape, and cones |



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 SMH Sewer Manhole | Facility ID 40870 | Facility Address 2120 INDIAN HILLS TRL | If Pump Station, Name of Pump Station: MUDDY FORK BEARGRASS CREEK | Discharge to DITCH |

| <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> |
|------------------------------------|-------------|-------------------|---------------------|---------------------|---------------------|-------------------|----------------------------|-------------------------------------|----------------------|------------------|
| DISREV: RAIN EVENT DISCHARGE | 859008 | 12/24/08 02:57 PM | MARKS JR | RHEINLAENDE R JR | DOCUMENTED | 09/27/02 | LACK OF SYSTEM CAPACITY | DISCHARGE TO WATERS OF THE US | 12/24/08 10:00 PM | |

Spot Inspections:

| | |
|-------------------|---|
| Discharge Amount: | 2,400 GAL |
| Cause: | LACK OF SYSTEM CAPACITY CAUSED BY RAINFALL |
| Clean Up: | NO CLEAN UP REQUIRED |
| Control Zone: | TEMPORARY SIGNS POSTED AND BARRICADES SET UP |
| Impact: | NO IMPACT; ONLY CLEAR WATER OBSERVED |
| Repair: | WILL ADD TO LIST OF DISCHARGERS DURING RAIN EVENT RECON |

Notifications:

| | | |
|-------------------|--------|--|
| 12/24/08 06:03 PM | DISPUB | public notified by web site |
| 12/24/08 01:00 PM | DISNOT | Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov |



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 SMH Sewer Manhole | Facility ID 45835 | Facility Address 1132 ROSTREVOR CIR | 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> |
|------------------------------------|-------------|-------------------|---------------------|--------------------|---------------------|-------------------|----------------------------|-------------------------------------|----------------------|------------------|
| DISREV: RAIN EVENT DISCHARGE | 858942 | 12/24/08 12:08 PM | GRIFFITH | GRIFFITH | DOCUMENTED | 09/02/03 | LACK OF SYSTEM CAPACITY | DISCHARGE TO WATERS OF THE US | 12/25/08 08:30 AM | MAIN |

Spot Inspections:

| | |
|------------------|--|
| Discharge Amount | 12,000 GAL |
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN |
| Clean Up: | SITE WILL REQUIRE CLEAN-UP; A DISCLEAN WORK ORDER WILL BE CREATED FOR IFP |
| Control Zone: | BARRICADES, CAUTION TAPE, CONES |
| Impact: | DEBRIS AND SOLIDS OBSERVED ON GROUND AROUND MH |
| Repair: | THIS LOCATION WILL BE IN THE SANITARY SEWER DISCHARGE PLAN SUBMITTED DECEMBER 31, 2008 |

Notifications:

| | | |
|-------------------|--------|--|
| 12/24/08 01:00 AM | DISNOT | Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov |
| 12/24/08 09:31 AM | DISPUB | Public notified through permanent signs, barricades, caution tape, and cones |



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 SMH Sewer Manhole | Facility ID 47583 | Facility Address 202 OXMOOR LN | If Pump Station, Name of Pump Station: | Receiving Stream MIDDLE FORK BEARGRASS CREEK | Discharge to STREAM |
|---|-----------------------------|--|---|---|-------------------------------|

| <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> |
|------------------------------------|-------------|-------------------|---------------------|--------------------|---------------------|-------------------|----------------------------|-------------------------------------|----------------------|------------------|
| DISREV: RAIN EVENT DISCHARGE | 859005 | 12/24/08 04:19 PM | FIELDS | GRIFFITH | DOCUMENTED | 02/06/08 | LACK OF SYSTEM CAPACITY | DISCHARGE TO WATERS OF THE US | 12/25/08 10:40 AM | MAIN |

Spot Inspections:

| | |
|-------------------|--|
| Discharge Amount: | 135,000 GAL |
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN |
| Clean Up: | NONE POSSIBLE DUE TO MAGNITUDE OF STORM |
| Control Zone: | TEMPORARY SIGNS, BARRICADES |
| Impact: | NO IMPACT OBSERVED |
| Repair: | THIS LOCATION WILL BE IN THE SANITARY SEWER DISCHARGE PLAN SUBMITTED DECEMBER 31, 2008 |

Notifications:

| | | |
|-------------------|--------|--|
| 12/24/08 01:00 PM | DISNOT | Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov |
| 12/24/08 09:54 AM | DISPUB | Public notified through temporary signs, barricades, and door hangers |



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 SMH Sewer Manhole | Facility ID 51594 | Facility Address 1418 TREVILLAN WAY | If Pump Station, Name of Pump Station: | Receiving Stream SOUTH FORK BEARGRASS CREEK | Discharge to DITCH |
|---|-----------------------------|---|---|---|------------------------------|

| <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> |
|------------------------------------|-------------|-------------------|---------------------|--------------------|---------------------|-------------------|-------------------------|-------------------------------|-------------------|------------------|
| DISREV: RAIN EVENT DISCHARGE | 858929 | 12/24/08 12:27 PM | MITCHELL | GRIFFITH | DOCUMENTED | 09/12/06 | LACK OF SYSTEM CAPACITY | DISCHARGE TO WATERS OF THE US | 12/25/08 08:00 AM | MAIN |

Spot Inspections:

| | |
|------------------|--|
| Discharge Amount | 6,000 GAL |
| Cause: | LACK OF SYSTEM CAPACITY |
| Clean Up: | NONE POSSIBLE DUE TO MAGNITUDE OF STORM |
| Control Zone: | CAUTION TAPE, TEMPORARY SIGNS, DOOR HANGERS |
| Impact: | NO IMPACT OBSERVED |
| Repair: | THIS LOCATION WILL BE IN THE SANITARY SEWER DISCHARGE PLAN SUBMITTED DECEMBER 31, 2008 |

Notifications:

| | | |
|-------------------|--------|--|
| 12/24/08 01:00 AM | DISNOT | Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov |
| 12/24/08 10:17 AM | DISPUB | Public was notified through temporary signs, caution tape, and cones |



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 SMH Sewer Manhole | Facility ID 72571-X | Facility Address 4600 CHAMPIONS TRACE LN | If Pump Station, Name of Pump Station: | Receiving Stream SOUTH FORK BEARGRASS CREEK |
| | | | | Discharge to STREAM |

| <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> |
|------------------------------------|-------------|-------------------|---------------------|--------------------|---------------------|-------------------|----------------------------|-------------------------------------|----------------------|------------------|
| DISREV: RAIN EVENT DISCHARGE | 858935 | 12/24/08 11:50 AM | GRIFFITH | GRIFFITH | DOCUMENTED | 11/29/01 | LACK OF SYSTEM CAPACITY | DISCHARGE TO WATERS OF THE US | 12/24/08 08:30 PM | MADN |

Spot Inspections:

| | |
|-------------------|--|
| Discharge Amount: | 536,275 GAL |
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN |
| Clean Up: | NONE POSSIBLE DUE TO MAGNITUDE OF STORM |
| Control Zone: | PERMANENT SIGN |
| Impact: | NO IMPACT OBSERVED |
| Repair: | THIS LOCATION WILL BE IN THE SANITARY SEWER DISCHARGE PLAN SUBMITTED DECEMBER 31, 2008 |

Notifications:

| | | |
|-------------------|--------|--|
| 12/24/08 01:00 AM | DISNOT | Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov |
| 12/24/08 10:32 AM | DISPUB | Public was notified through permanent sign at location |



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 SMH Sewer Manhole | Facility ID CSO084 | Facility Address 712 BRENT ST | If Pump Station, Name of Pump Station: | Receiving Stream SOUTH FORK BEARGRASS CREEK |
| | | | | Discharge to STREAM |

| <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 | 853426 | 12/04/08 01:15 PM | BRIGHT | BRIGHT | REPAIRED - ISSUE RESOLVED | 12/04/08 | UTILITY DAMAGED MSD ASSET | DISCHARGE TO WATERS OF THE US | 12/04/08 02:57 PM | |

Spot Inspections:

| | |
|-------------------|---|
| Discharge Amount: | 20,000 GAL |
| Cause: | CSO KICKING DUE TO MAJOR WATER MAIN BREAK ON BRENT STREET |
| Clean Up: | NO CLEAN UP PERFORMED. PIPE DISCHARGES DIRECTLY INTO STREAM |
| Control Zone: | NO CONTROL ZONE SET UP; PIPE DISCHARGING DIRECTLY INTO NON ACCESSIBLE STREAM |
| Impact: | CHLORINATED WATER ENTERING STREAM |
| Repair: | LOUISVILLE WATER COMPANY HAS SHUT OFF THE WATER MAIN AND WILL END THE DISCHARGE |

Notifications:

| | | |
|-------------------|--------|--|
| 12/04/08 01:15 PM | DISPUB | PERMANENT CSO AND PUBLIC WARNING SIGNS THROUGHOUT BEARGRASS CREEK ALREADY IN PLACE |
| 12/04/08 01:00 PM | DISNOT | Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov |



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 SLS Sewer Lift Station | Facility ID MSD0012-PS | Facility Address 3246 RADIANCE RD | If Pump Station, Name of Pump Station: HIGHGATE SPRINGS | Receiving Stream SOUTH FORK BEARGRASS CREEK | Discharge to STREAM |

| <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> |
|------------------------------------|-------------|-------------------|---------------------|--------------------|---------------------|-------------------|----------------------------|-------------------------------------|----------------------|------------------|
| DISREV: RAIN EVENT DISCHARGE | 858980 | 12/24/08 01:17 PM | MARKS JR | RIES | DOCUMENTED | 12/16/00 | LACK OF SYSTEM CAPACITY | DISCHARGE TO WATERS OF THE US | 12/24/08 05:35 PM | |

Spot Inspections:

| | |
|-------------------|--|
| Discharge Amount: | 14,587 GAL |
| Cause: | LACK OF SYSTEM CAPACITY CAUSED BY RAIN EVENT |
| Clean Up: | CLEAN UP NOT REQUIRED - SUBMERGED DISCHARGE PIPE |
| Control Zone: | SIGNS POSTED |
| Impact: | NO IMPACT OBSERVED FACILITY UNDER ELEVATED CREEK LEVEL |
| Repair: | THIS LOCATION WILL BE IN THE SANITARY SEWER DISCHARGE PLAN DECEMBER 31, 2008 |

Notifications:

| | | |
|-------------------|--------|--|
| 12/24/08 02:04 PM | DISPUB | signs posted to warn public along with MSD web site |
| 12/24/08 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: 20
Total Work Orders Printed: 20