MSD

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

April 23, 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 March 1 to March 31 are enclosed. All permit requirements were met for the month of March, 2009.

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

Sincerely,

Alex E. Novak
Operations Manager

paw

MFDMR0209.doc

Enclosures

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

Form Approved.
OMB No. 2040-0004

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)*

PERMIT NUMBER	DISCHARGE NUMBER
KY0022411	001 1

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	09	03	01	TO	09	03	31

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	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	******	******		5.3	******	******	(19)	0		
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	2 INST MIN	******	******	MG/L		DAILY	GRAB
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	12,532	16,046	(26)	******	17	20	(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	260,711	270,642	(26)	******	338	380	(19)	0		
00310 G 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	******	REPORT MO AVG	REPORT MX WK AV	MG/L		DAILY	COMPOS
PH	SAMPLE MEASUREMENT	******	******		6.5	******	7.1	(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	11,546	19,202	(26)	******	15	24	(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	234,389	258,246	(26)	******	299	330	(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	9,755	10,351	(26)	******	13.5	15.4	(19)	0		
00610 E 0 0 SEC/BIOL PRCS CMPLT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	******	20 MO AVG	30 MX WK AV	MG/L		DAILY	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H. J. SCHARDEIN, JR.
EXECUTIVE DIRECTOR
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
502	540-6000	09	04	23
AREA CODE	NUMBER	YEAR	MO	DAY

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

G - INFLUENT
E - SECONDARY EFFLUENT
1 - FINAL EFFLUENT

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

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

Form Approved.
OMB No. 2040-0004

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LOCATION LOUISVILLE KY 40211
ATTN: ALEX E NOVAK, OPER MGR

PERMIT NUMBER	DISCHARGE NUMBER
KY0022411	001 1

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	09	03	01	TO	09	03	31

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

JEFFE

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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
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	9140	9244	(26)	******	12.6	13.7	(19)	0		
00610 G 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	******	REPORT MO AVG	REPORT MX WK AV	MG/L		DAILY	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	88.1	171.3	(03)	******	******	******		0		
50050 E 0 0 SEC/BIOL PRCS CMPLT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	CONTIN
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******	0.010	0.010	(19)	0		
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.019 MO AVG	0.019 DAILY MX	MG/L		DAILY	GRAB
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	******	******		******	32	51	(13)	1		
74055 1 2 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	1000 30DA GEO	2000 7 DA GEO	#/ 100ML		DAILY	GRAB
BOD, 5-DAY PERCENT REMOVAL	SAMPLE MEASUREMENT	******	******		96	******	******	(23)	0		
81010 K 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	******	******	**** ****	85 MO MIN	******	******	PER- CENT		ONCE/ MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	******	******		95	******	******	(23)	0		
81011 K 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	******	******	**** ****	85 MO MIN	******	******	PER- CENT		ONCE/ MONTH	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			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]	502	540-6000	09	04	23
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

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ATTN: ALEX E NOVAK, OPER MGR

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

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
KY0022411	001 B

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	09	03	01	TO	09	03	31

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

JEFFE

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BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	******	******		******	215	255	(19)	0		
00310 F 0 0 PRI/PRLM PRCS CMPLT	PERMIT REQUIREMENT	******	******	********	******	REPORT MO AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	******	******		******	33	40	(19)	0		
00310 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	******	REPORT MO AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******	139	180	(19)	0		
00530 F 0 0 PRI/PRLM PRCS CMPLT	PERMIT REQUIREMENT	******	******	********	******	REPORT MO AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******	36	43	(19)	0		
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	******	REPORT MO AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	******	******		******	13.8	16.0	(19)	0		
00610 F 0 0 PRI/PRLM PRCS CMPLT	PERMIT REQUIREMENT	******	******	********	******	REPORT MO AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	******	******		******	11.0	14.0	(19)	0		
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	******	REPORT MO AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	18.70	22.20	(03)	******	******	******		0		
50050 F 0 0 PRI/PRLM PRCS CMPLT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	MGD	******	******	******	********		WHEN DISCHG	CONTIN

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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]	502	540-6000	09	04	23
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

MONITORING DURING PERIODS OF SECONDARY BYPASS IN ADDITION TO REGULAR MONITORING.
1 - FINAL EFFLUENT
F - SECONDARY BYPASS AFTER PRIMARY TREATMENT

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

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ATTN: ALEX E NOVAK, OPER MGR

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

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
KY0022411	001 Y

MAJOR
(SUBR LV)
F - FINAL JEFFE
BIOMONITORING/ONCE PER QUARTER
EFFLUENT
*** NO DISCHARGE |__| ***

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	09	01	01	TO	09	03	31

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HARDNESS, TOTAL (AS CACO3)	SAMPLE MEASUREMENT	******	******		******	224	236	(19)	0		
00900 1 0 2 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*******	******	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
CADMIUM, DISSOLVED (AS CD)	SAMPLE MEASUREMENT	******	******		******	0.003	0.003	(19)	0		
01025 1 0 2 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*******	******	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
COPPER, DISSOLVED (AS CU)	SAMPLE MEASUREMENT	******	******		******	0.010	0.010	(19)	0		
01040 1 0 2 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*******	******	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
LEAD, DISSOLVED (AS PB)	SAMPLE MEASUREMENT	******	******		******	0.005	0.005	(19)	0		
01049 1 0 2 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*******	******	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
ZINC, DISSOLVED (AS ZN)	SAMPLE MEASUREMENT	******	******		******	0.060	0.060	(19)	0		
01090 1 0 2 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*******	******	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
ZINC TOTAL RECOVERABLE	SAMPLE MEASUREMENT	******	******		******	0.110	0.156	(19)	0		
01094 1 0 2 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*******	******	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
CADMIUM TOTAL RECOVERABLE	SAMPLE MEASUREMENT	******	******		******	0.003	0.003	(19)	0		
01113 1 0 2 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*******	******	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

H. J. SCHARDEIN, JR.
EXECUTIVE DIRECTOR

TYPED OR PRINTED

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[signature]

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
502	540-6000	09	04	23
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

PERMIT NUMBER	DISCHARGE NUMBER
KY0022411	001 Y

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	09	01	01	TO	09	03	31

MAJOR
(SUBR LV)
F - FINAL JEFFE
BIOMONITORING/ONCE PER QUARTER
EFFLUENT
*** NO DISCHARGE |__| ***

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PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
LEAD TOTAL RECOVERABLE 01114 1 0 2 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	0.010	0.010	(19)	0		
	PERMIT REQUIREMENT	******	******	********	******	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
COPPER TOTAL RECOVERABLE 01119 1 0 2 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	0.025	0.032	(19)	0		
	PERMIT REQUIREMENT	******	******	********	******	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
TOXICITY, FINAL CONC TOXICITY UNITS 61406 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	<1.00	(2F)	0		
	PERMIT REQUIREMENT	******	******	********	******	******	1.00 DAILY MX	ACUTE TOXCTY		QTRLY	GRAB-2
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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TELEPHONE		DATE		
502	540-6000	09	04	23
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

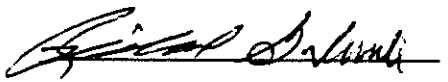
MORRIS FORMAN WASTEWATER TREATMENT PLANT JEFFERSON COUNTY, KENTUCKY MONTH OF March
KPDES PERMIT NO. KY0022411 PLANT CAPACITY - 105 MGD RECEIVING STREAM - OHIO RIVER

	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
3/1	111.2	110.5	0.7	61	51	7.5	6.7	11.0	0.1	220	30			8.5	238	170	20	26.3	16.2	13.4	17.1	3.3	2.8	210	65	0.86	0.22	1.39	0.010	40	9	0.00
3/2	99.1	99.1	0.0	61	49	7.8	6.8	16.0	0.1	260	30			9.6	309	177	18	26.0	14.0	11.6	15.8	3.5	2.9	226	66	0.95	0.24	1.35	0.010	16	11	0.00
3/3	92.9	92.9	0.0	61	51	7.6	6.8	12.0	0.1	220	32			16.0	320	177	20	25.9	14.3	11.9	17.7	3.4	2.9	217	64	0.89	0.22	1.39	0.010	58	13	0.00
3/4	89.7	89.7	0.0	61	51	7.4	6.8	9.0	0.1	196	34			10.0	272	202	25	25.9	13.9	11.3	7.8	3.6	3.0	240	68	0.67	0.32	1.41	0.010	12	14	0.00
3/5	92.5	92.5	0.0	61	57	7.5	6.8	16.0	0.1	280	48			7.4	275	204	32	25.7	13.9	11.5	2.5	4.1	3.5	260	65	0.98	0.34	1.47	0.010	13	14	0.00
3/6	92.7	92.7	0.0	58	57	7.4	7.0	19.0	0.1	316	38			8.2	352	193	29	25.6	13.4	10.8	2.8	4.1	3.4	221	55	0.98	0.39	1.44	0.010	91	16	0.00
3/7	86.6	86.6	0.0	60	58	7.4	6.8	15.0	0.1	238	28			7.9	274	193	26	25.1	12.9	10.5	2.3	3.2	2.7	216	68	0.89	0.29	1.31	0.010	102	16	0.00
3/8	100.9	89.7	11.2	63	60	7.5	6.6	11.0	0.1	238	30			7.6	203	139	23	25.2	11.6	9.4	4.1	3.1	2.6	208	69	0.88	0.26	1.77	0.010	74	14	0.00
3/9	82.7	82.7	0.0	60	57	7.5	6.9	6.5	0.1	226	14			10.0	329	188	11	25.0	13.2	10.8	17.4	3.0	2.5	198	65	0.85	0.31	0.99	0.010	13	15	0.00
3/10	84.1	84.1	0.0	62	59	7.4	6.9	17.0	0.1	410	14			7.8	481	219	15	24.8	12.1	10.1	14.0	3.2	2.7	197	64	0.78	0.34	1.20	0.010	10	16	0.00
3/11	125.1	105.1	20.0	60	58	7.4	6.8	18.0	0.1	326	32			7.2	365	226	30	25.1	12.9	10.8	12.1	3.0	2.5	194	66	0.79	0.24	2.32	0.010	42	11	0.00
3/12	86.8	86.8	0.0	60	57	7.4	6.9	13.0	0.1	268	26			7.3	359	297	23	25.2	11.8	9.8	8.7	3.3	2.8	228	69	0.91	0.24	1.42	0.010	85	13	0.00
3/13	79.4	79.4	0.0	60	55	7.3	6.8	9.5	0.1	320	19			8.5	416	299	18	25.2	10.9	9.0	16.0	3.0	2.4	228	77	0.89	0.28	1.36	0.010	4	14	0.00
3/14	85.5	85.5	0.0	60	56	7.3	6.7	9.0	0.1	524	20			13.0	339	271	18	25.3	13.1	11.0	17.7	3.6	3.2	229	64	0.67	0.27	1.60	0.010	60	13	0.00
3/15	77.9	77.9	0.0	60	57	7.3	6.7	6.5	0.1	188	20			10.3	271	233	20	25.2	12.8	10.5	19.1	3.3	2.8	220	67	0.88	0.28	1.48	0.010	149	13	0.00
3/16	79.1	79.1	0.0	60	59	7.3	7.0	12.0	0.1	282	18			9.5	367	212	16	24.8	12.5	10.8	17.4	3.3	2.9	219	67	0.91	0.32	1.41	0.010	14	17	0.00
3/17	76.3	76.3	0.0	60	61	7.3	6.7	14.0	0.1	362	21			7.6	405	331	18	24.9	12.1	10.2	10.9	3.4	3.0	211	62	0.91	0.28	1.42	0.010	22	18	0.00
3/18	78.0	78.0	0.0	60	61	7.3	7.3	15.0	0.1	414	21			7.3	387	283	18	25.2	12.7	10.9	11.5	3.8	3.2	218	58	0.87	0.34	1.53	0.010	11	17	0.00
3/19	125.8	103.8	22.2	60	62	7.4	6.7	6.0	0.1	208	38			6.3	280	253	39	25.6	13.7	11.6	11.8	3.3	2.8	219	67	0.94	0.33	2.62	0.010	440	14	0.00
3/20	79.2	79.2	0.0	60	56	7.3	6.8	11.0	0.1	336	19			7.2	546	402	26	25.3	12.7	10.7	12.0	4.5	3.9	279	66	1.06	0.38	1.28	0.010	56	14	0.00
3/21	71.6	71.6	0.0	63	58	7.5	6.7	15.0	0.1	338	16			5.3	402	266	20	25.3	13.1	11.1	9.5	3.9	3.4	304	80	1.04	0.39	1.64	0.010	44	17	0.00
3/22	70.0	70.0	0.0	61	63	7.5	6.8	12.0	0.1	204	13			7.5	221	157	12	25.1	11.8	10.0	14.6	4.8	4.1	274	61	1.00	0.38	1.42	0.010	3	17	0.00
3/23	75.6	75.6	0.0	63	58	7.5	6.9	15.0	0.1	220	17			9.0	279	177	12	25.3	11.6	9.9	17.2	3.3	2.9	228	69	0.99	0.21	1.32	0.010	5	17	0.00
3/24	77.5	77.5	0.0	61	60	7.3	6.7	11.0	0.1	292	20			6.0	287	199	13	25.0	11.5	9.6	14.3	3.6	3.0	238	66	1.00	0.29	1.00	0.010	97	20	0.00
3/25	156.4	114.8	41.6	62	61	7.1	6.7	17.0	0.8	464	65			8.0	419	226	63	25.5	12.1	10.4	13.1	3.2	2.6	210	66	0.92	0.32	3.48	0.010	4350	13	0.00
3/26	117.0	104.2	12.8	62	60	7.3	7.1	12.0	0.1	306	30			7.1	293	213	29	25.5	12.2	10.5	13.0	3.1	2.7	212	68	0.97	0.31	2.20	0.010	44	10	0.00
3/27	89.7	89.6	0.1	62	57	7.1	6.6	9.5	0.1	260	18			7.6	387	295	17	25.5	13.4	11.3	10.4	3.1	2.6	227	74	0.99	0.36	1.31	0.010	62	10	0.00
3/28	102.9	87.0	15.9	62	59	7.3	6.6	9.0	0.2	324	34			7.7	333	327	27	25.4	11.9	10.1	13.1	3.6	3.1	256	71	0.95	0.22	2.07	0.010	50	11	0.00
3/29	120.5	95.8	24.7	62	55	7.3	6.5	8.0	0.1	410	31			7.4	297	166	29	25.0	12.9	10.7	13.2	3.1	2.6	253	81	0.93	0.27	3.24	0.010	108	7	0.00
3/30	82.7	82.7	0.0	62	56	7.5	6.7	15.0	0.1	316	11			8.3	368	216	11	25.4	11.9	9.9	8.3	3.2	2.7	14	80	0.95	0.31	1.51	0.010	1	12	0.00
3/31	90.6	90.6	0.0	63	60	7.5	6.7	13.0	0.1	302	16			9.0	424	282	17	25.2	11.9	10.1	11.9	3.2	2.7	232	72	0.96	0.25	1.40	0.010	2	14	0.00
Total	2880.0	2730.8	149.2															785.5								28.460	9.200					0.00
Average	92.9	88.1	4.8	61	57	7.4	6.8	12.5	0.1	299	26			8.4	338	232	22	25.3	12.7	10.7	12.2	3.5	2.9	222	68	0.92	0.30	1.64	0.010	32	14	0.00

SEWER CONNECTIONS 134790 TIMES 4 = 539160 SEWER POPULATION

IND. WASTER POPULATION EQ

CUSTOMERS	332
FLOW	345633
BOD	1001350
TSS	563907

Authorized Agent  Certification No. 4663

MORRIS FORMAN WASTEWATER TREATMENT PLANT JEFFERSON COUNTY, KY

Month of Mar-09

Average Flow

SETTLING TANKS	Primary	Secondary		
		Battery A	Battery B	Battery C
Average Flow (MGD)	91.9	37.40	46.71	17.29
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)	32143.10	13039.34	16285.73	16077.25
Avg. Settling Rate (GPD/Ft2)	1193.89	695.02	841.15	781.93
Avg. Detention Time	2.18	4.55	3.64	3.69

AERATION TANKS	Battery A	Battery B	Battery C
Volume (Gallons)	4200000	4200000	2100000
Avg. Flow (MGD)	48.10	58.21	20.29
Avg. Detention Time (Hours)	2.10	1.73	2.48

CHLORINE CONTACT CHAMBERS	
Contact Chambers in Use	2.00
Volume (Gallons)	2340000
Avg. Detention Time (Hours)	0.61

Remarks: BY-PASS REPORTS (See Attached)