MSD
Metropolitan Sewer District

700 West Liberty Street
Louisville Kentucky 40203-1911
502-540-6000
www.msdlouky.org

May 18, 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 April 1 to April 30 are enclosed. All permit requirements were met for the month of April, 2009.

Please note that this month we have included both the DOW pre-printed monthly DMR as well as our recently approved electronically created DMR for your use and review. We had previously received approval to use the electronically prepared DMR for the MFWQTC as referenced in the attached letter from V. Prather to D. Talley dated February 20, 2009.

Please be advised that all future monthly DMR submittals will only include the electronically prepared DMR and not the DOW pre-printed version. We trust this is satisfactory and if you have any questions or concerns do not hesitate to contact me at (502) 540-6793.

Sincerely,

Alex E. Novak
Operations Manager

paw

MFDMR0409.doc

Enclosures

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

STEVE L. BESHEAR
GOVERNOR

ENVIRONMENTAL AND PUBLIC PROTECTION CABINET
DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WATER
200 FAIR OAKS LANE
FRANKFORT, KENTUCKY 40601
www.kentucky.gov

LEONARD K. PETERS
SECRETARY

February 20, 2009

Mr. Daymond Talley
Louisville/Jeff Co MSD
700 West Liberty Street
Louisville, Kentucky 40203-1911

RE: DMR Approval Confirmation
Morris Forman Regional STP
KPDES No.: KY0022411
Jefferson County

Dear Mr. Talley:

In response to your request to pre-print Discharge Monitoring Report (DMR) forms for the above-referenced facility, we have reviewed the samples you submitted and approve your request.

If at anytime the permit is reissued or modified with limit(s) changes, you will be sent the appropriate DMR forms to make the necessary changes in your system. Once those changes are made to your preprinted forms, you will need to send us a copy of your forms with the changes along with the top copy of the forms you were sent.

Once those are received and reviewed, you will only be contacted if there is an issue with the revised forms. You will continue to send your preprinted forms without interruption.

If you have any questions concerning this matter, please contact me at (502) 564-8158 extension 4923.

Sincerely,

E-Signed by Vickie Prather
VERIFY authenticity with ApproveIt
Vickie L. Prather

Vickie L. Prather, Supervisor
Permit Support Section
Surface Water Permits Branch
Division of Water

VLP:vlp

c: KPDES Preprint Files

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME MSD MORRIS FORMAN STP
ADDRESS C/O LOUISVILLE/JEFF CO MSD
4522 ALGONQUIN PKWY
LOUISVILLE KY 40211-2497
FACILITY MSD MORRIS FORM STP
LOCATION LOUISVILLE KY 40211
ATTN: ALEX E NOVAK, OPER MGR

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

Form Approved.
OMB No. 2040-0004

KY0022411	001 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	09	04	01	TO	09	04	30

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

JEFFE

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	******	******		6.0	******	******	(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	13,177	15,300	(26)	******	14	17	(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	260,790	309,177	(26)	******	248	283	(19)	0		
00310 0 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	******	REPORT MO AVG	REPORT MX WK AV	MG/L		DAILY	COMPOS
PH	SAMPLE MEASUREMENT	******	******		6.6	******	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	11,491	15,897	(26)	******	12	17	(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	235,240	265,344	(26)	******	216	242	(19)	0		
00530 0 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	8,557	9,126	(26)	******	9.3	9.7	(19)	0		
00610 E 0 0 SEC/BIOL PRCS CMPLT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	******	20 MO AVG	30 MX WK AV	MG/L		DAILY	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
H. J. SCHARDEIN, JR. EXECUTIVE DIRECTOR	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	502 (AREA CODE)	540-6000 (NUMBER)	09 (YEAR)	05 (MO)	19 (DAY)
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

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

O - INFLUENT
E - SECONDARY EFFLUENT
F - FINAL EFFLUENT

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME MSD MORRIS FORMAN STP
ADDRESS C/O LOUISVILLE/JEFF CO MSD
4522 ALGONQUIN PKWY
LOUISVILLE KY 40211-2497
FACILITY MSD MORRIS FORM STP
LOCATION LOUISVILLE KY 40211
ATTN: ALEX E NOVAK, OPER MGR

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

KY0022411 — PERMIT NUMBER
001 1 — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	09	04	01	TO	09	04	30

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

JEFFE

Form Approved.
OMB No. 2040-0004

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
NITROGEN, AMMONIA TOTAL (AS N) 00610 9 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	8297	8970	(26)	******	9.0	10.4	(19)	0		
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	******	REPORT MO AVG	REPORT MX WK AV	MG/L		DAILY	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 E 0 0 SEC/BIOL PRCS CMPLT	SAMPLE MEASUREMENT	112.9	186.5	(03)	******	******	******		0		
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	CONTIN
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	0.010	0.010	(19)	0		
	PERMIT REQUIREMENT	******	******	**** ****	******	0.019 MO AVG	0.019 DAILY MX	MG/L		DAILY	GRAB
COLIFORM, FECAL GENERAL 74055 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	50	99	(13)	0		
	PERMIT REQUIREMENT	******	******	**** ****	******	1000 30DA GEO	2000 #/ 7 DA GEO	100ML		DAILY	GRAB
BOD, 5-DAY PERCENT REMOVAL 81010 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	******	******		95	******	******	(23)	0		
	PERMIT REQUIREMENT	******	******	**** ****	85 MO MIN	******	******	PER-CENT		ONCE/ MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	******	******		95	******	******	(23)	0		
	PERMIT REQUIREMENT	******	******	**** ****	85 MO MIN	******	******	PER-CENT		ONCE/ MONTH	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
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TYPED OR PRINTED							

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

0 - INFLUENT
E - SECONDARY EFFLUENT
1 - FINAL EFFLUENT

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME MSD MORRIS FORMAN STP
ADDRESS C/O LOUISVILLE/JEFF CO MSD
4522 ALGONQUIN PKWY
LOUISVILLE KY 40211-2497
FACILITY MSD MORRIS FORM STP
LOCATION LOUISVILLE KY 40211
ATTN: ALEX E NOVAK, OPER MGR

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

KY0022411 — PERMIT NUMBER
001 B — DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY
FROM	09	04	01
TO	09	04	30

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

JEFFE

Form Approved.
OMB No. 2040-0004

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BOD, 5-DAY (20 DEG. C) 00310 F 0 0 PRI/PRLM PRCS CMPLT	SAMPLE MEASUREMENT	******	******		******	145	198	(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	******	******		******	25	28	(19)	0		
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
SOLIDS, TOTAL SUSPENDED 00530 F 0 0 PRI/PRLM PRCS CMPLT	SAMPLE MEASUREMENT	******	******		******	94	118	(19)	0		
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	28	32	(19)	0		
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 F 0 0 PRI/PRLM PRCS CMPLT	SAMPLE MEASUREMENT	******	******		******	10.1	11.5	(19)	0		
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	9.0	9.4	(19)	0		
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 F 0 0 PRI/PRLM PRCS CMPLT	SAMPLE MEASUREMENT	33.74	50.35	(03)	******	******	******		0		
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	MGD	******	******	******	**** ****		WHEN DISCHG	CONTIN

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
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TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
MONITORING DURING PERIODS OF SECONDARY BYPASS IN addition TO REGULAR MONITORING.
1 - FINAL EFFLUENT
~~2 - SECONDARY BYPASS AFTER PRIMARY TREATMENT.~~

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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
FACILITY MSD MORRIS FORM STP
LOCATION LOUISVILLE, KY 40211

ATTN: ALEX E NOVAK, OPER MGR

KY0022411	001 1
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD

	YEAR	MONTH	DAY		YEAR	MONTH	DAY
FROM	9	4	01	TO	9	4	30

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****	****	6.0	*****	*****	(19)	0	30/30	GRAB
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	2.0 INST MIN	*****	*****	MG/L		DAILY	GRAB
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	13,177	15,300	(26)	*****	14	17	(19)	0	30/30	COMPOS
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	260,790	309,177	(26)	*****	248	283	(19)	0	30/30	COMPOS
00310 G 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		DAILY	COMPOS
PH	SAMPLE MEASUREMENT	*****	*****	****	6.6	*****	7.1	(12)	0	30/30	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	11,491	15,897	(26)	*****	12	17	(19)	0	30/30	COMPOS
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	235,240	265,344	(26)	*****	216	242	(19)	0	30/30	COMPOS
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	8,557	9,126	(26)	*****	9.3	9.7	(19)	0	30/30	COMPOS
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 PRINCIPLE EXECUTIVE OFFICER

H. J. SCHARDEIN, JR.
EXECUTIVE DIRECTOR

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Telephone		DATE
AREA	NUMBER	YEAR - MO - DAY
502	540-6000	09-05-20

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
G - INFLUENT
E - SECONDARY EFFLUENT
1 - FINAL EFFLUENT

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

KY0022411	001 1
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD

	YEAR	MONTH	DAY		YEAR	MONTH	DAY
FROM	9	4	01	TO	9	4	30

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	8297	8970	(26)	*****	9.0	10.4	(19)	0	30/30	COMPOS
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	112.9	186.5	(03)	*****	*****	*****	****	0	30/30	CONTIN
50050 E 0 0 SEC/BIOL PRCS CMPLT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	MGD	*****	*****	*****	****		CONTIN UOUS	CONTIN
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****	****	*****	0.010	0.010	(19)	0	30/30	GRAB
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	*****	*****	****	*****	50	99	(13)	0	30/30	GRAB
74055 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	1000 30DA GEO	2000 7 DA GEO	#/ 100ML		DAILY	GRAB
BOD, 5-DAY PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	****	95	*****	*****	(23)	0	1/30	CALCTD
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	1/30	CALCTD
81011 K 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	85 MO MIN	*****	*****	PER-CENT		ONCE/ MONTH	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPLE 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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Telephone		DATE
AREA	NUMBER	YEAR - MO - DAY
502	540-6000	09-05-20

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
G - INFLUENT
E - SECONDARY EFFLUENT
F - SECONDARY BYPASS AFTER PRIMARY TREATMENT.

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved.
OMB No. 2040-0004

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

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

KY0022411	001 B
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD

	YEAR	MONTH	DAY		YEAR	MONTH	DAY
FROM	9	4	01	TO	9	4	30

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BOD, 5-DAY (20 DEG. C) 00310 F 0 0 PRI/PRLM PRCS CMPLT	SAMPLE MEASUREMENT	*****	*****	****	*****	145	198	(19) MG/L	0	19/30	COMPOS
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT MX WK AV			WHEN DISCHG	COMPOS
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	25	28	(19) MG/L	0	19/30	COMPOS
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT MX WK AV			WHEN DISCHG	COMPOS
SOLIDS, TOTAL SUSPENDED 00530 F 0 0 PRI/PRLM PRCS CMPLT	SAMPLE MEASUREMENT	*****	*****	****	*****	94	118	(19) MG/L	0	19/30	COMPOS
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT MX WK AV			WHEN DISCHG	COMPOS
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	28	32	(19) MG/L	0	19/30	COMPOS
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT MX WK AV			WHEN DISCHG	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 F 0 0 PRI/PRLM PRCS CMPLT	SAMPLE MEASUREMENT	*****	*****	****	*****	10.1	11.5	(19) MG/L	0	19/30	COMPOS
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT MX WK AV			WHEN DISCHG	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	9.0	9.4	(19) MG/L	0	19/30	COMPOS
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT MX WK AV			WHEN DISCHG	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 F 0 0 PRI/PRLM PRCS CMPLT	SAMPLE MEASUREMENT	33.74	50.35	(03) MGD	*****	*****	*****	****	0	19/30	CONTIN
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV		*****	*****	*****	****		WHEN DISCHG	CONTIN

NAME/TITLE PRINCIPLE 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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Telephone		DATE
AREA	NUMBER	YEAR - MO - DAY
502	540-6000	09-05-20

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
MONITORING DURING PERIODS OF SECONDARY BYPASS IN ADDITION TO REGULAR MONITORING.
1 - FINAL EFFLUENT
F - SECONDARY BYPASS AFTER PRIMARY TREATMENT.

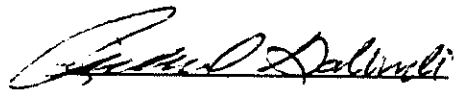
MORRIS FORMAN WASTEWATER TREATMENT PLANT JEFFERSON COUNTY, KENTUCKY MONTH OF April
KPDES PERMIT NO. KY0022411 PLANT CAPACITY - 105 MGD RECEIVING STREAM - OHIO RIVER

	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
4/1	86.3	86.3	0.0	62	59	7.4	6.7	12.0	0.1	330	16			7.3	468	339	17	24.8	12.9	10.8	11.0	3.3	2.9	236	71	0.88	0.21	1.39	0.010	7	12	0.00
4/2	117.1	90.0	27.1	62	60	7.4	6.6	23.0	0.4	454	36			6.0	559	272	48	22.4	12.6	10.8	10.7	3.6	3.1	254	70	0.86	0.27	2.67	0.010	5	13	0.00
4/3	224.3	126.1	98.2	62	59	7.4	6.7	3.5	1.1	152	57			7.1	76	69	46	25.8	14.5	12.3	13.6	3.1	2.7	249	79	0.92	0.27	4.73	0.010	108	5	0.00
4/4	124.3	116.5	7.8	62	57	7.5	6.8	8.5	0.3	158	24			7.4	167	120	17	25.8	13.9	11.7	16.4	2.6	2.2	207	80	1.00	0.31	1.94	0.010	152	7	0.00
4/5	147.6	119.4	28.2	62	58	7.6	6.8	6.0	0.1	156	29			10.0	109	78	19	25.5	12.0	9.9	16.2	2.4	2.1	203	85	0.96	0.30	2.85	0.010	66	9	14.00
4/6	149.3	121.6	27.7	61	58	7.6	6.9	9.0	0.1	258	26			8.8	182	119	22	25.3	11.9	9.7	16.7	3.2	2.7	214	67	0.78	0.19	2.57	0.010	103	9	24.00
4/7	128.5	127.0	1.5	62	54	7.8	7.0	8.5	0.1	168	20			9.8	243	141	14	25.1	12.2	10.1	16.1	3.1	2.6	221	73	0.74	0.23	2.11	0.010	205	10	24.00
4/8	122.5	122.2	0.3	61	57	7.5	6.9	11.0	0.1	218	18			6.7	184	100	20	24.8	11.9	9.7	11.8	2.8	2.3	189	66	0.75	0.31	1.16	0.010	28	11	24.00
4/9	114.1	114.1	0.0	62	59	7.7	6.8	10.0	0.1	210	19			10.2	310	222	14	25.0	12.2	10.1	17.9	3.9	3.2	212	55	0.67	0.31	1.94	0.010	56	11	20.00
4/10	147.9	111.6	36.3	61	58	7.3	6.7	9.0	0.2	430	35			7.5	496	239	43	25.0	13.0	10.7	12.7	3.5	2.9	222	65	0.79	0.28	3.62	0.010	48	11	24.00
4/11	140.1	119.7	20.4	62	58	7.5	6.6	8.0	0.1	170	25			10.5	181	135	18	25.1	13.0	10.8	15.0	2.9	2.4	231	81	0.89	0.23	3.14	0.010	58	8	24.00
4/12	113.7	113.7	0.0	61	58	7.5	6.8	7.0	0.1	156	13			8.9	186	114	9	25.1	12.9	10.9	19.0	3.1	2.7	223	72	0.96	0.26	2.37	0.010	183	13	24.00
4/13	199.1	131.4	67.7	62	59	7.4	6.8	4.5	0.1	38	17			9.9	216	117	26	25.5	10.1	7.8	19.5	2.1	1.7	222	106	0.93	0.26	3.71	0.010	492	8	24.00
4/14	206.0	130.6	75.4	62	58	7.6	6.8	8.5	0.3	288	41			12.9	198	87	32	25.8	13.8	11.0	19.8	2.9	2.4	197	68	0.55	0.19	3.40	0.010	238	7	24.00
4/15	127.7	123.4	4.3	62	58	7.5	6.8	11.0	0.1	312	14			10.2	298	139	11	25.6	13.6	10.8	20.0	3.3	2.7	201	62	0.85	0.16	2.54	0.010	13	12	24.00
4/16	118.1	118.1	0.0	62	59	7.6	6.9	9.0	0.1	268	10			8.6	230	162	10	25.4	13.3	10.7	20.0	3.8	3.1	217	57	0.84	0.22	1.49	0.010	16	12	24.00
4/17	112.8	112.6	0.0	62	60	7.6	6.8	4.5	0.1	238	15			9.5	240	215	12	25.5	13.6	11.0	18.8	3.5	2.8	218	64	0.89	0.25	1.41	0.010	16	10	24.00
4/18	94.4	94.4	0.0	63	61	7.4	6.8	5.5	0.1	144	13			10.5	195	174	11	25.1	13.0	10.5	19.7	3.1	2.6	207	68	0.88	0.30	1.29	0.010	29	11	8.00
4/19	210.8	123.3	87.5	62	62	7.4	7.1	5.5	0.6	136	48			9.2	98	97	30	24.8	13.1	11.0	20.0	2.8	2.3	180	65	0.81	0.27	3.05	0.010	410	8	0.00
4/20	206.7	124.6	82.1	63	59	7.4	6.9	4.5	0.4	122	28			10.3	101	61	29	25.3	11.5	9.0	19.5	2.9	2.3	182	63	0.48	0.29	2.80	0.010	270	5	0.00
4/21	153.4	125.9	27.5	62	57	7.2	6.9	4.0	0.1	122	23			13.0	205	136	27	25.0	11.9	9.3	20.0	2.5	2.1	188	74	0.83	0.25	2.40	0.010	247	8	0.00
4/22	128.7	123.3	3.4	62	58	7.2	6.8	7.0	0.1	246	15			13.2	253	187	13	25.6	11.2	9.3	19.6	2.7	2.3	186	68	0.87	0.18	2.17	0.010	12	8	0.00
4/23	114.9	114.9	0.0	62	60	7.2	6.7	11.0	0.1	116	12			8.6	350	207	14	25.5	13.3	10.9	17.0	2.9	2.5	203	71	0.85	0.17	1.52	0.010	23	9	0.00
4/24	109.2	109.2	0.0	62	63	7.4	6.8	9.0	0.1	252	12			10.0	266	182	11	25.2	14.8	12.1	16.8	3.0	2.6	214	72	0.83	0.21	1.52	0.010	9	10	0.00
4/25	96.7	96.7	0.0	62	64	7.4	6.7	15.0	0.1	288	10			10.0	247	174	11	25.2	12.8	10.8	19.5	3.3	2.9	234	71	0.87	0.20	1.46	0.010	11	10	0.00
4/26	89.9	89.9	0.0	62	63	7.3	6.7	10.0	0.1	130	12			9.0	314	157	11	25.1	12.8	10.9	18.6	2.9	2.4	230	80	0.83	0.25	1.36	0.010	46	13	0.00
4/27	91.6	91.6	0.0	62	64	7.6	6.8	8.0	0.1	166	12			8.6	235	181	10	25.1	12.4	10.5	17.2	3.7	3.2	232	65	0.82	0.22	1.39	0.010	52	15	0.00
4/28	139.7	106.0	33.7	63	65	7.2	6.7	12.0	0.1	330	34			8.9	317	209	28	25.4	12.8	10.7	16.7	3.1	2.7	229	74	0.88	0.21	3.13	0.010	17	11	0.00
4/29	106.8	102.7	4.1	62	63	7.1	6.6	7.5	0.1	228	16			7.6	268	218	13	25.5	13.2	10.9	12.0	3.4	2.9	252	74	0.95	0.25	2.87	0.010	80	11	0.00
4/30	109.0	101.2	7.8	63	65	7.1	6.6	5.5	0.1	192	18			8.0	268	229	19	25.5	14.1	12.0	10.8	3.3	2.8	253	78	0.94	0.20	2.01	0.010	62	11	0.00
Total	4029.0	3388.0	641.0															755.8								25.100	7.250					306.00
Average	134.3	112.9	21.4	62	60	7.4	6.8	8.5	0.2	216	22			9.3	248	163	20	25.2	12.8	10.6	16.7	3.1	2.6	217	71	0.84	0.24	2.33	0.010	50	10	0.00

SEWER CONNECTIONS 134685 TIMES 4 = 538780 SEWER POPULATION

IND. WASTER POPULATION EQ

CUSTOMERS	332
FLOW	740268
BOD	1094973
TSS	615773

Authorized Agent  Certification No. 4863

MSD

IMSAST0004
Overflow Report
Initiated Apr 01, 2009 12:00 AM thru Apr 30, 2009 11:59 PM

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

KPDES #	Facility ID	Water Quality Treatment Center	Receiving Stream of Treatment Center	Region
KY0022411	MSD0278	MORRIS FORMAN	OHIO RIVER	WEST

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

Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Status Date	Problem	Result	Completed	Condition
DISREV: RAIN EVENT DISCHARGE	897779	04/19/09 05:35 PM	GRIFFITH	GRIFFITH	DOCUMENTED	11/29/01	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHAGE - WATERS	04/19/09 09:37 PM	

Spot Inspections:

Discharge Amount:	185,884 GAL
Cause:	LACK FOR SYSTEM CAPACITY-HEAVY RAIN
Clean Up:	NONE NEEDED DUE TO MAGNITUDE OF STORM
Control Zone:	DOOR HANGERS PLACED AT HOMES AROUND IMPACTED AREA
Impact:	NO IMPACT OBSERVED, MAGNITUDE OF SROM WASHED DEBRIS/SOLIDS AWAY FROM DISCHARGE SITE
Repair:	THIS LOCATION IS IN THE SANITARY SEWER DISCHARGE PLAN SUBMITTED ON DECEMBER 31, 2008

Notifications:

04/19/09 05:35 PM	DISPUB	RESIDENTS AROUND IMPACTED AREA NOTIFIED BY DOOR HANGERS OF THE HAZARDS OF CONTACT WITH DISCHARGE
04/19/09 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
04/19/09 01:00 PM	DISSNO	Supplemental Email notification of unauthorized discharge has been sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov

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

KPDES #	Facility ID	Water Quality Treatment Center	Receiving Stream of Treatment Center	Region
KY0022411 (Cont'd)	MSD0278	MORRIS FORMAN	OHIO RIVER	WEST

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

Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Status Date	Problem	Result	Completed	Condition
DISREV: RAIN EVENT DISCHARGE	893204	04/03/09 12:45 AM	MITCHELL	GRIFFITH	DOCUMENTED	01/24/02	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHAGE - WATERS	04/04/09 08:15 AM	

Spot Inspections:

Discharge Amount:	8,668 GAL
Cause:	LACK OF SYSTEM CAPACITY-HEAVY RAIN
Clean Up:	NONE NEEDED DUE TO MAGNITUDE OF STORM
Control Zone:	PLACED TEMPORARY SIGNS AND DOOR HANGERS AROUND IMPACTED AREA
Impact:	NO IMPACT OBSERVED
Repair:	THIS LOCATION IS IN THE SANITARY SEWER DISCHARGE PLAN AS SUBMITTED ON DEC 31, 2008

Notifications:

04/03/09 01:00 AM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
04/03/09 01:00 AM	DISSNO	Supplemental Email notification of unauthorized discharge has been 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 #	Facility ID	Water Quality Treatment Center	Receiving Stream of Treatment Center	Region
KY0022411 (Cont'd)	MSD0278	MORRIS FORMAN	OHIO RIVER	WEST

Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Event Date	Problem	Result	Completed	Condition
DISDW: DRY WEATHER DISCHARGE	895030	04/09/09 12:30 PM	MITCHELL	GRIFFITH	DOCUMENTED	01/24/02	OBSTRUCTION-NOT GREASE / ROOTS	UNAUTHORIZED DISCHAGE - WATERS	04/09/09 04:30 PM	

Spot Inspections:

Discharge Amount:	2,292 GAL
Cause:	OBSTRUCTION IN MAIN SEWER-HEAVY PAPER TOWELS
Clean Up:	REFERRED TO I&FP FOR CLEANUP-WORK ORDER # 895279
Control Zone:	ADVISED PROPERTY OWNER/CUSTOMER TO AVOID DIRECT CONTACT WITH SEWAGE.
Impact:	DISCOLORATION IN STREAM
Repair:	CONTACTED MAINTENACE. MAINTENANCE FLUSHED LINE WORK ODER # 895044

Notifications:

04/09/09 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
04/09/09 04:30 PM	DISPUB	Advised property owner / customer to avoid contact with sewage. Also placed door hangers around impacted areas.

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

KPDES #	Facility ID	Water Quality Treatment Center	Receiving Stream of Treatment Center	Region
KY0022411 (Cont'd)	MSD0278	MORRIS FORMAN	OHIO RIVER	WEST

Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Event Date	Problem	Result	Completed	Condition
DISREV: RAIN EVENT DISCHARGE	897797	04/19/09 06:19 PM	MITCHELL	GRIFFITH	DOCUMENTED	01/24/02	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHAGE - WATERS	04/20/09 06:03 PM	

Spot Inspections:

Discharge Amount:	16,548 GAL
Cause:	LACK OF SYSTEM CAPACITY-HEAVY RAIN
Clean Up:	NONE NEEDED DUE TO MAGNITUDE OF STORM
Control Zone:	DOOR HANGERS PLACED AT HOMES AROUND IMPACTED AREA
Impact:	NO IMPACT OBSERVED. MAGNITUDE OF STORM WASHED DEBRIS/SOLIDS AWAY FROM DISCHARGE SITE
Repair:	THIS LOCATION IS IN THE SANITARY SEWER DISCHARGE PLAN SUBMITTED ON DECEMBER 31 2008

Notifications:

04/19/09 06:16 PM	DISPUB	RESIDENTS AROUND IMPACTED AREA NOTIFIED BY DOOR HANGERS EXPLAINING HAZARDS OF CONTACT WITH DISCHARGE
04/19/09 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
04/19/09 01:00 PM	DISSNO	Supplemental Email notification of unauthorized discharge has been sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov

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

KPDES #	Facility ID	Water Quality Treatment Center	Receiving Stream of Treatment Center	Region
KY0022411 (Cont'd)	MSD0278	MORRIS FORMAN	OHIO RIVER	WEST

Facility Type	Facility ID	Facility Address	If Pump Station, Name of Pump Station:	Receiving Stream	Discharge to
SMH Sewer Manhole	40871	2120 INDIAN HILLS TRL		MUDDY FORK BEARGRASS CREEK	DITCH

Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Status Date	Problem	Result	Completed	Condition
DISREV: RAIN EVENT DISCHARGE	898190	04/20/09 08:25 AM	MARKS JR	KAISER	DOCUMENTED	03/04/08	ELECTRICAL PROBLEMS AT MSD	UNAUTHORIZED DISCHAGE - WATERS	04/20/09 08:35 AM	

Spot Inspections:

Discharge Amount:	1,500 GAL
Cause:	#2 PUMP TRIPPED OUT
Clean Up:	MSD CLEANED AND SANITIZED AREA
Control Zone:	TEMP SIGNS POSTED
Impact:	ONLY SEWAGE OBSERVED
Repair:	MSD ELECTRICIAN MADE REPAIRS AND RESET #2 PUMP

Notifications:

04/20/09 01:52 PM	DISPUB	temp signs and msd web site updated to notify and warn piblic
04/20/09 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 #	Facility ID	Water Quality Treatment Center	Receiving Stream of Treatment Center	Region
KY0022411 (Cont'd)	MSD0278	MORRIS FORMAN	OHIO RIVER	WEST

Facility Type	Facility ID	Facility Address	If Pump Station, Name of Pump Station:	Receiving Stream	Discharge to
SMH Sewer Manhole	42675	4640 BARBOUR LN		LITTLE GOOSE CREEK	GROUND

Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Status Date	Problem	Result	Completed	Condition
DISSUS: SUSPECTED OVERFLOW EVID. FOUND	897356	04/16/09 05:16 PM	LEVITZ	FRENCH	SUSPECTED	04/16/09	POWER OUTAGE (LG&E)	UNAUTHORIZED DISCHAGE - WATERS	04/16/09 05:23 PM	

Spot Inspections:

Discharge Amount:	1,500 GAL
Cause:	PROBLEM COULD HAVE BEEN DUE TO POWER OUTAGE FROM RECENT ICE STORM OR LACK OF SYSTEM CAPACITY
Clean Up:	REFERRED TO I&FP FOR CLEANUP-WORK ORDER #897478
Control Zone:	NO CONTROL ZONE REQUIRED
Impact:	DEBRIS AROUND MANHOLE.
Repair:	A SOLUTION FOR THIS LOCATION IS INCLUDED IN THE SANITARY SEWER DISCHARGE PLAN SUBMITTED DECEMBER 2008.

Notifications:

04/16/09 05:30 PM	DISPUB	no public notification was made. a location for a permanent overflow warning sign was identified and documented.

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

KPDES #	Facility ID	Water Quality Treatment Center	Receiving Stream of Treatment Center	Region
KY0022411 (Cont'd)	MSD0278	MORRIS FORMAN	OHIO RIVER	WEST

Facility Type	Facility ID	Facility Address	If Pump Station, Name of Pump Station:	Receiving Stream	Discharge to
SMH Sewer Manhole	65633	4640 BARBOUR LN		LITTLE GOOSE CREEK	STREAM

Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Status Date	Problem	Result	Completed	Condition
DISSUS: SUSPECTED OVERFLOW EVID. FOUND	896939	04/14/09 03:55 PM	FRENCH	FRENCH	DOCUMENTED	04/04/08	POWER OUTAGE (LG&E)	UNAUTHORIZED DISCHAGE - WATERS	04/14/09 04:00 PM	

Spot Inspections:

Discharge Amount:	1,500 GAL
Cause:	PROBLEM COULD HAVE BEEN DUE TO POWER FROM THE RECENT ICE STORM OR LACK OF SYSTEM CAPACITY.
Clean Up:	NO CLEANUP REQUIRED, NO SOLIDS OR DEBRIS OBSERVED.
Control Zone:	NO CONTROL ZONE REQUIRED.
Impact:	MANHOLE LID PARTIALLY OFF OF CASTING, WEEDS AROUND MANHOLE KNOCKED DOWN APPARENTLY FROM FLOW.
Repair:	MANHOLE LID WAS REPLACED ON CASTING. A SOLUTION FOR THIS LOCATION IS INCLUDED IN THE SANITARY SEWER DISCHARGE PLAN SUBMITTED DECEMBER 2008.

Notifications:

04/15/09 10:23 AM	DISPUB	NO PUBLIC NOTIFICATION WAS MADE. A LOCATION FOR A PERMANENT OVERFLOW WARNING SIGN WAS IDENTIFIED AND DOCUMENTED.

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

KPDES #	Facility ID	Water Quality Treatment Center	Receiving Stream of Treatment Center	Region
KY0022411 (Cont'd)	MSD0278	MORRIS FORMAN	OHIO RIVER	WEST

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

Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Status Date	Problem	Result	Completed	Condition
DISREV: RAIN EVENT DISCHARGE	897820	04/19/09 06:42 PM	GRIFFITH	GRIFFITH	DOCUMENTED	11/29/01	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHAGE - WATERS	04/20/09 01:52 AM	

Spot Inspections:

Discharge Amount:	195,618 GAL
Cause:	LACK OF SYSTEM CAPACITY-HEAVY RAIN
Clean Up:	NONE NEEDED, ALL DEBRIS/SOLIDS WASHED AWAY DUE TO MAGNITUDE OF STORM
Control Zone:	NO CONTROL ZONE NECESSARY AT THIS LOCATION
Impact:	NO IMPACT OBSERVED DUE TO THE MAGNITUDE OF STORM
Repair:	THIS LOCATION IS IN THE INTERIM SANITARY SEWER DISCHARGE PLAN

Notifications:

04/19/09 06:42 PM	DISPUB	IN THIS LOCATION THE PUBLIC IS NOTIFIED WITH PERMINENT SIGNS
04/19/09 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
04/19/09 01:00 PM	DISSNO	Supplemental Email notification of unauthorized discharge has been sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov

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

KPDES #	Facility ID	Water Quality Treatment Center	Receiving Stream of Treatment Center	Region
KY0022411 (Cont'd)	MSD0278	MORRIS FORMAN	OHIO RIVER	WEST

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

Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Status Date	Problem	Result	Completed	Condition
DISREV: RAIN EVENT DISCHARGE	897804	04/19/09 05:27 PM	MARKS JR	HOWARD	DOCUMENTED	12/16/00	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHAGE - WATERS	04/19/09 09:30 PM	

Spot Inspections:

Discharge Amount:	39,000 GAL
Cause:	LACK OF SYSTEM CAPACITY DURING RAIN EVENTS
Clean Up:	NO CLEAN UP REQUIRED
Control Zone:	PERMANENENT SIGNS POSTED
Impact:	NO IMPACT OBSERVED THIS LOCATION IS OVER ELEVATED CREEK
Repair:	THIS LOCATION WILL BE INTHE SANITARY SEWER DISCHARGE PLAN OF DEC 2008

Notifications:

04/19/09 07:19 PM	DISPUB	discharge due to rain event
04/19/09 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
04/19/09 01:00 PM	DISSNO	Supplemental Email notification of unauthorized discharge has been sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov

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

KPDES #	Facility ID	Water Quality Treatment Center	Receiving Stream of Treatment Center	Region
KY0022411 (Cont'd)	MSD0278	MORRIS FORMAN	OHIO RIVER	WEST

Facility Type	Facility ID	Facility Address	If Pump Station, Name of Pump Station:	Receiving Stream	Discharge to
SLS Sewer Lift Station	MSD0023-PS	501 MOCKINGBIRD VALLEY RD	MELLWOOD AVENUE	MUDDY FORK BEARGRASS CREEK	STREAM

Activity Code / Description	WQ #	Initiated	Initiated By	Assigned To	Disch Status	Status Date	Problem	Result	Completed	Condition
DISREV: RAIN EVENT DISCHARGE	893484	04/03/09 01:30 PM	SINGLETON	LARUE	DOCUMENTED	01/02/04	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHAGE - WATERS	04/03/09 03:00 PM	

Spot Inspections:

Discharge Amount:	6,750 GAL
Cause:	HEAVY VOLUME DUE TO STORM EVENT; CONTRACT HAULER COULD NOT KEEP UP WITH VOLUME
Clean Up:	FLOW KICKED OUT TO CREEK; NO CLEANUP REQUIRED
Control Zone:	TEMPORARY SIGNS PLACED AROUND AFFECTED AREA
Impact:	NO VISUAL IMPACT OBSERVED
Repair:	STORM CEASED

Notifications:

04/03/09 01:30 PM	DISPUB	Temporary signs placed around area
04/03/09 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
04/03/09 01:00 PM	DISSNO	Supplemental Email notification of unauthorized discharge has been sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov

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

KPDES #	Facility ID	Water Quality Treatment Center	Receiving Stream of Treatment Center	Region
KY0022411 (Cont'd)	MSD0278	MORRIS FORMAN	OHIO RIVER	WEST

Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Event Date	Problem	Result	Completed	Condition
DISREV: RAIN EVENT DISCHARGE	897814	04/19/09 07:00 PM	ELDER	CARTER SR	DOCUMENTED	01/02/04	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHAGE - WATERS	04/20/09 01:00 AM	

Spot Inspections:

Discharge Amount:	12,000 GAL
Cause:	LACK OF SYSTEM CAPACITY, RAIN EVENT IN AREA
Clean Up:	NO CLEANUP
Control Zone:	TEMPORARY SIGNS POSTED AROUND AFFECTED AREA
Impact:	PIPE SUBMERGED NO IMPACT OBSERVED
Repair:	RAIN LEFT AREA

Notifications:

04/19/09 08:56 PM	DISPUB	Temporary signs placed around affected area
04/19/09 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
04/19/09 01:00 PM	DISSNO	Supplemental Email notification of unauthorized discharge has been sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov

Total Facilities Printed: 8
Total Work Orders Printed: 11