



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

July 22, 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 June 1 to June 30 are enclosed. All permit requirements were met for the month of June, 2009.

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

Sincerely,

A handwritten signature in cursive script that reads "Alex E. Novak".

Alex E. Novak
Director of Operations

paw

MFDMR0609.doc

Enclosures

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



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

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 WQTC
ADDRESS C/O LOUISVILLE/JEFF CO MSD
4522 ALGONQUIN PKWY
LOUISVILLE, KY 40211-2497
FACILITY MSD MORRIS FORM WQTC
LOCATION LOUISVILLE, KY 40211

KY0022411	0011
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD					
YEAR	MONTH	DAY	YEAR	MONTH	DAY
9	6	01	9	6	30

ATTN: ALEX E NOVAK, OPER DIR

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DO) 00300 1 0 0	SAMPLE MEASUREMENT	*****	*****	****	6.4	*****	*****	(19)	0	30/30	GRAB
	PERMIT REQUIREMENT	*****	*****	****	2.0 INST MIN	*****	*****	MG/L		DAILY	GRAB
BOD, 5-DAY (20 DEG. C) 00310 E 0 0	SAMPLE MEASUREMENT	9,518	9,961	(26)	*****	11	15	(19)	0	30/30	COMPOS
	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) 00310 G 0 0	SAMPLE MEASUREMENT	215,587	237,495	(26)	*****	228	347	(19)	0	30/30	COMPOS
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		DAILY	COMPOS
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	****	6.6	*****	7.1	(12)	0	30/30	GRAB
	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 E 0 0	SAMPLE MEASUREMENT	11,550	13,865	(26)	*****	14	16	(19)	0	30/30	COMPOS
	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 00530 G 0 0	SAMPLE MEASUREMENT	198,309	241,504	(26)	*****	197	279	(19)	0	30/30	COMPOS
	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 0 0	SAMPLE MEASUREMENT	8,156	9,074	(26)	*****	10.0	13.8	(19)	0	30/30	COMPOS
	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		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		DATE
H. J. SCHARDEIN, JR. EXECUTIVE DIRECTOR									502 540-6000		09-07-09
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							AREA	NUMBER	YEAR - MO - DAY

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

G - INFLUENT
E - SECONDARY EFFLUENT
1 - FINAL EFFLUENT

H. J. Schardein, Jr.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA NUMBER YEAR - MO - DAY

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 WQTC
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4522 ALGONQUIN PKWY
LOUISVILLE, KY 40211-2497
FACILITY MSD MORRIS FORM WQTC
LOCATION LOUISVILLE, KY 40211

KY0022411	0011
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD					
YEAR	MONTH	DAY	YEAR	MONTH	DAY
9	6	01	9	6	30

ATTN: ALEX E NOVAK, OPER DIR

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
NITROGEN, AMMONIA TOTAL (AS N) 00610 G 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	7128	8142	(26)	*****	8.8	12.4	(19)	0	30/30	COMPOS
	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/BIOLOGICAL PROCESSES COMPLETE	SAMPLE MEASUREMENT	103.4	333.7	(03)	*****	*****	*****	****	0	30/30	CONTIN
	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	30/30	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	0.019 MO AVG	0.019 DAILY MX	MG/L		DAILY	GRAB
COLIFORM, FECAL GENERAL 74055 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	42	72	(13)	0	30/30	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	200 30DA GEO	400 7 DA GEO	#/100ML		DAILY	GRAB
BOD, 5-DAY PERCENT REMOVAL 81010 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	****	95	*****	*****	(23)	0	ONCE/MONTH	CALCTD
	PERMIT REQUIREMENT	*****	*****	****	85 MO MIN	*****	*****	PERCENT		ONCE/MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	****	94	*****	*****	(23)	0	ONCE/MONTH	CALCTD
	PERMIT REQUIREMENT	*****	*****	****	85 MO MIN	*****	*****	PERCENT		ONCE/MONTH	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPLE 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.								Telephone		DATE
H. J. SCHARDEIN, JR. EXECUTIVE DIRECTOR									502 540-6000		09-07-09
									SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA

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)

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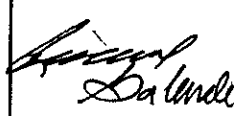
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4522 ALGONQUIN PKWY
LOUISVILLE, KY 40211-2497
FACILITY MSD MORRIS FORM WQTC
LOCATION LOUISVILLE, KY 40211

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
9	6	01	9	6	30

ATTN: ALEX E NOVAK, OPER DIR

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	*****	*****	****	*****	159	282	(19)	0	17/30	COMPOS
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	23	29	(19)	0	17/30	COMPOS
	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	*****	*****	****	*****	98	164	(19)	0	17/30	COMPOS
	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	42	(19)	0	17/30	COMPOS
	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	*****	*****	****	*****	9.5	17.0	(19)	0	17/30	COMPOS
	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	*****	*****	****	*****	7.7	15.0	(19)	0	17/30	COMPOS
	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	38.30	49.33	(03)	*****	*****	*****	****	0	17/30	CONTIN
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	MGD	*****	*****	*****	****		WHEN DISCHG	CONTIN
NAME/TITLE PRINCIPLE 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.								Telephone		DATE
H. J. SCHARDEIN, JR. EXECUTIVE DIRECTOR	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT								502 540-6000		09-07-09
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)									AREA	NUMBER	YEAR - MO - DAY

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

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
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LOUISVILLE, KY 40211-2497
FACILITY MSD MORRIS FORM WQTC
LOCATION LOUISVILLE, KY 40211

KY0022411	001 Y
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD					
YEAR	MONTH	DAY	YEAR	MONTH	DAY
9	6	01	9	6	30

ATTN: ALEX E NOVAK, OPER DIR

Parameter		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	SAMPLE MEASUREMENT	*****	*****	****	*****	360	363	(19)	0	1/90	GRAB-2		
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS		
CADMIUM, DISSOLVED (AS CD) 01025 1 0 2 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	0.003	0.003	(19)	0	1/90	GRAB-2		
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS		
COPPER, DISSOLVED (AS CU) 01040 1 0 2 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	0.019	0.019	(19)	0	1/90	GRAB-2		
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS		
LEAD, DISSOLVED (AS PB) 01049 1 0 2 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	0.005	0.005	(19)	0	1/90	GRAB-2		
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS		
ZINC, DISSOLVED (AS ZN) 01090 1 0 2 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	0.068	0.071	(19)	0	1/90	GRAB-2		
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS		
ZINC TOTAL RECOVERABLE 01094 1 0 2 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	0.060	0.060	(19)	0	1/90	GRAB-2		
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS		
CADMIUM TOTAL RECOVERABLE 01113 1 0 2 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	0.003	0.003	(19)	0	1/90	GRAB-2		
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS		
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KY0022411	001 Y
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD					
YEAR	MONTH	DAY	YEAR	MONTH	DAY
9	6	01	9	6	30

ATTN: ALEX E NOVAK, OPER DIR

Parameter		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	1/90	GRAB-2
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		QTRLY	COMPOS
COPPER TOTAL RECOVERABLE 01119 1 0 2 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	0.011	0.012	(19)	0	1/90	GRAB-2
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		QTRLY	COMPOS
TOXICITY, FINAL CONC TOXICITY UNITS 61406 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	<1.00	(2F)	0	1/90	GRAB-2
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	1.00 DAILY MAX	ACUTE TOXCTY		QTRLY	GRAB-2
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

502 540-6000

09-07-09

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

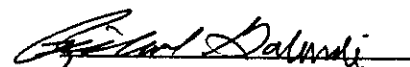
DATE	WASTEWATER FLOWS (Million Gallons)			TEMP (DEGF)		pH		SETS (M/L)		TSS (mg/L)		TS (mg/L)		D.O. (mg/L)	5-DAY BOD (mg/L)			RETURN SLUDGE				AERATION BASIN				ACTIVE		CHLORINATION			FINAL			
	Final	Sec.	Bypass	raw	final	raw	final	raw	final	raw	final	raw	final	final	raw	prim.	final	FLOW MG	TSS g/L	TVSS 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		
	Effluent	Effluent																															raw	final
6/1	77.0	77.0	0.0	67	72	7.1	6.6	10.0	0.1	206	18			7.2	320	293	15	25.2	12.1	10.2	11.7	3.8	3.3	267	71	1.03	0.24	1.95	0.010	3	16	0.00		
6/2	78.9	78.9	0.0	62	77	7.2	6.6	8.5	0.1	310	22			6.9	411	300	13	25.3	10.9	9.0	14.2	3.3	2.6	258	78	0.97	0.16	2.15	0.010	56	15	0.00		
6/3	78.6	78.6	0.0	62	76	7.2	6.6	10.0	0.1	270	16			8.6	349	240	13	25.2	11.4	9.6	14.8	3.2	2.8	260	81	0.99	0.19	2.12	0.010	88	16	0.00		
6/4	108.3	95.1	13.2	69	71	7.1	6.6	17.0	0.1	342	28			8.0	432	282	28	25.5	11.4	9.7	15.4	3.1	2.7	231	74	0.94	0.18	2.89	0.010	11	15	0.00		
6/5	80.1	80.1	0.0	69	71	7.2	6.8	12.0	0.1	385	24			7.4	382	272	11	25.6	11.8	10.3	18.4	3.2	2.7	246	77	0.94	0.14	2.14	0.010	7	9	0.00		
6/6	72.9	72.9	0.0	70	73	7.3	6.7	3.0	0.1	322	14			7.0	293	296	13	25.6	12.7	10.5	15.3	3.0	2.5	307	101	1.04	0.28	2.18	0.010	20	10	0.00		
6/7	89.9	89.9	0.0	68	73	7.5	6.6	4.8	0.1	114	11			8.0	242	242	12	25.7	11.0	9.3	16.9	3.1	2.7	276	90	1.05	0.31	2.29	0.010	10	17	0.00		
6/8	78.3	78.3	0.0	69	74	7.3	6.7	6.0	0.1	228	17			6.8	310	274	12	25.1	12.4	10.7	16.7	3.4	2.9	254	75	0.96	0.21	2.25	0.010	18	15	0.00		
6/9	73.3	73.3	0.0	66	76	7.2	6.6	10.0	0.1	292	17			8.4	358	267	12	25.3	12.5	10.6	15.9	3.3	2.8	248	78	0.92	0.18	2.02	0.010	6	15	0.00		
6/10	187.5	105.5	62.0	69	76	7.3	6.6	4.7	1.3	302	87			7.3	254	233	54	25.8	13.0	11.0	16.9	3.8	3.0	233	66	0.93	0.30	4.82	0.010	10	11	0.00		
6/11	219.3	192.3	87.0	66	75	7.5	7.1	3.8	0.5	238	52			8.3	111	100	33	25.9	13.9	11.2	19.0	3.8	3.0	197	52	0.90	0.30	7.04	0.010	1040	6	0.00		
6/12	181.4	125.4	56.0	64	72	7.4	6.8	8.0	0.4	234	38			8.0	168	122	35	26.1	15.6	12.6	19.8	3.0	2.4	183	63	0.92	0.30	7.04	0.010	580	6	0.00		
6/13	106.3	104.8	1.7	67	74	7.3	6.8	3.0	0.1	86	18			10.1	184	219	12	26.2	15.2	12.0	19.0	3.0	2.4	188	62	0.91	0.33	2.52	0.010	48	8	0.00		
6/14	102.6	99.4	3.2	69	75	6.9	6.7	1.5	0.1	90	14			8.0	295	285	11	25.9	12.1	9.7	16.8	2.6	2.1	183	70	0.77	0.34	2.41	0.010	79	7	0.00		
6/15	139.2	113.5	25.7	70	76	7.2	6.6	6.0	0.1	188	16			7.0	288	207	19	26.1	13.3	10.8	15.1	3.1	2.5	190	60	0.74	0.32	4.77	0.010	40	4	0.00		
6/16	204.5	133.7	70.8	64	76	7.3	6.9	1.4	0.1	136	33			8.2	140	120	37	23.6	13.9	11.5	17.8	3.2	2.4	168	54	0.59	0.25	3.30	0.010	105	8	0.00		
6/17	121.8	117.2	4.6	69	75	7.3	6.6	4.5	0.1	118	17			9.0	173	145	11	26.1	13.7	10.6	17.4	3.5	2.8	176	51	0.70	0.25	2.68	0.010	22	9	0.00		
6/18	178.4	115.0	63.4	72	78	7.2	6.7	4.0	0.1	156	33			7.2	121	100	20	25.1	12.9	10.7	18.0	3.2	2.7	199	62	0.89	0.22	4.20	0.010	36	8	0.00		
6/19	189.3	123.4	45.9	68	75	7.3	6.8	7.5	0.1	222	23			8.9	214	132	25	28.1	13.7	11.0	18.7	3.1	2.4	183	60	0.90	0.31	3.77	0.010	60	8	0.00		
6/20	136.9	124.3	12.6	64	76	7.5	6.9	2.0	0.1	88	18			9.2	131	134	11	27.4	12.4	9.5	18.6	2.6	2.0	167	63	0.89	0.33	3.19	0.010	88	6	0.00		
6/21	123.9	118.3	7.6	64	77	7.4	6.6	2.0	0.1	83	17			10.3	124	123	13	25.1	12.9	10.4	18.4	2.9	2.4	180	62	0.88	0.32	2.93	0.010	66	8	0.00		
6/22	183.5	117.4	66.1	70	77	7.2	6.8	3.5	0.1	142	37			10.0	147	127	27	23.4	11.8	9.9	18.2	2.6	2.3	172	66	0.80	0.21	5.69	0.010	111	9	0.00		
6/23	141.0	124.7	16.3	71	76	7.3	6.8	8.0	0.1	244	14			9.5	205	151	13	25.1	12.0	9.6	17.6	2.5	2.0	168	67	0.88	0.13	3.21	0.010	2450	8	0.00		
6/24	108.2	108.2	0.0	64	75	7.4	6.7	5.0	0.1	134	10			10.1	214	163	8	25.2	10.1	8.1	16.0	2.8	2.0	176	69	0.85	0.25	2.33	0.010	25	9	0.00		
6/25	102.2	102.2	0.0	70	78	7.3	6.7	8.5	0.1	188	9			10.0	263	175	6	25.2	10.7	8.7	17.0	2.8	2.2	183	72	0.82	0.31	2.18	0.010	9	10	0.00		
6/26	225.8	122.7	103.1	70	77	7.3	7.1	2.5	0.2	128	30			7.4	118	122	32	25.2	12.3	10.0	16.7	2.5	2.1	170	69	0.84	0.30	6.01	0.010	46	7	0.00		
6/27	133.4	121.6	11.8	70	78	7.5	6.7	8.0	0.1	206	9			10.3	188	100	8	24.8	12.4	9.8	17.8	2.5	2.1	177	69	0.84	0.28	6.01	0.010	152	6	0.00		
6/28	100.9	100.9	0.0	69	77	7.9	6.9	8.5	0.1	156	9			10.2	123	55	8	24.6	10.4	8.4	18.5	2.3	1.9	172	73	0.86	0.26	2.81	0.010	24	10	0.00		
6/29	96.8	96.8	0.0	72	75	7.7	6.9	9.5	0.1	180	9			10.0	169	87	11	24.9	7.4	5.8	18.2	2.4	1.8	188	78	0.84	0.23	1.91	0.010	22	12	0.00		
6/30	83.6	83.6	0.0	62	77	7.8	6.9	3.0	0.1	116	8			9.2	122	93	7	24.5	7.8	6.2	19.1	2.1	1.7	163	76	0.74	0.20	1.51	0.010	40	13	0.00		
Total	3751.8	3100.8	651.0															762.6																
Average	125.1	103.4	21.7	68	75	7.3	6.8	6.1	0.2	197	22			8.5	228	182	18	25.4	12.1	9.9	17.1	3.0	2.4	205	70	0.86	0.25	3.34	0.010	42	10	0.00		

SEWER CONNECTIONS

134973 TIMES 4 = 539892 SEWER POPULATION

IND. WASTER POPULATION EQ
 CUSTOMERS 331
 FLOW 651158
 BOD 660367
 TSS 437052

Authorized Agent



Certification No. 4683

MORRIS FORMAN WASTEWATER TREATMENT PLANT

JEFFERSON COUNTY, KY

Month of Jun-09

Average Flow

SETTLING TANKS	Primary	Secondary		
		Battery A	Battery B	Battery C
Average Flow (MGD)	141.2	52.94	51.88	21.46
Tanks in Service	3.93	8.00	8.00	3.00
Surface Area (Ft.2)	75652.50	69200.00	69200.00	25950.00
Volume (MG)	8.19	7.09	7.09	2.66
Weir Length (Ft.)	2809.95	2868.00	2868.00	1075.50
Avg. Weir Overflow (GPD/Ft)	50247.76	18458.04	18090.88	19953.58
Avg. Settling Rate (GPD/Ft2)	1866.35	928.27	909.95	948.13
Avg. Detention Time	1.39	3.21	3.28	2.97

AERATION TANKS

Battery A Battery B Battery C

Volume (Gallons)	4200000	4200000	2100000
Avg. Flow (MGD)	64.19	62.92	24.60
Avg. Detention Time (Hours)	1.57	1.60	2.05

CHLORINE CONTACT CHAMBERS

Contact Chambers in Use	2.00
Volume (Gallons)	2340000
Avg. Detention Time (Hours)	0.40

Remarks: BY-PASS REPORTS (See Attached)



Initiated Jun 01, 2009 12:00 AM thru Jun 30, 2009 11:59 PM

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

KPDES # KY0022411	Facility ID MSD0278	Water Quality Treatment Center MORRIS FORMAN	Receiving Stream of Treatment Center OHIO RIVER	Region WEST
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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
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<u>Activity Code / Description</u>	<u>WO #</u>	<u>Initiated</u>	<u>Initiated By</u>	<u>Assigned To</u>	<u>Disch Status</u>	<u>Status Date</u>	<u>Problem</u>	<u>Result</u>	<u>Completed</u>	<u>Condition</u>
DISREV: RAIN EVENT DISCHARGE	921159	06/18/09 02:15 PM	MITCHELL	GRIFFITH	DOCUMENTED	11/29/01	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHARGE - WATERS	06/18/09 06:00 PM	

Spot Inspections:

Discharge Amount	430,000 GAL
Cause:	LACK OF SYSTEM CAPACITY-HEAVY RAIN
Clean Up:	A CLEAN-UP WORK ORDER WILL BE CREATED FOR IF&P CONCERNING THIS LOCATION
Control Zone:	BARRICADES AND TEMPORARY SIGNS WERE PLACED AROUND IMPACTED AREA
Impact	SOLIDS AND SEWAGE WERE OBSERVED AROUND IMPACTED AREA
Repair:	THIS LOCATION IS IN THE SANITARY SEWER DISCHARGE PLAN SUBMITTED ON DECEMBER 31, 2008

Notifications:

06/18/09 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
06/18/09 02:15 PM	DISPUB	PUBLIC NOTIFIED THROUGH PERMANENT SIGNS AND DOOR HANGERS TO AVOID CONTACT WITH DISCHARGED CONTENT
06/18/09 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



Metropolitan Sewer District

IMSAST0004

Overflow Report

Initiated Jun 01, 2009 12:00 AM thru Jun 30, 2009 11:59 PM

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

KPDES # KY0022411 (Cont'd)	Facility ID MSD0278	Water Quality Treatment Center MORRIS FORMAN	Receiving Stream of Treatment Center OHIO RIVER	Region WEST
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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
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<u>Activity Code / Description</u>	<u>WO #</u>	<u>Initiated</u>	<u>Initiated By</u>	<u>Assigned To</u>	<u>Disch Status</u>	<u>Status Date</u>	<u>Problem</u>	<u>Result</u>	<u>Completed</u>	<u>Condition</u>
DISREV: RAIN EVENT DISCHARGE	921151	06/18/09 01:00 PM	MITCHELL	GRIFFITH	DOCUMENTED	01/24/02	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHARGE - WATERS	06/19/09 07:30 AM	

Spot Inspections:

Discharge Amount:	20,278 GAL
Cause:	LACK OF SYSTEM CAPACITY-HEAVY RAIN
Clean Up:	MSD PERSONNEL CLEANED AND SANITIZED THE IMPACTED AREA
Control Zone:	TEMPORARY SIGNS AND CONES WERE PLACED AREOUD IMPACTED AREA
Impact:	SEWAGE AND SOLIDS WERE OBSERVED AROUND DISCHARGE SITE
Repair:	THIS LOCATION IS IN THE SANITARY SEWER DICHARGE PLAN SUBMITTED ON DECEMBER 31, 2008

Notifications:

06/18/09 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
06/18/09 01:00 PM	DISPUB	PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGED CONTENT
06/18/09 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



Initiated Jun 01, 2009 12:00 AM thru Jun 30, 2009 11:59 PM

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

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

<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	923702	06/26/09 07:15 AM	GRIFFITH	GRIFFITH	DOCUMENTED	01/24/02	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHARGE - WATERS	06/26/09 11:50 AM	

Spot Inspections:

Discharge Amount:	268 GAL
Cause:	LACK OF SYSTEM CAPACITY
Clean Up:	A DISCLN WORK ORDER HAS BEEN CREATED FOR I&FP FOR THIS LOCATION
Control Zone:	NONE NECESSARY DUE TO VERY LIGHT DISCHARGE AND LOCATION
Impact:	NO VISUAL IMPACT OBSERVED AT LOCATION
Repair:	THIS LOCATION IS IN THE SANITARY SEWER DISCHARGE PLAN SUBMITTED ON DECEMBER 31, 2008

Notifications:

06/26/09 10:59 AM	DISPUB	DOOR HANGERS WERE PLACED AT RESIDENTS AROUND IMPACTED AREA TO ADVISE CUSTOMERS TO AVOID CONTACT WITH DISCHARGED CONTENT
06/26/09 01:00 AM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
06/26/09 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



Metropolitan Sewer District

Initiated Jun 01, 2009 12:00 AM thru Jun 30, 2009 11:59 PM

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

KPDES # KY0022411 (Cont'd)	Facility ID MSD0278	Water Quality Treatment Center MORRIS FORMAN	Receiving Stream of Treatment Center OHIO RIVER	Region WEST
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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
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<u>Activity Code / Description</u>	<u>WO #</u>	<u>Initiated</u>	<u>Initiated By</u>	<u>Assigned To</u>	<u>Disch Status</u>	<u>Status Date</u>	<u>Problem</u>	<u>Result</u>	<u>Completed</u>	<u>Condition</u>
DISREV: RAIN EVENT DISCHARGE	921194	06/18/09 02:05 PM	BRIGHT	BRIGHT	DOCUMENTED	02/17/00	PUMPED OVERFLOW	UNAUTHORIZED DISCHAGE - WATERS	06/18/09 03:23 PM	

Spot Inspections:

Discharge Amount	74,100 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:

06/18/09 04:40 PM	DISPUB	MSD PERSONNEL PLACED SIGNS
06/18/09 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov



Initiated Jun 01, 2009 12:00 AM thru Jun 30, 2009 11:59 PM

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

KPDES # KY0022411 (Cont'd)	Facility ID MSD0278	Water Quality Treatment Center MORRIS FORMAN	Receiving Stream of Treatment Center OHIO RIVER	Region WEST
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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
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<u>Activity Code / Description</u>	<u>WO #</u>	<u>Initiated</u>	<u>Initiated By</u>	<u>Assigned To</u>	<u>Disch Status</u>	<u>Status Date</u>	<u>Problem</u>	<u>Result</u>	<u>Completed</u>	<u>Condition</u>
DISREV: RAIN EVENT DISCHARGE	921190	06/18/09 01:35 PM	BRIGHT	BRIGHT	DOCUMENTED	02/17/00	PUMPED OVERFLOW	UNAUTHORIZED DISCHARGE - WATERS	06/18/09 05:30 PM	

Spot Inspections:

Discharge Amount:	232,900 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:

06/18/09 04:43 PM	DISPUB	MSD PERSONNEL PLACED SIGNS
06/18/09 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 # KY0022411 (Cont'd)	Facility ID MSD0278	Water Quality Treatment Center MORRIS FORMAN	Receiving Stream of Treatment Center OHIO RIVER	Region WEST
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Facility Type	Facility ID	Facility Address	If Pump Station, Name of Pump Station:	Receiving Stream	Discharge to
SMH Sewer Manhole	21061	4432 CORDOVA RD		UPPER SINKING FORK	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>Status Date</u>	<u>Problem</u>	<u>Result</u>	<u>Completed</u>	<u>Condition</u>
DISREV: RAIN EVENT DISCHARGE	921196	06/18/09 01:30 PM	BRIGHT	BRIGHT	DOCUMENTED	02/17/00	PUMPED OVERFLOW	UNAUTHORIZED DISCHARGE - WATERS	06/18/09 07:55 PM	

Spot Inspections:

Discharge Amount:	365,700 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:

06/18/09 04:43 PM	DISPUB	MSD PERSONNEL PLACED SIGNS
06/18/09 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov



Initiated Jun 01, 2009 12:00 AM thru Jun 30, 2009 11:59 PM

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

KPDES # KY0022411 (Cont'd)	Facility ID MSD0278	Water Quality Treatment Center MORRIS FORMAN	Receiving Stream of Treatment Center OHIO RIVER	Region WEST
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Facility Type	Facility ID	Facility Address	If Pump Station, Name of Pump Station:	Receiving Stream	Discharge to
SMH Sewer Manhole	21101	4302 SHELBYVILLE RD		UPPER SINKING FORK	DITCH

Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Status Date	Problem	Result	Completed	Condition
DISREV: RAIN EVENT DISCHARGE	921188	06/18/09 01:53 PM	BRIGHT	BRIGHT	DOCUMENTED	02/17/00	PUMPED OVERFLOW	UNAUTHORIZED DISCHARGE - WATERS	06/18/09 08:45 PM	

Spot Inspections:

Discharge Amount:	391,400 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:

06/18/09 04:41 PM	DISPUB	MSD PERSONNEL PLACED SIGNS
06/18/09 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov



Initiated Jun 01, 2009 12:00 AM thru Jun 30, 2009 11:59 PM

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

KPDES # KY0022411 (Cont'd)	Facility ID MSD0278	Water Quality Treatment Center MORRIS FORMAN	Receiving Stream of Treatment Center OHIO RIVER	Region WEST
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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
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<u>Activity Code / Description</u>	<u>WO #</u>	<u>Initiated</u>	<u>Initiated By</u>	<u>Assigned To</u>	<u>Disch Status</u>	<u>Status Date</u>	<u>Problem</u>	<u>Result</u>	<u>Completed</u>	<u>Condition</u>
DISREV: RAIN EVENT DISCHARGE	921187	06/18/09 12:40 PM	BRIGHT	BRIGHT	DOCUMENTED	02/17/00	PUMPED OVERFLOW	UNAUTHORIZED DISCHARGE - WATERS	06/18/09 07:30 PM	

Spot Inspections:

Discharge Amount:	389,500 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:

06/18/09 04:44 PM	DISPUB	MSD PERSONNEL PLACED SIGNS
06/18/09 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 # KY0022411 (Cont'd)	Facility ID MSD0278	Water Quality Treatment Center MORRIS FORMAN	Receiving Stream of Treatment Center OHIO RIVER	Region WEST
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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
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<u>Activity Code / Description</u>	<u>WO #</u>	<u>Initiated</u>	<u>Initiated By</u>	<u>Assigned To</u>	<u>Disch Status</u>	<u>Status Date</u>	<u>Problem</u>	<u>Result</u>	<u>Completed</u>	<u>Condition</u>
DISREV: RAIN EVENT DISCHARGE	921182	06/18/09 01:05 PM	BRIGHT	BRIGHT	DOCUMENTED	02/17/00	PUMPED OVERFLOW	UNAUTHORIZED DISCHARGE - WATERS	06/18/09 07:05 PM	

Spot Inspections:

Discharge Amount:	1,451,100 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:

06/18/09 04:43 PM	DISPUB	MSD PERSONNEL PLACED SIGNS
06/18/09 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 # KY0022411 (Cont'd)	Facility ID MSD0278	Water Quality Treatment Center MORRIS FORMAN	Receiving Stream of Treatment Center OHIO RIVER	Region WEST
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Facility Type SMH Sewer Manhole	Facility ID 21628-W	Facility Address 7404 ARROWWOOD RD	If Pump Station, Name of Pump Station:	Receiving Stream GOOSE CREEK	Discharge to DITCH
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<u>Activity Code / Description</u>	<u>WO #</u>	<u>Initiated</u>	<u>Initiated By</u>	<u>Assigned To</u>	<u>Disch Status</u>	<u>Status Date</u>	<u>Problem</u>	<u>Result</u>	<u>Completed</u>	<u>Condition</u>
DISREV: RAIN EVENT DISCHARGE	921891	06/18/09 11:40 AM	SINGLETON	BROWN	DOCUMENTED	12/16/00	POWER OUTAGE (LG&E)	UNAUTHORIZED DISCHARGE - WATERS	06/18/09 02:57 PM	

Spot Inspections:

Discharge Amount	14,775 GAL
Cause:	POWER OUTAGE DUE TO STORM IN THE AREA
Clean Up:	MSD CLEANED & SANITIZED THE AREA
Control Zone:	TEMPORARY SIGNS PLACED
Impact:	PERSONAL HYGEINE PRODUCTS & SEWAGE WERE OBSERVED
Repair:	GENERATOR PLACED @ STATION TILL POWER WAS RESTORED

Notifications:

06/22/09 02:15 PM	DISNOT	Manual email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
06/18/09 11:40 AM	DISPUB	Temporary signs placed around area



Metropolitan Sewer District

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	40872	2105 INDIAN HILLS TRL		MUDDY FORK BEARGRASS CREEK	GROUND

Activity Code / Description	WO#	Initiated	Initiated By	Assigned To	Disch Status	Status Date	Problem	Result	Completed	Condition
DISREV: RAIN EVENT DISCHARGE	921242	06/18/09 05:00 PM	ELDER	LARUE	DOCUMENTED	12/15/07	POWER OUTAGE (LG&E)	UNAUTHORIZED DISCHARGE - WATERS	06/18/09 10:30 PM	

Spot Inspections:

Discharge Amount:	3,300 GAL
Cause:	POWER FAILURE DUE TO STORM IN THE AREA
Clean Up:	MSD CLEANED & SANITIZED THE AREA
Control Zone:	BARRICADES & TEMPORARY SIGNS
Impact:	SEWAGE ON GROUND
Repair:	A SOLUTION FOR THIS LOCATION IS INCLUDED IN THE SANITARY SEWER DISCHARGE PLAN SUBMITTED DECEMBER 2008.

Notifications:

06/18/09 06:26 PM	DISPUB	Barricades & temporary signs
06/18/09 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
06/18/09 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



Initiated Jun 01, 2009 12:00 AM thru Jun 30, 2009 11:59 PM

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

KPDES # KY0022411 (Cont'd)	Facility ID MSD0278	Water Quality Treatment Center MORRIS FORMAN	Receiving Stream of Treatment Center OHIO RIVER	Region WEST
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Facility Type	Facility ID	Facility Address	If Pump Station, Name of Pump Station:	Receiving Stream	Discharge to
SMH Sewer Manhole	44091	2318 STANNYE DR		LONGVIEW CREEK	DITCH

Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Status Date	Problem	Result	Completed	Condition
DISREV: RAIN EVENT DISCHARGE	921184	06/18/09 11:45 AM	ELDER	LARUE	REPAIRED - ISSUE RESOLVED	06/18/09	POWER OUTAGE (LG&E)	UNAUTHORIZED DISCHARGE - WATERS	06/18/09 01:00 PM	

Spot Inspections:

Discharge Amount	3,750 GAL
Cause:	LOSS OF LG&E POWER DUE TO STORM IN THE AREA
Clean Up:	MSD CLEANED & SANITIZED THE AREA
Control Zone:	TAPE & TEMPORARY SIGNS POSTED
Impact:	PERSONAL HYGEINE PRODUCTS & SEWAGE WERE OBSERVED.
Repair:	PLACED GENERATOR

Notifications:

06/18/09 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
06/18/09 11:45 AM	DISPUB	Tape & temporary signs posted
06/18/09 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



Initiated Jun 01, 2009 12:00 AM thru Jun 30, 2009 11:59 PM

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

KPDES # KY0022411 (Cont'd)	Facility ID MSD0278	Water Quality Treatment Center MORRIS FORMAN	Receiving Stream of Treatment Center OHIO RIVER	Region WEST
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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
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<u>Activity Code / Description</u>	<u>WO #</u>	<u>Initiated</u>	<u>Initiated By</u>	<u>Assigned To</u>	<u>Disch Status</u>	<u>Status Date</u>	<u>Problem</u>	<u>Result</u>	<u>Completed</u>	<u>Condition</u>
DISREV: RAIN EVENT DISCHARGE	921162	06/18/09 03:00 PM	GRIFFITH	GRIFFITH	DOCUMENTED	09/02/03	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHARGE - WATERS	06/18/09 06:00 PM	

Spot Inspections:

Discharge Amount:	9,000 GAL
Cause:	LACK OF SYSTEM CAPACITY
Clean Up:	NONE POSSIBLE DUE TO MAGNITUDE OF STORM
Control Zone:	BARRICADES WERE PLACED AT DISCHARGE SITE. SITE ALSO HAS A PERMANENT SIGN IN PLACE
Impact:	NO IMPACT OBSERVED-MAGNITUDE OF STORM WASHED SOLIDS AWAY FROM DISCHARGE AREA
Repair:	THIS LOCATION IS IN THE SANITARY DISCHARGE PLAN SUBMITTED ON DECEMBER 31, 2008

Notifications:

06/18/09 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
06/18/09 03:00 PM	DISPUB	PUBLIC WAS NOTIFIED THROUGH A PERMANENT SIGN ON SITE TO AVOID CONTACT WITH DISCHARGE CONTENT
06/18/09 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 # KY0022411 (Cont'd)	Facility ID MSD0278	Water Quality Treatment Center MORRIS FORMAN	Receiving Stream of Treatment Center OHIO RIVER	Region WEST
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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
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<u>Activity Code / Description</u>	<u>WO #</u>	<u>Initiated</u>	<u>Initiated By</u>	<u>Assigned To</u>	<u>Disch Status</u>	<u>Status Date</u>	<u>Problem</u>	<u>Result</u>	<u>Completed</u>	<u>Condition</u>
DISREV: RAIN EVENT DISCHARGE	921156	06/18/09 02:00 PM	MITCHELL	GRIFFITH	DOCUMENTED	11/29/01	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHARGE - WATERS	06/19/09 01:40 PM	

Spot Inspections:

Discharge Amount:	5,900,000 GAL
Cause:	LACK OF SYSTEM CAPACITY-HEAVY RAIN
Clean Up:	NONE NEEDED DUE TO MAGNITUDE OF STORM
Control Zone:	PERMANENT SIGNS ARE POSTED AROUND DISCHARGE LOCATION
Impact:	NO IMPACT OBSERVED DUE TO MAGNITUDE OF STORM-OUTFALL SUBMERGED
Repair:	THIS LOCATION IS IN THE INTERIM SANITARY SEWER DICHARGE PLAN

Notifications:

06/18/09 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
06/18/09 02:00 PM	DISPUB	PUBLIC IS NOTIFIED THROUGH PERMANENT SIGNS PLACED AROUND DISCHARGE SITE
06/18/09 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 # KY0022411 (Cont'd)	Facility ID MSD0278	Water Quality Treatment Center MORRIS FORMAN	Receiving Stream of Treatment Center OHIO RIVER	Region WEST
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Facility Type SMH Sewer Manhole	Facility ID 82558-W	Facility Address 1618 WATHEN LN	If Pump Station, Name of Pump Station:	Receiving Stream OHIO RIVER	Discharge to GROUND
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<u>Activity Code / Description</u>	<u>WO #</u>	<u>Initiated</u>	<u>Initiated By</u>	<u>Assigned To</u>	<u>Disch Status</u>	<u>Status Date</u>	<u>Problem</u>	<u>Result</u>	<u>Completed</u>	<u>Condition</u>
DISREV: RAIN EVENT DISCHARGE	921168	06/18/09 11:40 AM	ELDER	BROWN	REPAIRED - ISSUE RESOLVED	06/18/09	POWER OUTAGE (LG&E)	UNAUTHORIZED DISCHARGE - WATERS	06/18/09 02:40 PM	

Spot Inspections:

Discharge Amount:	13,500 GAL
Cause:	LOSS OF LG&E POWER
Clean Up:	MSD CLEANED & SANITIZED THE AREA
Control Zone:	TAPE & TEMPORARY SIGNS POSTED
Impact:	NO IMPACT OBSERVED
Repair:	PLACED GENERATOR, 85 KW MSD#0006 TO RESTORE POWER

Notifications:

06/18/09 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
06/18/09 11:40 AM	DISPUB	Tape & temporary signs posted
06/18/09 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



Metropolitan Sewer District

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

KPDES # KY0022411 (Cont'd)	Facility ID MSD0278	Water Quality Treatment Center MORRIS FORMAN	Receiving Stream of Treatment Center OHIO RIVER	Region WEST
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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
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<u>Activity Code / Description</u>	<u>WO #</u>	<u>Initiated</u>	<u>Initiated By</u>	<u>Assigned To</u>	<u>Disch Status</u>	<u>Status Date</u>	<u>Problem</u>	<u>Result</u>	<u>Completed</u>	<u>Condition</u>
DISREV: RAIN EVENT DISCHARGE	921218	06/18/09 12:25 PM	ELDER	ROBBINS	DOCUMENTED	12/16/00	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHARGE - WATERS	06/19/09 02:40 AM	

Spot Inspections:

Discharge Amount	132,600 GAL
Cause:	LACK OF SYSTEM CAPACITY DUE TO STORM IN AREA.
Clean Up:	CLEANUP NOT FEASIBLE DUE TO ELEVATED CREEK LEVEL.
Control Zone:	PERMANENT SIGN IN PLACE. NO ADDITIONAL CONTROL ZONE SET UP.
Impact:	NO VISUAL IMPACT OBSERVED
Repair:	THIS LOCATION IS IN THE INTERIM SANITARY SEWER DISCHARGE PLAN.

Notifications:

06/18/09 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
06/18/09 12:25 PM	DISPUB	Temporary signs posted
06/18/09 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: 15
Total Work Orders Printed: 16