

# MSD

Metropolitan Sewer District

700 West Liberty Street  
Louisville Kentucky 40203-1911  
502-540-6000  
[www.msdlouky.org](http://www.msdlouky.org)

October 23, 2009

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

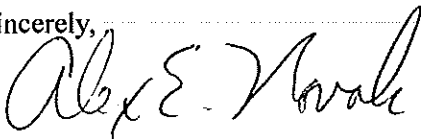
Re: **Morris Forman Water Quality Treatment Center**  
**KPDES Permit No. KY0022411**

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 September 1 to September 30 are enclosed. During the month of September we exceeded our maximum weekly fecal limit of 400 colonies/100ml. This occurred during the period of September 22 through September 28. The average for the week was 459 colonies/100ml. It appears that all equipment was functional during this period. We are attributing this violation due to the excessive amount of wet weather during the entire week. Additionally, we conducted refresher training to the operations staff to be certain all sampling was being conducted appropriately and with proper procedures.

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

Sincerely,



Alex E. Novak, P.E.  
Director of Operations

paw

MFDMR0909.doc

Enclosures

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



Beneficial Use of Louisville's Biosolids  
[www.louisvillegreen.com](http://www.louisvillegreen.com)

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved.  
OMB No. 2040-0004

DISCHARGE MONITORING REPORT (DMR)

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	001 1
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR (SUBR LV)  
F - FINAL JEFFE  
MUNICIPAL DISCHARGE  
EFFLUENT

MONITORING PERIOD					
YEAR	MONTH	DAY	YEAR	MONTH	DAY
09	09	01	09	09	30

\*\*\* NO DISCHARGE \*\*\*

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)	SAMPLE MEASUREMENT	*****	*****	****	5.0	*****	*****	(19)	0	30/30	GRAB
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	2.0	*****	*****	MG/L		DAILY	GRAB
EFFLUENT GROSS VALUE					INST MIN						
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	7,029	8,693	(26)	*****	10	13	(19)	0	30/30	COMPOS
00310 E 0 0	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	30 MO AVG	45 MX WK AV	MG/L		DAILY	COMPOS
SEC/BIOL PRCS CMPLT											
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	235,503	253,837	(26)	*****	312	350	(19)	0	30/30	COMPOS
00310 G 0 0	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		DAILY	COMPOS
RAW SEW/INFLUENT											
PH	SAMPLE MEASUREMENT	*****	*****	****	6.5	*****	7.3	(12)	0	30/30	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0	SU		DAILY	GRAB
EFFLUENT GROSS VALUE					MINIMUM		MAXIMUM				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	7,655	9,004	(26)	*****	10	13	(19)	0	30/30	COMPOS
00530 E 0 0	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	30 MO AVG	45 MX WK AV	MG/L		DAILY	COMPOS
SEC/BIOL PRCS CMPLT											
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	257,452	298,371	(26)	*****	329	378	(19)	0	30/30	COMPOS
00530 G 0 0	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		DAILY	COMPOS
RAW SEW/INFLUENT											
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	8,593	10,235	(26)	*****	12.4	15.7	(19)	0	30/30	COMPOS
00610 E 0 0	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	20 MO AVG	30 MX WK AV	MG/L		DAILY	COMPOS
SEC/BIOL PRCS CMPLT											
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		09-10-19
									SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA

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

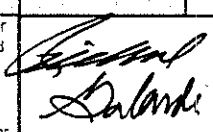
PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)  
NAME MSD MORRIS FORMAN WQTC  
ADDRESS C/O LOUISVILLE/JEFF CO MSD  
4522 ALGONQUIN PKWY  
LOUISVILLE, KY 40211-2497  
FACILITY MSD MORRIS FORM WQTC  
LOCATION LOUISVILLE, KY 40211

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
09	09	01	09	09	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	8842	10033	(26)	*****	12.9	15.4	(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 COMPLIANT	SAMPLE MEASUREMENT	88.8	152.9	(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	*****	*****	****	*****	43	459	(13)	1	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	*****	*****	****	97	*****	*****	(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	*****	*****	****	97	*****	*****	(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	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT								502 540-6000		09-10-19
									AREA	NUMBER	YEAR - MO - DAY

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

EXCEEDED MAX WEEKLY FECAL COLIFORM LIMIT OF 400 COLONIES / 100 ML.  
REFER TO COVER LETTER

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved.  
OMB No. 2040-0004

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Address 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	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
09	09	01	09	09	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	*****	*****	****	*****	135	166	( 19 )	0	11/30	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	*****	*****	****	*****	18	26	( 19 )	0	11/30	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	*****	*****	****	*****	105	146	( 19 )	0	11/30	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	32	( 19 )	0	11/30	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	*****	*****	****	*****	9.9	14.0	( 19 )	0	11/30	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	*****	*****	****	*****	8.2	13.5	( 19 )	0	11/30	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	31.90	67.55	( 03 )	*****	*****	*****	****	0	11/30	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									502 540-6000		09-10-19	
								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA	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.

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 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	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
09	07	01	09	09	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	*****	*****	****	*****	260	277	( 19 )	0	QTRLY	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	QTRLY	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	*****	*****	****	*****	0.010	0.010	( 19 )	0	QTRLY	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	QTRLY	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	*****	*****	****	*****	0.060	0.060	( 19 )	0	QTRLY	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	QTRLY	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	QTRLY	GRAB-2
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	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	540-8000	09-10-19
								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA	NUMBER	YEAR - MO - DAY

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

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved.  
OMB No. 2040-0004

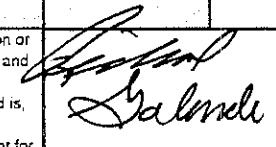
PERMITTEE NAME/ADDRESS (include Facility Name/Address if Different)  
NAME MSD MORRIS FORMAN WQTC  
ADDRESS C/O LOUISVILLE/JEFF CO MSD  
4522 ALGONQUIN PKWY  
LOUISVILLE, KY 40211-2497  
FACILITY MSD MORRIS FORM WQTC  
LOCATION LOUISVILLE, KY 40211

KY0022411	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
09	07	01	09	09	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	QTRLY	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	*****	*****	****	*****	0.010	0.010	(19)	0	QTRLY	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	QTRLY	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	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		09-10-19
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)									AREA	NUMBER	YEAR - MO - DAY

DATE	WASTEWATER FLOWS (Million Gallons)				TEMP (DEGF)		pH		SETS (ML)		TSS (mg/L)		TS (mg/L)		D.O. (mg/L)	5-DAY BOD (mg/L)				RETURN SLUDGE				AERATION BASIN				ACTIVE		CHLORINATION			FINAL EFFLUENT	
	Final	Sec.	Effluent	Bypass	raw	final	raw	final	raw	final	raw	final	raw	final	final	FLOW	TSS	TVSS	D.O.	MLSS	MLVSS	SET	SVI	Sludge Wasted	Primary Sludge	Chlorine Dosage	Resid	Fecal Coliform	NH3-N	Pump.				
																															MG	g/L	g/L	mg/L
9/1	74.1	74.1	0.0		68	73	7.3	6.6	15.0	0.1	382	11		8.4	398	213	10	23.5	9.3	7.8	13.7	2.8	2.2	359	136	1.13	0.31	2.40	0.010	99	18	0.00		
9/2	74.1	74.1	0.0		70	78	7.2	6.8	18.0	0.1	450	8		5.7	416	222	9	23.5	8.9	7.8	13.0	2.8	2.6	271	95	1.01	0.33	2.40	0.010	6	17	0.00		
9/3	82.0	82.0	0.0		70	78	7.2	6.8	5.5	0.1	234	11		6.3	310	252	10	23.4	8.1	7.9	13.4	2.7	2.3	329	120	0.94	0.34	2.40	0.010	20	16	0.00		
9/4	73.6	73.6	0.0		70	79	7.2	6.8	12.0	0.1	352	10		6.0	415	248	10	23.4	10.1	8.8	13.0	2.7	2.4	330	120	0.94	0.28	2.19	0.010	2	16	0.00		
9/5	69.3	69.3	0.0		70	79	7.2	6.8	12.0	0.1	312	8		6.0	339	198	8	23.7	10.0	8.8	10.4	3.1	2.8	432	137	1.10	0.28	1.79	0.010	44	19	0.00		
9/6	88.5	85.9	2.8		70	79	7.4	6.6	15.0	0.1	540	11		8.0	368	156	10	23.1	8.9	7.7	12.0	2.9	2.8	314	106	1.08	0.32	1.95	0.010	70	14	0.00		
9/7	98.9	93.1	5.8		70	78	7.3	6.7	14.0	0.1	378	12		8.3	189	176	6	22.9	9.2	7.9	14.3	2.3	2.0	289	118	0.99	0.31	2.35	0.010	66	13	0.00		
9/8	80.9	80.9	0.0		70	78	7.3	6.6	13.0	0.1	250	8		7.8	210	193	7	23.2	9.2	8.5	17.5	2.8	2.6	296	108	0.89	0.37	2.35	0.010	14	12	0.00		
9/9	78.7	78.7	0.0		70	78	7.2	6.6	16.5	0.1	442	7		8.1	435	209	8	22.4	10.3	8.8	16.4	2.8	2.4	301	107	0.98	0.29	2.16	0.010	390	13	0.00		
9/10	77.3	77.3	0.0		70	79	7.1	6.7	13.0	0.1	334	9		5.2	402	236	11	21.9	9.5	8.2	15.2	2.8	2.2	287	111	1.00	0.25	2.18	0.010	26	13	0.00		
9/11	74.4	74.4	0.0		70	76	7.0	6.6	16.0	0.1	462	18		5.7	396	281	11	21.8	9.8	8.1	15.1	3.4	2.2	324	94	1.03	0.30	2.24	0.010	8	13	0.00		
9/12	70.4	70.4	0.0		70	78	7.2	6.7	10.0	0.1	392	13		6.5	364	241	12	22.1	10.2	8.8	18.3	3.1	2.6	347	110	0.97	0.33	2.24	0.010	2	14	0.00		
9/13	67.9	67.9	0.0		70	79	7.2	6.8	13.0	0.1	210	11		7.1	247	210	10	22.8	9.4	8.0	16.7	4.1	3.5	310	87	0.98	0.27	2.22	0.010	14	15	0.00		
9/14	70.7	70.7	0.0		70	77	7.2	6.7	13.0	0.1	334	8		7.1	360	222	10	23.0	10.0	8.0	16.7	3.1	2.6	327	104	1.06	0.26	2.32	0.010	6	15	0.00		
9/15	71.5	71.5	0.0		70	78	7.1	6.6	16.0	0.1	482	10		5.7	488	317	14	23.4	9.4	8.1	13.0	3.2	2.8	318	102	1.07	0.26	2.35	0.010	2	16	0.00		
9/16	71.2	71.2	0.0		70	79	7.2	6.6	12.5	0.1	362	13		5.0	396	259	12	23.6	10.7	9.2	13.4	2.6	2.1	294	120	1.07	0.30	2.35	0.010	44	15	0.00		
9/17	70.7	70.7	0.0		70	79	7.2	6.6	11.5	0.1	356	13		6.3	346	252	13	23.8	10.9	9.7	15.3	3.0	2.7	272	94	1.04	0.27	2.18	0.010	6	18	0.00		
9/18	73.4	73.4	0.0		69	78	7.3	6.6	15.0	0.1	400	13		7.0	529	281	14	23.3	10.6	9.3	18.1	3.6	3.3	307	85	0.98	0.31	2.14	0.010	2	18	0.00		
9/19	65.8	65.8	0.0		70	79	7.3	6.6	10.5	0.1	314	9		6.6	368	234	10	23.3	10.1	9.0	13.2	3.1	2.9	412	131	0.98	0.21	2.14	0.010	6	16	0.00		
9/20	182.8	110.9	71.9		69	78	7.0	6.5	8.5	0.3	296	47		6.9	212	142	32	23.9	11.1	9.4	14.9	2.9	2.4	356	124	1.07	0.22	6.90	0.010	36800	10	0.00		
9/21	183.9	120.7	63.2		70	76	7.3	6.5	5.3	0.2	170	17		9.4	114	72	20	24.6	12.2	10.2	20.0	2.4	2.1	254	107	0.79	0.08	6.90	0.010	310	5	0.00		
9/22	133.3	115.0	18.3		70	76	7.3	7.3	8.0	0.1	226	18		11.1	192	133	18	24.3	11.9	9.8	18.9	2.4	2.3	247	105	1.05	0.15	5.49	0.010	450	9	0.00		
9/23	155.4	122.8	32.6		70	77	7.2	6.6	6.5	0.1	188	22		8.8	180	128	20	24.0	12.0	10.1	19.8	2.6	2.3	238	94	0.91	0.09	4.14	0.010	490	6	0.00		
9/24	175.9	119.8	56.1		70	77	7.0	6.6	9.0	0.3	302	33		7.5	221	158	36	23.3	12.0	9.8	17.2	2.3	1.9	228	97	0.86	0.12	5.28	0.010	550	7	0.00		
9/25	170.9	120.7	50.2		70	77	7.2	6.5	10.0	0.2	158	33		8.0	152	135	23	23.7	8.4	7.4	18.8	2.4	2.0	238	99	0.84	0.12	5.28	0.010	330	5	0.00		
9/26	131.7	116.6	15.1		70	76	7.1	6.7	15.0	0.1	508	16		8.0	394	174	13	23.3	10.9	8.9	15.9	2.4	2.1	241	100	0.83	0.14	5.01	0.010	330	6	0.00		
9/27	151.1	119.9	31.2		70	72	7.6	6.6	4.0	0.1	106	90		10.5	85	72	14	24.4	12.2	10.2	19.5	2.4	2.2	243	100	0.88	0.20	3.79	0.010	4750	5	0.00		
9/28	113.7	110.3	3.4		73	72	7.3	7.0	9.5	0.1	274	10		11.0	283	143	7	24.9	12.4	10.1	19.9	2.4	2.0	248	103	0.98	0.23	3.71	0.010	68	9	0.00		
9/29	95.0	95.0	0.0		68	70	7.4	6.7	13.0	0.1	316	7		8.0	298	150	5	24.2	12.0	10.0	19.0	2.7	2.4	352	97	1.01	0.15	2.22	0.010	22	11	0.00		
9/30	88.0	88.0	0.0		68	71	7.3	6.8	9.0	0.1	348	5		9.0	282	171	4	24.9	10.6	8.6	18.4	2.7	2.3	254	93	0.90	0.10	2.08	0.010	2	13	0.00		
Total	3015.1	2664.7	350.4												703.4																		0.00	
Average	100.5	88.8	11.7		70	77	7.2	6.7	11.6	0.1	329	17		7.4	312	195	13	23.4	10.4	8.8	16.0	2.8	2.4	300	107	0.98	0.24	3.10	0.010	43	13	0.00		

SEWER CONNECTIONS

134528 TIMES 4 = 538112 SEWER POPULATION

IND. WASTER POPULATION EQ  
 CUSTOMERS 332  
 FLOW 419083  
 BOD 1001707  
 TSS 773468

Authorized Agent



Certification No. 4663

MORRIS FORMAN WASTEWATER TREATMENT PLANT

JEFFERSON COUNTY, KY

Month of **Sep-09**

Average Flow

SETTLING TANKS	Primary	Secondary		
		Battery A	Battery B	Battery C
Average Flow (MGD)	107.9	47.53	43.82	18.92
Tanks in Service	3.67	8.00	8.00	3.00
Surface Area (Ft.2)	70647.50	69165.73	69176.65	25950.00
Volume (MG)	7.64	7.08	7.09	2.66
Weir Length (Ft.)	2624.05	2866.58	2867.03	1075.50
Avg. Weir Overflow (GPD/Ft)	41117.51	16581.45	15283.92	17594.54
Avg. Settling Rate (GPD/Ft2)	1527.22	838.33	778.39	670.48
Avg. Detention Time	1.70	3.58	3.88	3.37

**AERATION TANKS**

**Battery A    Battery B    Battery C**

Volume (Gallons)	4200000	4200000	2100000
Avg. Flow (MGD)	57.98	53.85	21.92
Avg. Detention Time (Hours)	1.74	1.87	2.30

**CHLORINE CONTACT CHAMBERS**

Contact Chambers in Use	2.00
Volume (Gallons)	2340000
Avg. Detention Time (Hours)	0.52

Remarks: BY-PASS REPORTS (See Attached)



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

KPDES #	Facility ID	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	Event Date	Problem	Result	Completed	Condition
DISREV: RAIN EVENT DISCHARGE	956857	09/20/09 11:15 PM	MITCHELL	GRIFFITH	DOCUMENTED	11/29/01	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHARGE - WATERS	09/21/09 02:41 AM	

**Spot Inspections:**

Discharge Amount: 147,609 GAL  
 Cause: LACK OF SYSTEM CAPACITY-HEAVY RAIN  
 Clean Up: NONE NEEDED-SUBMERGED PIPE  
 Control Zone: PERMANT SIGNS ARE PRESENT AROUND IMPACTED AREA  
 Impact: NONE OBSERVED-PIPE SUBMERGED  
 Repair: THIS LOCATION IS INCLUDED IN THE SANITARY SEWER DISCHARGE PLAN SUBMITTED ON DECEMBER 31, 2008

**Notifications:**

09/20/09 01:00 PM DISNOT Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov  
 09/21/09 11:10 AM DISPUB PUBLIC NOTIFIED THROUGH PERMANENT SIGNS TO AVOID DIRECT CONTACT WITH DISCHARGED CONTENT  
 09/20/09 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	104231	4119 LEE AVE		CAMP TAYLOR DITCH	GROUND

<u>Activity Code / Description</u>	<u>WO #</u>	<u>Initiated</u>	<u>Initiated By</u>	<u>Assigned To</u>	<u>Disch Status</u>	<u>Event Date</u>	<u>Problem</u>	<u>Result</u>	<u>Completed</u>	<u>Condition</u>
DISREV: RAIN EVENT DISCHARGE	956859	09/20/09 09:15 PM	MITCHELL	GRIFFITH	DOCUMENTED	10/23/07	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHARGE - WATERS	09/21/09 01:01 PM	

**Spot Inspections:**

Discharge Amount: 52,500 GAL  
 Cause: LACK OF SYSTEM CAPACITY-HEAVY RAIN  
 Clean Up: DISCLN WORK ORDER #958042  
 Control Zone: TEMPORARY SIGNS, BARRICADES, AND CAUTION TAPE WERE PLACED AROUND IMPACTED AREA  
 Impact: SOLIDS AND DEBRIS WERE OBSERVED AROUND DISCHARGE SITE  
 Repair: THIS LOCATION IS INCLUDED IN THE SANITARY SEWER DISCHARGE PLAN SUBMITTED ON DECEMBER 31, 2008

**Notifications:**

09/20/09 01:00 PM DISNOT Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov  
 09/21/09 09:36 AM DISPUB PUBLIC NOTIFIED THROUGH DOOR HANGERS TO AVOID DIRECT CONTACT WITH DISCHARGED CONTENT  
 09/20/09 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	13943	4119 LEE AVE		SOUTH FORK BEARGRASS CREEK	GROUND

<u>Activity Code / Description</u>	<u>WO #</u>	<u>Initiated</u>	<u>Initiated By</u>	<u>Assigned To</u>	<u>Disch Status</u>	<u>Event Date</u>	<u>Problem</u>	<u>Result</u>	<u>Completed</u>	<u>Condition</u>
DISREV: RAIN EVENT DISCHARGE	956861	09/20/09 09:16 PM	MITCHELL	GRIFFITH	DOCUMENTED	03/19/08	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHARGE - WATERS	09/21/09 01:00 PM	

**Spot Inspections:**

Discharge Amount: 3,000 GAL  
Cause: LACK OF SYSTEM CAPACITY-HEAVY RAIN  
Clean Up: DISCLN WORK ORDER # 957965  
Control Zone: TEMPORARY SIGNS WERE PLACED AROUND IMPACTED AREA  
Impact: TRACES OF SOLIDS AND DEBRIS WERE OBSERVED AROUND DISCHARGE AREA  
Repair: THIS LOCATION IS INCLUDED IN THE SANITARY SEWER DISCHARGE PLAN SUBMITTED ON DECEMBER 31, 2008

**Notifications:**

09/20/09 01:00 PM DISNOT Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov  
09/21/09 09:32 AM DISPUB PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS TO AVOID DIRECT CONTACT WITH DISCHARGE CONTENT  
09/20/09 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	Event Date	Problem	Result	Completed	Condition
DISREV: RAIN EVENT DISCHARGE	956863	09/20/09 10:07 PM	MITCHELL	GRIFFITH	DOCUMENTED	01/24/02	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHARGE - WATERS	09/21/09 11:15 AM	

**Spot Inspections:**

Discharge Amount: 47,088 GAL  
Cause: LACK OF SYSTEM CAPACITY-HEAVY RAIN  
Clean Up: DISCLN WORK ORDER #958055  
Control Zone: PIPE DISCHARGE SUBMERGED-NO CONTROL ZONE  
Impact: SEWAGE, SOLIDS, AND DEBRIS OBSERVED AROUND DISCHARGE AREA  
Repair: THIS LOCATION IS INCLUDED IN THE SANITARY SEWER DISCHARGE PLAN SUBMITTED ON DECEMBER 31, 2008

**Notifications:**

09/20/09 01:00 PM DISNOT Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov  
09/21/09 01:49 PM DISPUB PUBLIC NOTIFIED THROUGH DOOR HANGERS TO AVOID DIRECT CONTACT WITH DISCHARGED CONTENT  
09/20/09 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	24738	10204 GARLANREID PL		MIDDLE FORK BEARGRASS CREEK	DITCH

Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Event Date	Problem	Result	Completed	Condition
DISDW: DRY WEATHER DISCHARGE	953196	09/08/09 12:30 PM	RICHARDSON	RICHARDSON	REPAIRED - ISSUE RESOLVED	09/08/09	OBSTRUCTION-NOT GREASE / ROOTS	UNAUTHORIZED DISCHARGE - WATERS	09/08/09 03:38 PM	MAIN

**Spot Inspections:**

Discharge Amount: 400 GAL  
 Cause: OBSTRUCTION IN MSD MAIN SEWER  
 Clean Up: MSD PERSONNEL CLEANED AND SANITIZED THE IMPACTED AREA  
 Control Zone: MSD ADVISED CUSTOMER TO AVOID CONTACT WITH SEWAGE; POSTED DISCHARGE SIGNS  
 Impact: SEWAGE DISCHARGING FROM THE MSD MANHOLE INTO THE CREEK  
 Repair: WORK ORDERS 953204, 943207 AND 953208 - ROOTCUT AND FLUSHED AND OPEN THE MAIN SEWER

**Notifications:**

09/08/09 12:30 PM DIS PUB ADVISED CUSTOMERS POSTED DISCHARGE SIGNS AND DOORCARDS  
 09/29/09 08:36 AM DIS NOT Manual 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	27005	1012 ALTA CIR		MIDDLE FORK BEARGRASS CREEK	GROUND

Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Event Date	Problem	Result	Completed	Condition
DISREV: RAIN EVENT DISCHARGE	956925	09/21/09 01:45 AM	FIELDS	GRIFFITH	DOCUMENTED	09/02/03	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHARGE - WATERS	09/21/09 10:48 AM	

**Spot Inspections:**

Discharge Amount: 520,000 GAL  
 Cause: LACK OF SYSTEM CAPACITY-HEAVY RAIN  
 Clean Up: DISCLN WORK ORDER #958079  
 Control Zone: BARRICADES, CAUTION TAPE, AND TEMPORARY SIGNS WERE PLACED AROUND IMPACTED AREA  
 Impact: LIGHT SOLIDS AND DEBRIS WERE OBSERVED AROUND DISCHARGE SITE  
 Repair: THIS LOCATION IS INCLUDED IN THE SANITARY SEWER DISCHARGE PLAN SUBMITTED ON DECEMBER 31, 2008

**Notifications:**

09/21/09 01:00 AM DISNOT Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov  
 09/21/09 02:51 PM DISPUB PUBLIC NOTIFIED THROUGH PERMANENT AND TEMPORARY SIGNS TO AVOID DIRECT CONTACT WITH DISCHARGED CONTENT  
 09/21/09 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

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

<b>Facility Type</b> SMH Sewer Manhole	<b>Facility ID</b> 40870	<b>Facility Address</b> 2120 INDIAN HILLS TRL	<b>If Pump Station, Name of Pump Station:</b>	<b>Receiving Stream</b> MUDDY FORK BEARGRASS CREEK	<b>Discharge to</b> DITCH
---	-----------------------------	--	---	--	------------------------------

<u>Activity Code / Description</u>	<u>WO #</u>	<u>Initiated</u>	<u>Initiated By</u>	<u>Assigned To</u>	<u>Disch Status</u>	<u>Event Date</u>	<u>Problem</u>	<u>Result</u>	<u>Completed</u>	<u>Condition</u>
DISREV: RAIN EVENT DISCHARGE	957066	09/20/09 11:10 PM	SINGLETON	RHEINLAENDE R JR	DOCUMENTED	09/27/02	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHARGE - WATERS	09/21/09 02:28 AM	

**Spot Inspections:**

Discharge Amount: 39,600 GAL

Cause: LACK OF CAPACITY DUE TO RAIN EVENT IN THE AREA.

Clean Up: MSD CLEANED & SANITIZED THE AREA

Control Zone: TEMPORARY SIGNS PLACED AROUND THE AFFECTED AREA

Impact: SEWAGE OBSERVED

Repair: SITE FOUND DURING RAIN EVENT RECON- WILL BE MONITORED & EVALUATED FOR REPAIR

**Notifications:**

09/21/09 01:00 AM DISNOT Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov

09/20/09 11:10 PM DISPUB Temporary signs placed around the affected area



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	45835	1132 ROSTREVOR CIR		MIDDLE FORK BEARGRASS CREEK	GROUND

<u>Activity Code / Description</u>	<u>WO #</u>	<u>Initiated</u>	<u>Initiated By</u>	<u>Assigned To</u>	<u>Disch Status</u>	<u>Event Date</u>	<u>Problem</u>	<u>Result</u>	<u>Completed</u>	<u>Condition</u>
DISREV: RAIN EVENT DISCHARGE	956923	09/21/09 01:43 AM	FIELDS	GRIFFITH	DOCUMENTED	09/02/03	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHARGE - WATERS	09/21/09 10:46 AM	

**Spot Inspections:**

Discharge Amount: 490,000 GAL  
Cause: LACK OF SYSTEM CAPACITY-HEAVY RAIN  
Clean Up: DISCLN WORK ORDER #958074  
Control Zone: BARRICADES AND CAUTION TAPE WERE PLACED AROUND IMPACTED AREA  
Impact: LIGHT DEBRIS AND SOLIDS WERE OBSERVED AROUND DISCHARGE AREA  
Repair: THIS LOCATION IS INCLUDED IN THE SANITARY SEWER DISCHARGE PLAN SUBMITTED ON DECEMBER 31, 2008

**Notifications:**

09/21/09 11:06 AM DISPUB PUBLIC NOTIFIED THROUGH PERMANENT SIGNS TO AVOID DIRECT CONTACT WITH DISCHARGED CONTENT  
09/21/09 01:00 AM DISNOT Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov  
09/21/09 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

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

<b>Facility Type</b> SMH Sewer Manhole	<b>Facility ID</b> 51301	<b>Facility Address</b> 4200 LEE AVE	<b>If Pump Station, Name of Pump Station:</b>	<b>Receiving Stream</b> SOUTH FORK BEARGRASS CREEK	<b>Discharge to</b> GROUND
---	-----------------------------	---	---	--	-------------------------------

<u>Activity Code / Description</u>	<u>WO #</u>	<u>Initiated</u>	<u>Initiated By</u>	<u>Assigned To</u>	<u>Disch Status</u>	<u>Event Date</u>	<u>Problem</u>	<u>Result</u>	<u>Completed</u>	<u>Condition</u>
DISREV: RAIN EVENT DISCHARGE	957877	09/20/09 09:10 PM	MITCHELL	GRIFFITH	DOCUMENTED	09/20/09	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHARGE - WATERS	09/21/09 12:31 AM	

**Spot Inspections:**

Discharge Amount: 21,000 GAL

Cause: LACK OF SYSTEM CAPACITY-HEAVY RAIN

Clean Up: DISCLN WORK ORDER #958038

Control Zone: TEMPORARY SIGNS AND CAUTION TAPE WERE PLACED AROUND IMPACTED AREA

Impact: LIGHT SOLIDS AND DEBRIS WERE OBSERVED AROUND DISCHARGE SITE

Repair: THIS IS A NEW LOCATION FOUND DURING THE RAIN EVENT OF AUG 4, 2009. LOCATION WILL BE MONITORED AND INSPECTED FOR REPAIR

**Notifications:**

09/21/09 10:32 AM DISPUB PUBLIC NOTIFIED THROUGH DOOR HANGERS TO AVOID DIRECT CONTACT WITH DISCHARGED CONTENT

09/21/09 01:00 AM DISNOT Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov

09/21/09 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

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

Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Event Date	Problem	Result	Completed	Condition
DISREV: RAIN EVENT DISCHARGE	956864	09/20/09 10:00 PM	MITCHELL	GRIFFITH	DOCUMENTED	09/12/06	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHARGE - WATERS	09/21/09 12:44 AM	

**Spot Inspections:**

Discharge Amount: 18,000 GAL  
 Cause: LACK OF SYSTEM CAPACITY-HEAVY RAIN  
 Clean Up: DISCLN WORK ORDER # 957945  
 Control Zone: TEMPORARY SIGNS AND CAUTION TAPE WERE PLACED AROUND IMPACTED AREA  
 Impact: LIGHT SOLIDS AND DEBRIS WERE OBSERVED AROUND DISCHARGE SITE  
 Repair: THIS LOCATION IS INCLUDED IN THE SANITARY SEWER DISCHARGE PLAN SUBMITTED ON DECEMBER 31, 2008

**Notifications:**

09/20/09 01:00 PM DISNOT Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov  
 09/21/09 09:28 AM DISPUB PUBLIC NOTIFIED THROUGH DOOR HANGERS TO AVOID DIRECT CONTACT WITH DISCHARGED CONTENT  
 09/20/09 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	65633	4640 BARBOUR LN		LITTLE GOOSE CREEK	STREAM

Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Event Date	Problem	Result	Completed	Condition
DISDW: DRY WEATHER DISCHARGE	956729	09/19/09 12:45 PM	ELDER	BROOKS	DOCUMENTED	04/04/08	ELECTRICAL PROBLEMS AT MSD	UNAUTHORIZED DISCHARGE - WATERS	09/19/09 01:35 PM	

**Spot Inspections:**

Discharge Amount: 2,500 GAL

Cause: CONTROL CIRCUIT FUSE BLOWN CAUSING SEAL WATER PUMP TO FAIL CAUSING SEWAGE PUMPS TO SHUT DOWN

Clean Up: MSD CLEANED & SANITIZED THE AREA

Control Zone: TEMPORARY SIGNS PLACED AROUND AREA

Impact: SEWAGE & DEBRIS ON GROUND

Repair: L.KNOOP REPLACED FUSE & CHANGED CONTROL CIRCUIT & RETURNED PUMPS TO SERVICE, STOPPING DISCHARGE @ 13:35. ADDITIONALLY WILL CHANGE SEAL WATER PUMP

**Notifications:**

09/19/09 02:23 PM DISPUB Temporary signs posted around area. Notified K. Slaughter so RS would be notified & web page could be updated.

09/19/09 01:00 PM DISNOT Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov



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

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

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

<u>Activity Code / Description</u>	<u>WO #</u>	<u>Initiated</u>	<u>Initiated By</u>	<u>Assigned To</u>	<u>Disch Status</u>	<u>Event Date</u>	<u>Problem</u>	<u>Result</u>	<u>Completed</u>	<u>Condition</u>
DISREV: RAIN EVENT DISCHARGE	956838	09/20/09 10:09 PM	GRIFFITH	GRIFFITH	DOCUMENTED	11/29/01	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHARGE - WATERS	09/21/09 06:08 AM	

**Spot Inspections:**

Discharge Amount:	1,060,533 GAL
Cause:	LACK OF SYSTEM CAPACITY
Clean Up:	NONE NEEDED-SUMBERGED PIPE
Control Zone:	NONE NEEDED-MSD PROPERTY
Impact:	NONE OBSERVED-PIPE SUBMERGED
Repair:	THIS LOCATION IS IN THE INTERIM SANITARY SEWER DISCHARGE PLAN

**Notifications:**

09/20/09 11:21 PM	DISPUB	PUBLIC NOTIFIED THROUGH PERMANENT SIGNS TO AVOID DIRECT CONTACT WITH DISCHARGED CONTENT
09/20/09 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
09/20/09 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	CSO018	1800 NIGHTINGALE RD		SOUTH FORK BEARGRASS CREEK	STREAM					
Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Event Date	Problem	Result	Completed	Condition
DISREV: RAIN EVENT DISCHARGE	958654	09/23/09 12:32 AM	SINGLETON	SPENCER	REPAIRED - ISSUE RESOLVED	09/28/09	ELECTRICAL PROBLEMS AT MSD	UNAUTHORIZED DISCHAGE - WATERS	09/23/09 12:53 AM	

**Spot Inspections:**

Discharge Amount: 5,088 GAL  
 Cause: TRIPPED BREAKER FOR PUMP #1  
 Clean Up: PIPE DISCHARGE SUBMERGED- NO CLEANUP  
 Control Zone: PIPE DISCHARGE SUBMERGED- NO CONTROL ZONE  
 Impact: NO IMPACT OBSERVED  
 Repair: RESET PUMP BREAKER

**Notifications:**

09/23/09 01:00 AM DISNOT Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov  
 09/23/09 12:32 PM DISPUB Permanent overflow advisory signs are in place along stream, no additional public notification was made.

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		
<u>Activity Code / Description</u>	<u>WO #</u>	<u>Initiated</u>	<u>Initiated By</u>	<u>Assigned To</u>	<u>Disch Status</u>	<u>Event Date</u>	<u>Problem</u>	<u>Result</u>	<u>Completed</u>	<u>Condition</u>
DISDW: DRY WEATHER DISCHARGE	961755	09/28/09 11:49 AM	MARKS JR	BRAZEL	REPAIRED - ISSUE RESOLVED	09/28/09	ELECTRICAL PROBLEMS AT MSD	UNAUTHORIZED DISCHARGE - WATERS	09/28/09 12:19 PM	

**Spot Inspections:**

Discharge Amount: 8,576 GAL  
 Cause: ELECTRICAL CONTROLS PROBLEM  
 Clean Up: NO CLEAN UP REQUIRED SUBMERGED DISCHARGE PIPE  
 Control Zone: PERMANENT AND TEMPORARY SIGNS POSTED  
 Impact: SLIGHT DISCOLORATION OF STREAM  
 Repair: REPAIRED MOTOR CONTROLLER WITH SPARE PARTS

**Notifications:**

09/28/09 01:18 PM DISPUB public notified by msd website and temporary signs  
 09/28/09 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, DISSU

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	Event Date	Problem	Result	Completed	Condition
DISREV: RAIN EVENT DISCHARGE	956936	09/20/09 10:42 PM	ELDER	WRIGHT	DOCUMENTED	12/16/00	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHARGE - WATERS	09/21/09 12:37 AM	

**Spot Inspections:**

Discharge Amount: 21,870 GAL  
 Cause: LACK OF CAPACITY DUE TO RAIN EVENT IN AREA  
 Clean Up: NO IMPACT OBSERVED- PIPE DISCHARGE SUBMERGED  
 Control Zone: PIPE DISCHARGE SUBMERGED- NO CONTROL ZONE  
 Impact: NO IMPACT OBSERVED- PIPE DISCHARGE SUBMERGED  
 Repair: THIS LOCATION IS IN THE INTERIM SANITARY SEWER DISCHARGE PLAN.

**Notifications:**

09/21/09 07:53 AM DISPUB NOTIFICATION MADE THROUGH PERMANENT SIGNS POSTED NEAR OVERFLOW LOCATION.  
 09/21/09 01:00 AM DISNOT Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov  
 09/21/09 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

Total Facilities Printed: 14  
 Total Work Orders Printed: 15