



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

January 14, 2010

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

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

Sincerely,

A handwritten signature in black ink that reads "Alex E. Novak". The signature is fluid and cursive.

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

paw

MFDMR1209.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)

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

MONITORING PERIOD					
YEAR	MONTH	DAY	YEAR	MONTH	DAY
09	12	01	09	12	31

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			
0XYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****	****	7.1	*****	*****	(19)	0	31/31	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	12,692	15,030	(26)	*****	15	16	(19)	0	31/31	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/BIOLOGICAL SOLIDS COMPLIANCE											
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	259,924	342,996	(26)	*****	284	343	(19)	0	31/31	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	*****	7.2	(12)	0	31/31	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0	SU		DAILY	GRAB
EFFLUENT GROSS VALUE					MINIMUM		MAXIMUM				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	11,218	14,023	(26)	*****	13	14	(19)	0	31/31	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/BIOLOGICAL SOLIDS COMPLIANCE											
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	259,637	333,435	(26)	*****	278	316	(19)	0	31/31	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	9,490	10,213	(26)	*****	11.6	12.7	(19)	0	31/31	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/BIOLOGICAL SOLIDS COMPLIANCE											
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		10-01-12
									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)

Form Approved.  
OMB No. 2040-0004

DISCHARGE MONITORING REPORT (DMR)

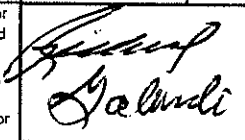
PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
 NAME MSD MORRIS FORMAN WQTC  
 ADDRESS C/O LOUISVILLE/JEFF CO MSD  
 4522 ALGONQUIN PKWY  
 LOUISVILLE, KY 40211-2497  
 FACILITY MSD MORRIS FORM WQTC  
 LOCATION LOUISVILLE, KY 40211

KY0022411	001 1
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD					
YEAR	MONTH	DAY	YEAR	MONTH	DAY
09	12	01	09	12	31

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	9641	9809	( 26 )	*****	11.7	14.1	( 19 )	0	31/31	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 COMPLT	SAMPLE MEASUREMENT	101.4	185.9	( 03 )	*****	*****	*****	****	0	31/31	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	31/31	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	*****	*****	****	*****	80	100	( 13 )	0	31/31	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	1000 30DA GEO	2000 7 DA GEO	#/ 100ML		DAILY	GRAB
BOD, 5-DAY PERCENT REMOVAL 81010 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	****	95	*****	*****	( 23 )	0	ONCE/MONTH	CALCTD
	PERMIT REQUIREMENT	*****	*****	****	85 MO MIN	*****	*****	PERCENT		ONCE/MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	****	96	*****	*****	( 23 )	0	ONCE/MONTH	CALCTD
	PERMIT REQUIREMENT	*****	*****	****	85 MO MIN	*****	*****	PERCENT		ONCE/MONTH	CALCTD
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		10-01-12
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)									AREA	NUMBER	YEAR - MO - DAY

G - INFLUENT  
 E - SECONDARY EFFLUENT  
 F - SECONDARY BYPASS AFTER PRIMARY TREATMENT.

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)

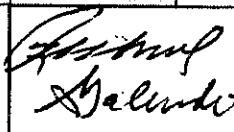
NAME MSD MORRIS FORMAN WQTC  
ADDRESS C/O LOUISVILLE/JEFF CO MSD  
4522 ALGONQUIN PKWY  
LOUISVILLE, KY 40211-2497  
FACILITY MSD MORRIS FORM WQTC  
LOCATION LOUISVILLE, KY 40211

KY0022411	001 B
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD					
YEAR	MONTH	DAY	YEAR	MONTH	DAY
09	12	01	09	12	31

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	*****	*****	****	*****	172	211	( 19 )	0	11/31	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	*****	*****	****	*****	26	30	( 19 )	0	11/31	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	*****	*****	****	*****	114	124	( 19 )	0	11/31	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	*****	*****	****	*****	23	31	( 19 )	0	11/31	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	*****	*****	****	*****	12.4	15.5	( 19 )	0	11/31	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	*****	*****	****	*****	9.2	10.6	( 19 )	0	11/31	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	27.60	37.24	( 03 )	*****	*****	*****	****	0	11/31	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		10-01-12
									SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA

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)

Form Approved.  
OMB No. 2040-0004

DISCHARGE MONITORING REPORT (DMR)

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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)  
 F - FINAL JEFFE  
 BIOMONITORING/ONCE PER QUARTE  
 EFFLUENT  
 \*\*\* NO DISCHARGE \*\*\*

MONITORING PERIOD					
YEAR	MONTH	DAY	YEAR	MONTH	DAY
09	10	01	09	12	31

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	*****	*****	****	*****	342	379	( 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
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H. J. SCHARDEIN, JR. EXECUTIVE DIRECTOR									502 540-6000		10-01-12
									SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA

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

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

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Address if Different)  
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FACILITY MSD MORRIS FORM WQTC  
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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
09	10	01	09	12	31

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

H. J. SCHARDEIN, JR.  
EXECUTIVE DIRECTOR

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*H. J. Schardein, Jr.*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Telephone	DATE
502 540-6000	10-01-12
AREA NUMBER	YEAR - MO - DAY

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

DATE	WASTEWATER FLOWS (Million Gallons)			TEMP (DEGF)		pH		SETS (ML)		TSS (mg/L)		TS (mg/L)		D.O. (mg/L)	5-DAY BOD (mg/L)				RETURN SLUDGE		AERATION BASIN				ACTIVE		CHLORINATION			FINAL EFFLUENT				
	Effluent	Sec. Effluent	Bypass	raw	final	raw	final	raw	final	raw	final	raw	final	final	raw	prim.	final	final	D.O.	MLSS	MLVSS	SET	SVI	Sludge Wasted MG	Primary Sludge MG	Chlorine Dosage KLBS	Resid mg/L	Fecal Coliform #/100 ml	NH3-N mg/L	Pump Hours				
																															Flow MG	TSS g/L	TVSS g/L	g/L
12/1	76.0	78.0	0.0	60	81	7.4	6.7	12.5	0.1	256	14			8.2	323	183	14	26.8	8.8	7.7	16.7	2.5	2.2	247	99	1.00	0.14	1.34	0.010	90	14	0.00		
12/2	124.5	97.8	26.7	60	61	7.1	6.7	15.5	0.1	480	18			7.9	382	214	39	26.7	9.3	8.2	13.0	2.4	2.1	238	102	0.84	0.29	3.39	0.010	100	13	0.00		
12/3	95.4	94.8	0.6	59	80	7.3	6.5	15.0	0.1	382	18			7.9	374	207	15	26.8	10.4	9.0	12.9	3.3	2.8	287	80	0.87	0.31	2.22	0.010	98	8	0.00		
12/4	79.9	79.9	0.0	59	81	7.2	6.7	4.5	0.1	222	16			7.9	351	257	16	27.0	11.6	10.1	12.2	3.2	2.8	327	101	0.97	0.25	1.66	0.010	44	13	0.00		
12/5	73.2	73.2	0.0	59	60	7.2	6.6	10.5	0.1	332	15			8.0	358	242	14	26.8	12.1	10.8	13.1	3.7	3.1	332	90	1.08	0.30	1.50	0.010	50	15	0.00		
12/6	73.5	73.5	0.0	58	59	7.3	6.7	11.0	0.1	288	14			7.1	308	203	12	26.8	12.0	10.3	12.5	3.3	2.8	377	115	1.07	0.21	1.39	0.010	90	15	0.00		
12/7	78.8	78.8	0.0	60	61	7.2	6.8	8.5	0.1	252	15			7.7	309	224	12	26.6	11.7	9.8	13.8	3.0	2.5	301	89	1.00	0.29	1.48	0.010	40	15	0.00		
12/8	157.1	102.1	55.0	58	59	7.2	6.7	9.0	0.2	388	48			7.4	330	217	39	26.7	11.0	9.8	11.3	3.4	3.0	346	102	0.87	0.37	5.43	0.010	56	14	0.00		
12/9	219.4	132.6	86.8	60	61	7.2	6.8	5.5	0.3	184	44			11.9	173	133	49	26.4	12.3	10.7	19.1	2.7	2.4	233	89	0.98	0.31	8.83	0.010	560	6	0.00		
12/10	142.7	129.3	13.4	57	58	7.4	6.6	11.5	0.1	272	23			8.1	296	180	20	26.4	12.5	10.8	16.8	3.1	2.7	300	96	1.10	0.31	2.93	0.010	28	6	9.00		
12/11	125.2	125.2	0.0	55	55	7.3	6.7	12.0	0.1	304	14			8.2	320	197	14	28.2	13.5	11.3	16.5	3.2	2.8	263	83	1.03	0.27	1.96	0.010	95	9	24.00		
12/12	120.8	120.8	0.0	55	58	7.5	6.7	9.5	0.1	298	13			8.4	310	147	12	26.0	13.2	10.9	16.0	3.3	2.8	280	86	0.96	0.32	1.85	0.010	48	10	24.00		
12/13	154.5	123.8	30.7	57	58	7.2	6.7	9.0	0.1	240	27			8.5	228	178	27	28.2	13.3	11.5	15.9	3.0	2.7	282	93	0.91	0.30	2.99	0.010	1450	9	24.00		
12/14	117.7	117.4	0.3	58	59	7.3	6.7	11.0	0.1	310	15			6.6	387	208	13	28.2	12.5	10.9	17.0	3.0	2.7	244	82	0.90	0.20	1.78	0.010	16	10	24.00		
12/15	107.9	107.9	0.0	58	59	7.4	6.7	7.0	0.1	288	15			7.9	315	222	16	26.8	13.4	11.4	15.1	3.5	3.0	296	85	0.87	0.24	1.63	0.010	48	12	0.00		
12/16	104.4	104.4	0.0	58	57	7.1	6.7	14.0	0.1	384	16			8.8	400	220	17	27.2	12.9	10.6	17.8	3.3	2.6	323	99	0.91	0.26	1.58	0.010	42	13	24.00		
12/17	92.1	92.1	0.0	58	57	7.3	6.8	11.0	0.1	256	12			9.5	284	209	15	27.2	13.8	11.7	18.8	3.3	2.9	333	100	1.03	0.27	1.54	0.010	13	14	24.00		
12/18	93.2	93.2	0.0	58	59	7.1	6.5	3.0	0.1	340	14			8.7	312	240	13	27.3	12.3	10.9	19.1	3.2	2.9	338	107	1.00	0.30	1.87	0.010	510	11	10.00		
12/19	167.9	128.9	41.0	54	55	7.2	6.5	8.5	0.1	378	12			9.8	239	140	31	27.1	14.1	12.4	19.3	3.3	2.9	270	82	0.90	0.33	4.12	0.010	290	8	0.00		
12/20	113.1	112.5	0.6	54	56	7.4	6.6	8.5	0.1	158	13			9.5	160	102	10	27.5	12.2	10.4	18.8	3.0	2.6	267	89	0.89	0.28	2.04	0.010	70	8	0.00		
12/21	108.3	108.3	0.0	58	58	7.3	6.9	11.0	0.1	200	11			8.3	229	124	12	27.8	12.3	10.8	18.0	2.9	2.5	270	95	0.98	0.19	1.28	0.010	60	12	0.00		
12/22	68.4	96.4	0.0	58	58	7.2	6.8	17.0	0.1	288	13			8.6	293	158	10	27.5	11.9	10.4	17.5	2.7	2.5	282	86	0.94	0.21	1.12	0.010	44	12	0.00		
12/23	95.0	95.0	0.0	57	59	7.3	6.7	4.5	0.1	158	9			8.8	198	157	7	28.5	9.7	8.3	16.4	3.3	2.8	252	77	0.94	0.18	1.08	0.010	44	13	0.00		
12/24	91.2	91.2	0.0	58	59	7.3	6.7	10.0	0.1	258	12			8.5	264	137	13	28.4	10.7	9.3	18.1	2.8	2.4	239	87	0.88	0.16	1.08	0.010	64	14	0.00		
12/25	149.2	118.5	30.7	54	55	7.2	6.9	18.0	0.1	372	21			7.5	300	87	17	28.3	11.4	10.0	15.8	2.9	2.6	240	84	0.63	0.18	2.88	0.010	86	9	0.00		
12/26	90.7	90.7	0.0	54	53	7.5	6.9	17.0	0.1	232	16			10.3	225	102	7	28.0	10.9	9.4	17.8	2.7	2.3	250	91	0.86	0.17	0.86	0.010	50	11	0.00		
12/27	90.0	90.0	0.0	54	56	7.4	7.2	12.0	0.1	170	14			10.5	171	94	16	27.8	10.0	8.7	15.2	2.4	2.1	211	86	0.83	0.22	0.98	0.010	276	14	12.00		
12/28	65.5	65.5	0.0	50	51	7.4	7.0	9.5	0.1	174	15			8.6	212	132	14	27.3	8.9	7.4	14.8	2.6	2.3	244	95	0.87	0.29	1.08	0.010	70	16	24.00		
12/29	93.9	93.9	0.0	50	53	7.6	6.9	13.5	0.1	318	18			8.7	272	144	14	27.4	8.3	7.2	13.4	2.3	2.1	183	80	0.84	0.29	1.08	0.010	92	15	24.00		
12/30	94.2	94.2	0.0	54	55	7.8	6.9	11.5	0.1	206	14			8.2	212	158	13	26.8	8.7	7.1	13.3	2.7	2.4	230	85	0.78	0.24	1.07	0.010	80	16	24.00		
12/31	124.3	108.7	17.6	54	56	7.3	6.8	15.0	0.1	286	13			8.3	305	226	23	26.3	9.7	8.0	13.0	3.7	3.1	212	57	0.85	0.20	2.04	0.010	104	12	24.00		
Total	3445.8	3142.2	303.4															838.0																271.00
Average	111.1	101.4	9.8	56	58	7.3	6.7	10.8	0.1	278	17			8.8	284	175	18	27.0	11.5	9.9	15.6	3.0	2.5	273	91	0.93	0.25	2.06	0.010	80	12	0.00		

SEWER CONNECTIONS 134898 TIMES 4 = 539584 SEWER POPULATION

IND. WASTER POPULATION EQ  
 CUSTOMERS 328  
 FLOW 518972  
 BOD 1011300  
 TSS 689134

Authorized Agent 

Certification No. 4883



Metropolitan Sewer District

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

<b>KPDES #</b> KY0022411	<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> 16649	<b>Facility Address</b> 1726 FRASER DR	<b>If Pump Station, Name of Pump Station:</b>	<b>Receiving Stream</b> SOUTH FORK BEARGRASS CREEK	<b>Discharge to</b> DITCH					
<b>Activity Code / Description</b> DISREV: RAIN EVENT DISCHARGE	<b>WO #</b> 989844	<b>Initiated</b> 12/08/09 10:10 PM	<b>Initiated By</b> MITCHELL	<b>Assigned To</b> GRIFFITH	<b>Disch Status</b> DOCUMENTED	<b>Event Date</b> 01/24/02	<b>Problem</b> LACK OF SYSTEM CAPACITY	<b>Result</b> UNAUTHORIZED DISCHARGE - WATERS	<b>Completed</b> 12/09/09 04:50 PM	<b>Condition</b>

**Spot Inspections:**

<b>Discharge Amount</b>	70,180 GAL
<b>Cause:</b>	LACK OF SYSTEM CAPACITY-HEAVY RAIN
<b>Clean Up:</b>	DISCLN WO #990609
<b>Control Zone:</b>	NONE NEEDED-PIPE SUBMERGED
<b>Impact:</b>	LIGHT DEDRIS AND SOLIDS OBSERVED AROUND DISCHARGED SITE
<b>Repair:</b>	THIS LOCATION IS INCLUDED IN THE SANITARY SEWER DISCHARGE PLAN SUBMITTED ON DECEMBER 31, 2009

**Notifications:**

12/08/09 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
12/09/09 07:53 AM	DISPUB	PUBLIC NOTIFIED THROUGH PERMANENT SIGNS AND DOOR HANGERS AT LOCATION TO AVOID DISCHARGED CONTENT
12/08/09 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

<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
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<b>Facility Type</b>	<b>Facility ID</b>	<b>Facility Address</b>	<b>If Pump Station, Name of Pump Station:</b>	<b>Receiving Stream</b>	<b>Discharge to</b>
SSL Sewer Service Line	33609	3510 GLADDEN DR		SOUTH FORK BEARGRASS CREEK	CATCH BASIN

<u>Activity Code / Description</u>	<u>WO #</u>	<u>Initiated</u>	<u>Initiated By</u>	<u>Assigned To</u>	<u>Disch Status</u>	<u>Event Date</u>	<u>Problem</u>	<u>Result</u>	<u>Completed</u>	<u>Condition</u>
DISDW: DRY WEATHER DISCHARGE	993572	12/26/09 12:00 PM	RICHARDSON	RICHARDSON	REPAIRED - ISSUE RESOLVED	12/26/09	OBSTRUCTION-NOT GREASE / ROOTS	UNAUTHORIZED DISCHARGE - WATERS	12/26/09 02:00 PM	MAIN

**Spot Inspections:**

Discharge Amount	5 GAL
Cause:	OBSTRCTUION IN THE MSD MAIN SEWER
Clean Up:	MSD PERSONNEL CLEANED AND SANITIZED THE IMPACTED AREA
Control Zone:	MSD PERSONNEL ADVISED CUSTOMER TO AVOID CONTACT WITH SEWAGE
Impact:	SEWAGE COMING FROM THE MSD CLEANOUT GOING INTO THE STORM DRAIN
Repair:	WORK ORDER 993575 - ROOTCUT AND OPEN THE MAIN SEWER

**Notifications:**

12/26/09 12:00 PM	DISPUB	ADVISED CUSTOMER BY DOORCARD, ON SITE AND POSTING SIGNS
12/26/09 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov

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

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

Facility Type	Facility ID	Facility Address	If Pump Station, Name of Pump Station:	Receiving Stream	Discharge to
SMH Sewer Manhole	72571-X	4600 CHAMPIONS TRACE LN		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	989845	12/08/09 10:36 PM	GRIFFITH	GRIFFITH	DOCUMENTED	11/29/01	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHARGE - WATERS	12/09/09 01:34 AM	

**Spot Inspections:**

Discharge Amount:	16,206 GAL
Cause:	LACK OF SYSTEM CAPACITY-HEAVY RAIN
Clean Up:	NONE NEEDED-PIPE SUBMERGED
Control Zone:	NO CONTROL ZONE-NO ACCESS TO OVERFLOW LOCATION. PERMANENT SIGNS POSTED AT SITE.
Impact:	NO IMPACT OBSERVED-PIPE SUBMERGED
Repair:	THIS LOCATION IS IN THE INTERIM SANITARY SEWER DISCHARGE PLAN

**Notifications:**

12/08/09 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
12/09/09 07:36 AM	DISPUB	PUBLIC NOTIFIED THROUGH PERMANENT SIGNS AT DISCHARGE LOCATION TO AVOID DISCHARGED CONTENT
12/08/09 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

<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
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<b>Facility Type</b> SMH Sewer Manhole	<b>Facility ID</b> CSO022	<b>Facility Address</b> 342 W MAIN ST	<b>If Pump Station, Name of Pump Station:</b>	<b>Receiving Stream</b> OHIO RIVER	<b>Discharge to</b> 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>Event Date</u>	<u>Problem</u>	<u>Result</u>	<u>Completed</u>	<u>Condition</u>
DISDW: DRY WEATHER DISCHARGE	992903	12/21/09 12:37 PM	ELDER	THOMPSON	DOCUMENTED	01/04/04	UTILITY DAMAGED MSD ASSET	UNAUTHORIZED DISCHARGE - WATERS	12/21/09 01:07 PM	

**Spot Inspections:**

<b>Discharge Amount</b>	312,000 GAL
<b>Cause:</b>	LOUISVILLE WATER COMPANY HAD A WATER MAIN BREAK @ 3RD STREET & ALI BLVD. UTILITY DAMAGE:
<b>Clean Up:</b>	NO CLEAN UP PERFORMED - PIPES DISCHARGE UNDERWATER, DIRECTLY INTO RIVER
<b>Control Zone:</b>	NO CONTROL ZONE SET UP - PIPES DISCHARGE UNDERWATER, DIRECTLY INTO RIVER
<b>Impact:</b>	NONE OBSERVED BY MSD PERSONNEL - PIPES DISCHARGE UNDERWATER, DIRECTLY INTO RIVER
<b>Repair:</b>	WHEN FLOW SUBSIDED MSD PUMPS RECOVERED CAUSING THE OVERFLOW TO END

**Notifications:**

12/21/09 05:09 PM	DISPUB	<a href="http://www.msdlouky.org/projectwin/">http://www.msdlouky.org/projectwin/</a>
12/21/09 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
12/21/09 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	CSO132	1919 BROWNSBORO RD		MUDDY FORK BEARGRASS CREEK	STREAM					
Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Event Date	Problem	Result	Completed	Condition
DISDW: DRY WEATHER DISCHARGE	989746	12/08/09 12:30 AM	FRENCH	GRIFFITH	REPAIRED - ISSUE RESOLVED	12/08/09	UTILITY DAMAGED MSD ASSET	UNAUTHORIZED DISCHARGE - WATERS	12/08/09 12:45 AM	

**Spot Inspections:**

Discharge Amount:	3,333 GAL
Cause:	WATER MAIN BREAK ALONG LOWER BROWNSBORO ROAD
Clean Up:	LIMITED ACCESS TO OVERFLOW OUTFALL - NO CLEAN UP REQUIRED
Control Zone:	LIMITED ACCESS TO OVERFLOW OUTFALL - NO CLEAN UP REQUIRED
Impact:	LIMITED ACCESS TO OVERFLOW OUTFALL - NO IMPACT OBSERVED
Repair:	LOUISVILLE WATER COMPANY IS ON SITE MAKING REPAIRS TO WATER MAIN

**Notifications:**

12/11/09 10:42 AM	DISNOT	Manual email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
12/11/09 10:46 AM	DISPUB	No public notification was made. Overflow event had stopped and a rain event began before verification that the dry weather overflow had actually occurred.

Total Facilities Printed: 5  
 Total Work Orders Printed: 5