MSD

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

February 25, 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 January 1 to January 31 are enclosed. During the ice storm in late January, the Secondary sampler tubing froze resulting in a monthly and a 7-day failure for BOD. Based on TSS and COD values, we do not believe that the BOD values reflect the actual plant performance, but we have reported the results as determined by the laboratory analysis. During this event on January 28, the plant operator also failed to take a DO reading.

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

Sincerely,

Alex E. Novak
Operations Manager

paw

MFDMR0109.doc

Enclosures

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

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

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

KY0022411	001 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

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

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

JEFFE

Form Approved.
OMB No. 2040-0004

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	******	******		7.0	******	******	(19)	0		
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	****	2 INST MIN	******	******	MG/L		DAILY	GRAB
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	29,715	62,397	(26)	******	36	71	(19)	7		
00310 E 0 0 SEC/BIOL PRCS CMPLT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	******	30 MO AVG	45 MX WK AV	MG/L		DAILY	COMPOS
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	344,217	421,566	(26)	******	396	552	(19)	0		
00310 G 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	******	REPORT MO AVG	REPORT MX WK AV	MG/L		DAILY	COMPOS
PH	SAMPLE MEASUREMENT	******	******		6.7	******	7.0	(12)	0		
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	16,851	19,542	(26)	******	22	25	(19)	2		
00530 E 0 0 SEC/BIOL PRCS CMPLT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	******	30 MO AVG	45 MX WK AV	MG/L		DAILY	COMPOS
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	279,562	376,321	(26)	******	337	491	(19)	0		
00530 G 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	******	REPORT MO AVG	REPORT MX WK AV	MG/L		DAILY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	7,980	8,950	(26)	******	11	13	(19)	0		
00610 E 0 0 SEC/BIOL PRCS CMPLT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	******	20 MO AVG	30 MX WK AV	MG/L		DAILY	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE		
H.J.SCHARDEIN, JR. EXECUTIVE DIRECTOR	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	502 540-6000	09	02	24
TYPED OR PRINTED			AREA CODE NUMBER	YEAR	MO	DAY

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

G - INFLUENT
E - SECONDARY EFFLUENT
1 - FINAL EFFLUENT

BOD MONTHLY AND MAX. WEEKLY AVG. VIOLATIONS. REFER TO COVER LETTER
PLANT D.O. NOT TAKEN ON 1/28/09 REFER TO COVER LETTER

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

NAME MSD MORRIS FORMAN STP

ADDRESS C/O LOUISVILLE/JEFF CO MSD
4522 ALGONQUIN PKWY
LOUISVILLE KY 40211-2497

FACILITY MSD MORRIS FORM STP

LOCATION LOUISVILLE KY 40211

ATTN: ALEX E NOVAK, OPER MGR

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

PERMIT NUMBER	DISCHARGE NUMBER
KY0022411	001 1

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

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

Form Approved.
OMB No. 2040-0004

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PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	8230	9148	(26)	******	11	13	(19)	0		
00610 G 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	******	REPORT MO AVG	REPORT MX WK AV	MG/L		DAILY	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	90.8	161.7	(03)	******	******	******		0		
50050 E 0 0 SEC/BIOL PRCS CMPLT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	CONTIN
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******	0.010	0.010	(19)	0		
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.019 MO AVG	0.019 DAILY MX	MG/L		DAILY	GRAB
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	******	******		******	40	103	(13)	1		
74055 1 2 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	1000 30DA GEO	2000 7 DA GEO	#/ 100ML		DAILY	GRAB
BOD, 5-DAY PERCENT REMOVAL	SAMPLE MEASUREMENT	******	******		91	******	******	(23)	0		
81010 K 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	******	******	**** ****	85 MO MIN	******	******	PER-CENT		ONCE/ MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	******	******		94	******	******	(23)	0		
81011 K 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	******	******	**** ****	85 MO MIN	******	******	PER-CENT		ONCE/ MONTH	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

H. J. SCHARDEIN, JR.
EXECUTIVE DIRECTOR

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	TELEPHONE NUMBER	DATE YEAR	DATE MO	DATE DAY
502	540-6000	09	02	24

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

G - INFLUENT
E - SECONDARY EFFLUENT
1 - FINAL EFFLUENT

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

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

KY0022411 — PERMIT NUMBER
001 B — DISCHARGE NUMBER

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

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

Form Approved.
OMB No. 2040-0004

JEFFE

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PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BOD, 5-DAY (20 DEG. C) 00310 F 0 0 PRI/PRLM PRCS CMPLT	SAMPLE MEASUREMENT	******	******		******	261	537	(19)	0		
	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	******	******		******	78	167	(19)	0		
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
SOLIDS, TOTAL SUSPENDED 00530 F 0 0 PRI/PRLM PRCS CMPLT	SAMPLE MEASUREMENT	******	******		******	101	135	(19)	0		
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	42	62	(19)	0		
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 F 0 0 PRI/PRLM PRCS CMPLT	SAMPLE MEASUREMENT	******	******		******	11.8	15.0	(19)	0		
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	9.3	11.5	(19)	0		
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 F 0 0 PRI/PRLM PRCS CMPLT	SAMPLE MEASUREMENT	31.21	50.80	(03)	******	******	******		0		
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	MGD	******	******	******	**** ****		WHEN DISCHG	CONTIN

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

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 502 | NUMBER 540-6000

DATE: YEAR 09 | MO 02 | DAY 24

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

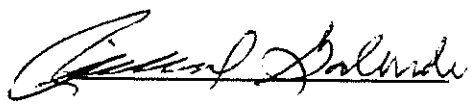
MONITORING DURING PERIODS OF SECONDARY BYPASS IN addition TO REGULAR MONITORING.
1 - FINAL EFFLUENT
F - SECONDARY BYPASS AFTER PRIMARY TREATMENT

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

	WASTEWATER FLOWS (Million Gallons)			TEMP (DEGF)		pH		SETS (M/L)		TSS (mg/L)		TS (mg/L)		D.O. (mg/L)	5-DAY BOD (mg/L)			RETURN SLUDGE			AERATION BASIN					ACTIVE		CHLORINATION			FINAL EFFLUENT	
DATE	Final Effluent	Sec. Effluent	Bypass	raw	final	raw	final	raw	final	raw	final	raw	final	final	raw	prim. final	final	FLOW MG	TSS g/L	TVSS g/L	D.O mg/L	MLSS g/L	MLVSS g/L	SET	SVI	Sludge Wasted MG	Primary Sludge MG	Chlorine Dosage KLBS	Resid mg/L	Fecal Coliform #/100 ml	NH3-N mg/L	Pump. Hours
1/1	83.7	83.7	0.0	63	55	7.5	6.8	10.0	0.1	194	24			8.0	296	149	22	19.9	9.8	7.8	19.1	2.2	1.8	148	67	0.47	0.19	1.41	0.010	58	12	24.00
1/2	79.2	79.2	0.0	64	56	7.5	7.0	6.0	0.1	212	19			12.4	250	159	20	18.9	9.9	7.9	19.3	2.7	2.3	125	47	0.22	0.20	1.32	0.010	20	12	18.00
1/3	108.2	82.2	26.0	63	56	7.5	6.9	5.0	0.1	176	34			10.3	196	168	44	15.2	10.6	8.9	19.0	2.6	2.4	138	54	0.26	0.20	2.57	0.010	72	15	0.00
1/4	92.1	88.7	3.4	64	58	7.5	6.8	9.5	0.1	166	22			11.8	213	106	19	17.1	11.4	9.6	20.0	2.4	2.1	173	72	0.24	0.15	1.52	0.010	23	8	0.00
1/5	82.1	82.1	0.0	63	54	7.5	6.9	8.0	0.1	162	22			12.0	220	126	16	18.7	10.9	9.2	17.5	2.6	2.3	147	57	0.52	0.15	1.24	0.010	9	13	0.00
1/6	141.8	95.9	45.9	64	55	7.2	6.9	13.0	0.2	296	40			9.8	238	228	52	20.9	12.1	9.9	19.4	2.7	2.3	190	71	0.59	0.22	3.28	0.010	82	14	0.00
1/7	131.0	101.1	30.0	63	52	7.3	6.8	11.0	0.1	314	33			11.0	444	180	48	21.1	12.4	10.2	18.4	3.0	2.5	200	67	0.69	0.22	2.92	0.010	301	8	0.00
1/8	97.3	95.2	2.1	64	53	7.3	6.8	14.0	0.1	290	22			9.0	365	214	24	21.2	12.9	11.0	19.4	3.0	2.6	190	64	0.75	0.29	1.90	0.010	28	11	2.10
1/9	103.8	103.8	0.0	63	53	7.3	6.8	23.0	0.1	600	22			10.1	538	196	21	21.0	15.9	13.5	19.8	3.2	2.7	180	57	0.74	0.34	1.73	0.010	54	11	24.00
1/10	160.5	104.1	56.7	63	54	7.3	6.8	9.5	0.2	246	46			10.4	746	291	50	20.9	13.5	11.8	19.1	3.3	2.9	208	63	0.68	0.31	3.90	0.010	85	10	24.00
1/11	116.8	104.7	12.1	63	54	7.4	6.7	8.0	0.1	193	22			10.1	264	128	23	21.1	12.7	10.7	19.8	3.1	2.6	197	63	0.69	0.27	1.62	0.010	2700	8	24.00
1/12	107.3	107.3	0.0	63	55	7.4	6.8	14.0	0.1	276	21			11.3	259	158	14	21.1	13.9	11.8	15.8	2.6	2.3	160	61	0.77	0.29	1.65	0.010	88	11	24.00
1/13	100.9	100.9	0.0	63	53	7.3	6.8	14.0	0.2	276	19			10.0	309	162	10	20.9	13.5	11.3	18.8	2.8	2.4	243	71	0.67	0.32	1.92	0.010	66	11	24.00
1/14	97.8	97.8	0.0	63	53	7.4	6.8	16.0	0.1	316	21			9.8	350	164	16	21.2	14.1	11.6	19.3	3.0	2.5	197	66	0.50	0.22	1.56	0.010	62	14	24.00
1/15	95.0	95.0	0.0	63	51	7.3	6.7	14.0	0.1	286	21			11.1	375	216	16	20.9	12.8	11.0	20.0	2.6	2.3	180	68	0.61	0.23	1.62	0.010	15	12	24.00
1/16	82.7	82.7	0.0	63	51	7.5	6.7	16.0	0.2	288	24			10.3	249	230	21	21.0	14.8	12.4	18.4	3.2	2.7	195	62	0.63	0.31	1.43	0.010	64	13	11.20
1/17	80.9	80.9	0.0	63	52	7.5	6.8	16.0	0.1	278	23			9.5	82	235	17	20.7	15.3	12.8	18.6	3.3	2.8	200	62	0.64	0.30	1.43	0.010	23	15	0.00
1/18	82.8	82.8	0.0	63	54	7.4	6.9	16.0	0.1	244	21			9.4	60	322	18	20.8	14.4	12.4	19.0	3.0	2.7	203	67	0.64	0.29	1.57	0.010	71	12	0.00
1/19	82.1	82.1	0.0	63	51	7.2	6.7	11.0	0.1	230	21			9.7	344	222	16	21.6	13.4	11.4	18.9	2.8	2.5	182	66	0.64	0.23	1.76	0.010	7	15	0.00
1/20	90.4	90.4	0.0	63	53	7.2	6.8	20.0	0.1	444	24			10.6	620	187	18	21.5	14.3	12.1	16.9	3.3	2.9	202	61	0.66	0.32	1.53	0.010	9	12	0.00
1/21	77.5	77.5	0.0	63	50	7.3	6.7	20.0	0.1	736	22			11.3	588	215	16	22.1	14.4	12.3	15.4	4.5	3.8	227	50	0.69	0.23	1.37	0.010	16	13	0.00
1/22	75.7	75.7	0.0	63	55	7.2	6.8	16.0	0.1	636	26			8.0	994	377	18	22.0	15.7	13.4	13.6	4.0	3.5	213	53	0.67	0.15	1.48	0.010	6	15	0.00
1/23	75.3	75.3	0.0	63	57	7.1	6.7	15.5	0.1	648	20			7.0	516	246	16	21.8	14.6	12.1	13.1	3.2	2.6	212	67	0.78	0.30	1.41	0.010	4	15	0.00
1/24	69.6	69.5	0.0	63	56	7.2	6.8	24.0	0.1	744	24			8.5	524	238	16	22.0	15.4	13.1	15.9	3.7	3.2	202	55	0.79	0.39	1.24	0.010	4	15	0.00
1/25	68.7	68.7	0.0	63	54	7.5	6.8	11.0	0.1	244	21			7.8	272	219	13	21.9	14.2	12.2	17.8	3.6	3.1	212	58	0.74	0.37	1.22	0.010	3	17	0.00
1/26	71.4	71.4	0.0	63	55	7.6	6.9	19.0	0.1	330	23			13.0	327	190	9	21.8	14.0	12.0	19.6	3.4	2.9	210	63	0.73	0.21	1.13	0.010	7	18	0.00
1/27	100.3	81.1	19.2	65	54	7.3	7.0	22.0	0.3	476	41			9.5	921	795	79	21.7	14.1	11.9	18.3	3.7	3.1	208	57	0.75	0.32	1.84	0.010	22	18	0.00
1/28	222.1	139.7	82.4	63	49	7.4	6.9	9.0	3.5	356	83				310	278	255	21.4	16.0	13.6		3.0	2.6	198	67	0.75	0.26	4.68	0.010	121	5	0.00
1/29	154.4	105.2	49.2	63	48	7.5	7.0	15.0	0.8	240	47			8.2	560	308	148	20.7	16.9	14.6		3.6	3.2	168	48	0.72	0.26	2.19	0.010	1900	5	0.00
1/30	133.3	104.9	28.4	63	49	7.5	6.8	13.0	0.4	296	51			10.8	445	262	102	21.4	17.5	15.1		3.6	3.3	163	46	0.67	0.27	2.41	0.010	87	5	10.80
1/31	124.5	105.3	19.2	63	49	7.5	6.8	18.0	0.7	260	58			13.0	415	169	86	21.6	13.9	12.3		3.2	2.9	160	51	0.67	0.24	2.33	0.010	540	5	24.00
Total	3189.2	2814.9	374.6															644.1								19.570	8.050					262.80
Average	102.9	90.8	12.1	63	53	7.4	6.8	14.1	0.3	337	30			10.1	396	230	40	20.8	13.7	11.6	18.2	3.1	2.7	188	61	0.63	0.26	1.92	0.010	40	12	

SEWER CONNECTIONS 134831 TIMES 4 = 539324 SEWER POPULATION

IND. WASTER POPULATION EQ
CUSTOMERS 331
FLOW 440461
BOD 1461585
TSS 838349

Authorized Agent  Certification No. 4663

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

KPDES #	Facility ID	Treatment Plant Name	Receiving Stream of Treatment Plant	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	21628-W	7404 ARROWWOOD RD		GOOSE CREEK	DITCH

Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Event Date	Problem	Result	Completed	Condition
DISREV: RAIN EVENT DISCHARGE	868204	01/29/09 10:55 AM	MARKS JR	LARUE	DOCUMENTED	12/16/00	POWER OUTAGE (LG&E)	UNAUTHORIZED DISCHAGE - WATERS	01/29/09 11:05 AM	

Spot Inspections:

Discharge Amount:	1,250 GAL
Cause:	POWER OUTAGE
Clean Up:	NO DEBRIS OBSERVED NO CLEANUP REQUIRED
Control Zone:	TEMP SIGNS POSTED
Impact:	NO IMPACT OBSERVED
Repair:	INSTALLED GENERATOR TO PREVENT DISCHARGE

Notifications:

01/29/09 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
01/29/09 11:05 AM	DISPUB	Temporary signs posted around the area

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

KPDES #	Facility ID	Treatment Plant Name	Receiving Stream of Treatment Plant	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	44091	2318 STANNYE DR		LONGVIEW CREEK	DITCH

Activity Code / Description	WQ #	Initiated	Initiated By	Assigned To	Disch Status	Event Date	Problem	Result	Completed	Condition
DISREV: RAIN EVENT DISCHARGE	868162	01/29/09 11:07 AM	COWARD	KAUFMAN	REPAIRED - ISSUE RESOLVED	01/31/09	POWER OUTAGE (LG&E)	UNAUTHORIZED DISCHAGE - WATERS	01/31/09 08:00 PM	

Spot Inspections:

Discharge Amount:	168,000 GAL
Cause:	LOSS OF LG&E POWER DUE TO ICE STORM
Clean Up:	MSD RAKED & BAGGED DEBRIS & SPREAD LIME
Control Zone:	TEMPORARY SIGNS PLACED AROUND EFFECTED AREA
Impact:	SEWAGE IS DICHARGING FROM THE MANHOLE INTO DITCH
Repair:	LG&E POWER RESTORED TO THE AREA

Notifications:

01/29/09 11:25 AM	DISPUB	ADVISED CUSTOMER ON SITE
01/29/09 01:00 AM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov

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

KPDES #	Facility ID	Treatment Plant Name	Receiving Stream of Treatment Plant	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	55665	4802 HAZELWOOD AVE		UPPER MILL CREEK	DITCH

Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Event Date	Problem	Result	Completed	Condition
DISREV: RAIN EVENT DISCHARGE	868088	01/28/09 01:40 PM	ELDER	KUSTES	DOCUMENTED	03/19/08	POWER OUTAGE (LG&E)	UNAUTHORIZED DISCHAGE - WATERS	01/28/09 07:30 PM	

Spot Inspections:

Discharge Amount:	1,750 GAL
Cause:	LOSS OF LG&E POWER DUE TO ICE STORM
Clean Up:	NO DEBRIS TO CLEAN
Control Zone:	TEMPORARY SIGNS POSTED AROUND AFFECTED AREA
Impact:	CLEAR EFFLUENT, NO DEBRIS
Repair:	LG&E POWER RETURNED TO SERVICE

Notifications:

01/28/09 08:44 PM	DISPUB	TEMPORARY SIGNS POSTED AROUND AFFECTED AREA
01/28/09 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, DISSUS

KPDES #	Facility ID	Treatment Plant Name	Receiving Stream of Treatment Plant	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	MSD0007-PS	334 MOCKINGBIRD VALLEY RD	MOCKINGBIRD VALLEY	MUDDY 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	868078	01/28/09 06:15 PM	ELDER	CARTER SR	DOCUMENTED	03/20/02	POWER OUTAGE (LG&E)	UNAUTHORIZED DISCHAGE - WATERS	01/29/09 03:00 AM	

Spot Inspections:

Discharge Amount:	49,500 GAL
Cause:	LOSS OF POWER FROM LG&E DUE TO ICE STORM
Clean Up:	MSD RAKED & BAGGED DEBRIS AND SPREAD LIME AROUND EFFECTED AREA
Control Zone:	TEMPORARY SIGNS POSTED AROUND AFFECTED AREA
Impact:	SEWAGE, PERSONAL HYGIENE PRODUCTS
Repair:	PLACED GENERATOR TO ELIMINATE OVERFLOW

Notifications:

01/28/09 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
02/01/09 01:17 PM	DISPUB	Temporary signs posted around affected area

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

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

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

Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Event Date	Problem	Result	Completed	Condition
DISREV: RAIN EVENT DISCHARGE	868347	01/30/09 05:00 AM	MARKS JR	LARUE	DOCUMENTED	01/02/04	POWER OUTAGE (LG&E)	UNAUTHORIZED DISCHAGE - WATERS	01/30/09 05:30 AM	

Spot Inspections:

Discharge Amount:	13,500 GAL
Cause:	POWER OUTAGE
Clean Up:	NO CLEAN UP REQUIRED
Control Zone:	TEMPORAOY SIGNS POSTED
Impact:	NO IMPACT OBSERVED ONLY CLEAR SEWAGE
Repair:	INSTALLED GENERATOR TO STOP DISCHARGE

Notifications:

01/30/09 10:00 AM	DISPUB	Temporary signs posted around the effected area
01/30/09 01:00 AM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov

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

KPDES #	Facility ID	Treatment Plant Name	Receiving Stream of Treatment Plant	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	MSD0035-PS	1011 WILLIAMSBURG CT	ST. MATTHEWS #7	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	868049	01/28/09 07:40 AM	ELDER	LANGFORD	REPAIRED - ISSUE RESOLVED	01/28/09	PUMPED OVERFLOW	UNAUTHORIZED DISCHAGE - WATERS	01/28/09 11:25 PM	

Spot Inspections:

Discharge Amount:	12,600 GAL
Cause:	LACK OF CAPACITY.PUMPED TO GROUND TO PREVENT FLOODING HOMES
Clean Up:	SANITIZED & LIMED THE AREA
Control Zone:	TEMPORARY SIGNS AROUND AFFECTED AREA
Impact:	CLEAR EFFLUENT, NO DEBRIS
Repair:	BEGAN HAULING TO PREVENT ADDITIONAL OVERFLOW,

Notifications:

01/28/09 01:50 PM	DISPUB	Temporary signs around affected area
01/28/09 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, DISSUS

KPDES #	Facility ID	Treatment Plant Name	Receiving Stream of Treatment Plant	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	MSD1033-PS	124 FONTAINE LANDING CT	FONTAINE ESTATES	OHIO RIVER	GROUND

Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Event Date	Problem	Result	Completed	Condition
DISREV: RAIN EVENT DISCHARGE	868272	01/29/09 12:30 PM	ELDER	OTTO	REPAIRED - ISSUE RESOLVED	01/29/09	PUMPED OVERFLOW	UNAUTHORIZED DISCHAGE - WATERS	01/29/09 03:30 PM	

Spot Inspections:

Discharge Amount:	500 GAL
Cause:	LOSS OF LG&E POWER DUE TO ICE STORM
Clean Up:	NO DEBRIS TO CLEAN/ AREA FROZEN
Control Zone:	TEMPORARY SIGNS & TAPE AROUND AFFECTED AREA
Impact:	CLEAR EFFLUENT, NO DEBRIS
Repair:	BEGAN HAULING STATION TO ELIMINATE DISCHARGE

Notifications:

01/29/09 05:54 PM	DISPUB	Temporary signs posted around affected area
01/29/09 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov

Total Facilities Printed: 7
Total Work Orders Printed: 7