MSD

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

March 24, 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 February 1 to February 28 are enclosed. All permit requirements were met for the month of February, 2009.

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

Sincerely,

Alex E. Novak
Operations Manager

paw

MFDMR0209.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)*

Form Approved.
OMB No. 2040-0004

KY0022411	001 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	09	02	01	TO	09	02	28

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

JEFFE

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	******	******		7.9	******	******	(19)			
00300 1 0 0	PERMIT REQUIREMENT	******	******	****	2	******	******		0		
EFFLUENT GROSS VALUE				****	INST MIN			MG/L		DAILY	GRAB
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	17,607	18,679	(26)	******	20	22	(19)			
00310 E 0 0	PERMIT REQUIREMENT	REPORT	REPORT		******	30	45		0		
SEC/BIOL PRCS CMPLT		MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV	MG/L		DAILY	COMPOS
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	305,373	332,220	(26)	******	289	320	(19)			
00310 G 0 0	PERMIT REQUIREMENT	REPORT	REPORT		******	REPORT	REPORT		0		
RAW SEW/INFLUENT		MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV	MG/L		DAILY	COMPOS
PH	SAMPLE MEASUREMENT	******	******		6.6	******	7.1	(12)			
00400 1 0 0	PERMIT REQUIREMENT	******	******	****	6.0	******	9.0		0		
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	20,228	22,320	(26)	******	23	25	(19)			
00530 E 0 0	PERMIT REQUIREMENT	REPORT	REPORT		******	30	45		0		
SEC/BIOL PRCS CMPLT		MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV	MG/L		DAILY	COMPOS
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	291,108	335,491	(26)	******	266	307	(19)			
00530 G 0 0	PERMIT REQUIREMENT	REPORT	REPORT		******	REPORT	REPORT		0		
RAW SEW/INFLUENT		MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV	MG/L		DAILY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	6,972	9,933	(26)	******	8	11	(19)			
00610 E 0 0	PERMIT REQUIREMENT	REPORT	REPORT		******	20	30		0		
SEC/BIOL PRCS CMPLT		MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV	MG/L		DAILY	COMPOS

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 502 | NUMBER 540-6000

DATE: YEAR 09 | MO 03 | DAY 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)*

Form Approved.
OMB No. 2040-0004

KY0022411	001 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	09	02	01	TO	09	02	28

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

JEFFI

NOTE: Read Instructions before completing this form.

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	7534	8988	(26)	******	9	10	(19)	0		
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	******	REPORT MO AVG	REPORT MX WK AV	MG/L		DAILY	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 E 0 0 SEC/BIOL PRCS CMPLT	SAMPLE MEASUREMENT	104.8	189.5	(03)	******	******	******		0		
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	CONTIN
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	0.010	0.010	(19)	0		
	PERMIT REQUIREMENT	******	****** **** ****		******	0.019 MO AVG	0.019 DAILY MX	MG/L		DAILY	GRAB
COLIFORM, FECAL GENERAL 74055 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	134	394	(13)	2		
	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	******	******		94	******	******	(23)	0		
	PERMIT REQUIREMENT	******	****** **** ****		85 MO MIN	******	******	PER-CENT		ONCE/ MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	******	******		92	******	******	(23)	0		
	PERMIT REQUIREMENT	******	****** **** ****		85 MO MIN	******	******	PER-CENT		ONCE/ MONTH	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
502	540-6000	09	03	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)*
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4522 ALGONQUIN PKWY
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DISCHARGE MONITORING REPORT *(DMR)*

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
KY0022411	001 B

MAJOR
(SUBR LV)
F - FINAL JEFFI
SECONDARY BYPASS
EFFLUENT
*** NO DISCHARGE |__| ***

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	09	02	01	TO	09	02	28

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	******	******		******	190	200	(19)	0		
00310 F 0 0 PRI/PRLM PRCS CMPLT	PERMIT REQUIREMENT	******	******	*** ****	******	REPORT MO AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	******	******		******	43	46	(19)	0		
00310 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	REPORT MO AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******	101	107	(19)	0		
00530 F 0 0 PRI/PRLM PRCS CMPLT	PERMIT REQUIREMENT	******	******	*** ****	******	REPORT MO AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******	45	65	(19)	0		
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	REPORT MO AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	******	******		******	10	12	(19)	0		
00610 F 0 0 PRI/PRLM PRCS CMPLT	PERMIT REQUIREMENT	******	******	*** ****	******	REPORT MO AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	******	******		******	8	11	(19)	0		
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	REPORT MO AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	31.04	43.57	(03)	******	******	******		0		
50050 F 0 0 PRI/PRLM PRCS CMPLT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	MGD	******	******	******	**** ****		WHEN DISCHG	CONTIN

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
502	540-6000	09	03	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 February
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
2/1	177.7	109.5	68.2	63	53	7.4	6.7	11.0	1.2	266	50			13.2	211	135	54	22.1	16.6	14.3	20.0	3.4	3.1	178	52	0.66	0.16	3.25	0.010	212	4	24.00
2/2	171.6	110.8	60.8	63	49	7.5	6.9	6.0	0.6	160	48			18.8	139	79	27	22.6	16.1	13.5	20.0	3.3	2.5	180	57	0.71	0.15	2.35	0.010	560	5	24.00
2/3	140.2	105.8	34.4	63	47	7.3	7.0	9.5	0.1	188	32			12.0	235	153	42	21.9	14.0	12.1	20.0	2.8	2.5	160	56	0.75	0.30	2.13	0.010	7450	5	9.00
2/4	108.3	100.5	7.8	63	47	7.5	6.8	10.0	0.1	184	29			12.6	224	320	35	21.8	14.4	12.3	20.0	2.3	2.1	133	57	0.68	0.09	1.68	0.010	156	6	0.00
2/5	104.8	93.3	11.5	63	43	7.6	6.8	15.0	0.1	262	30			11.8	308	206	30	21.1	14.9	12.7	19.8	2.6	2.2	140	55	0.80	0.15	1.91	0.010	121	9	0.00
2/6	112.8	93.9	18.9	60	53	7.8	7.0	16.0	0.1	320	36			8.6	385	298	40	21.2	15.9	13.4	17.4	3.0	2.6	155	51	0.58	0.27	2.52	0.010	109	8	0.00
2/7	148.8	98.7	50.1	63	55	7.3	6.7	7.0	0.1	188	48			8.9	268	208	81	21.2	16.4	13.9	17.7	3.0	2.5	153	52	0.57	0.31	3.88	0.010	131	7	0.00
2/8	127.5	103.7	23.8	61	55	7.3	6.8	6.0	0.1	274	34			9.8	266	154	32	21.3	16.5	14.1	18.3	3.4	3.0	170	50	0.62	0.17	2.11	0.010	241	6	0.00
2/9	114.7	108.8	5.9	80	55	7.3	6.8	10.0	0.1	292	32			8.8	321	235	34	22.2	17.0	14.6	17.6	3.2	2.9	192	61	0.69	0.16	1.87	0.010	343	8	0.00
2/10	183.2	113.0	70.2	61	59	7.1	6.8	7.5	0.6	410	58			10.4	308	175	63	22.7	18.3	15.6	17.1	3.1	2.8	153	49	0.76	0.18	4.27	0.010	760	6	5.00
2/11	223.0	116.9	106.1	60	56	7.3	6.9	8.0	1.0	312	67			9.6	248	148	64	23.1	18.0	15.2	17.3	3.5	2.9	163	47	0.79	0.18	5.00	0.010	880	4	24.00
2/12	155.0	110.4	44.6	61	55	7.3	7.0	6.0	0.1	137	33			9.0	202	155	40	22.5	14.4	11.9	18.8	4.4	3.7	227	52	0.78	0.22	2.33	0.010	2750	7	24.00
2/13	139.1	108.4	30.7	61	55	7.6	6.9	6.5	0.1	146	31			13.0	222	195	52	22.4	17.0	13.5	17.9	5.0	4.0	382	68	0.74	0.23	2.04	0.010	185	7	24.00
2/14	132.0	108.3	23.7	61	58	7.5	6.8	6.0	0.1	204	35			11.3	259	200	33	22.5	15.2	12.4	16.8	4.4	3.6	372	76	0.71	0.14	2.40	0.010	52	9	24.00
2/15	124.8	109.1	15.7	61	53	7.4	6.8	9.5	0.1	143	31			10.4	173	150	32	22.4	14.4	12.2	17.1	4.2	3.6	357	77	0.68	0.14	2.36	0.010	60	10	24.00
2/16	129.4	112.9	16.5	61	53	7.3	7.1	12.0	0.3	294	36			9.0	339	198	36	24.8	13.8	11.5	17.5	5.0	4.1	330	59	0.80	0.25	2.31	0.010	50	10	24.00
2/17	112.9	108.6	4.3	61	54	7.3	6.8	22.0	0.1	402	26			9.1	358	221	27	25.9	15.4	12.6	14.7	4.2	3.5	287	65	0.88	0.32	1.85	0.010	11	11	24.00
2/18	150.6	130.1	20.5	61	56	7.3	6.8	20.0	0.5	450	44			9.2	415	198	43	26.0	15.4	12.7	13.7	3.6	3.1	243	54	0.90	0.17	2.68	0.010	800	11	24.00
2/19	113.2	113.1	0.1	61	52	7.4	6.9	12.0	0.1	306	23			8.0	333	175	17	25.4	15.4	12.8	14.6	3.8	3.1	208	58	0.93	0.18	1.53	0.010	298	11	18.00
2/20	87.1	87.1	0.0	61	52	7.4	6.9	19.0	0.1	328	27			7.9	361	275	22	25.8	14.8	12.4	14.1	3.8	3.3	251	67	0.90	0.24	1.34	0.010	42	12	10.00
2/21	117.4	93.9	23.5	61	54	7.4	6.7	12.0	4.0	228	86			10.0	259	199	64	25.8	14.2	11.7	13.2	3.9	3.3	247	65	0.88	0.26	2.74	0.010	4	12	0.00
2/22	98.0	95.1	2.9	61	50	7.4	6.7	11.0	0.2	202	26			15.0	232	189	19	26.0	15.3	12.7	16.1	3.3	2.9	204	62	0.75	0.15	1.45	0.010	9	10	0.00
2/23	83.2	83.2	0.0	61	52	7.3	6.7	11.0	0.1	252	24			9.6	325	199	15	25.8	14.7	12.4	14.5	3.7	3.2	242	66	0.93	0.23	1.35	0.010	28	10	0.00
2/24	85.7	85.7	0.0	62	55	7.3	6.7	15.0	0.1	322	24			7.9	389	242	17	25.9	15.7	13.1	13.2	3.6	3.1	224	64	0.92	0.23	1.39	0.010	13	14	0.00
2/25	85.7	85.7	0.0	61	57	7.2	6.6	15.0	0.1	336	30			8.2	449	311	23	26.0	14.0	11.9	7.5	3.8	3.3	241	64	0.70	0.25	1.46	0.010	590	13	0.00
2/26	128.9	103.8	25.1	61	58	7.3	6.9	16.0	1.9	368	77			8.1	427	260	63	25.8	14.9	12.7	7.4	3.4	3.0	228	67	0.90	0.29	3.13	0.010	17	11	0.00
2/27	188.5	120.0	68.5	61	55	7.4	6.6	8.5	3.0	324	115			9.2	203	138	72	26.3	15.7	13.4	15.2	3.7	3.2	211	58	0.90	0.23	5.30	0.010	980	7	0.00
2/28	134.5	123.4	11.1	61	52	7.5	6.7	8.5	0.3	140	41			9.4	218	173	31	26.1	15.4	12.5	17.5	3.0	2.6	194	65	0.90	0.22	2.47	0.010	24	8	0.00
		0.0																													
		0.0																													
		0.0																													
Total	3678.6	2933.7	744.9															666.4								21.790	5.870					282.00
Average	131.4	94.6	26.6	61	53	7.4	6.8	11.2	0.5	266	42			10.3	289	200	40	23.8	15.5	13.0	16.3	3.6	3.1	222	60	0.78	0.21	2.47	0.010	134	9	

SEWER CONNECTIONS 134686 TIMES 4 = 538744 SEWER POPULATION

IND. WASTER POPULATION EQ

CUSTOMERS	331
FLOW	712480
BOD	1320719
TSS	846903

Authorized Agent  Certification No. 4663

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	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	27922	4836 PARTRIDGE RUN		GREASY DITCH	DITCH

Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Event Date	Problem	Result	Completed	Condition
DISREV: RAIN EVENT DISCHARGE	870256	02/08/09 05:09 PM	KIMBROUGH	KIMBROUGH	REPAIRED - ISSUE RESOLVED	02/08/09	OBSTRUCTION-NOT GREASE / ROOTS	UNAUTHORIZED DISCHAGE - WATERS	02/08/09 05:49 PM	MAIN

Spot Inspections:

Discharge Amount:	25 GAL
Cause:	OBSTRUCTION IN MAIN SEWER
Clean Up:	MSD PERSONNEL CLEANED AND SANITIZED THE IMPACTED AREA
Control Zone:	PLACED TEMPORARY SIGNS AROUND THE IMPACTED AREA
Impact:	SEWAGE/WATER DISCHARGING FROM MANHOLE AT THE TIME OF THE INSPECTION
Repair:	ROOT CUT (870752) AND FLUSHED (871043) BLOCKAGE IN MAIN SEWER

Notifications:

02/08/09 05:09 PM	DISPUB	ADVISED CUSTOMER ON SITE
02/08/09 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov

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	871105	02/11/09 04:30 PM	ELDER	OTTO	DOCUMENTED	03/19/08	POWER OUTAGE (LG&E)	UNAUTHORIZED DISCHAGE - WATERS	02/11/09 04:50 PM	

Spot Inspections:

Discharge Amount:	200 GAL
Cause:	LOSS OF LG&E POWER DUE TO WIND STORM
Clean Up:	NO CLEAN UP REQUIRED
Control Zone:	TEMPORARY SIGNS PLACED AROUND THE AFFECTED AREA
Impact:	NO IMPACT OBSERVED, CLEAR EFFLUENT.
Repair:	HAULING BY API WO#871081

Notifications:

02/11/09 04:30 PM	DISPUB	TEMPORARY SIGNS PLACED AROUND THE AFFECTED AREA
02/11/09 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	MSD0024-PS	3733 CANOE LN	CANOE LANE	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	868732	02/01/09 12:50 PM	MARKS JR	COOMER	DOCUMENTED	12/16/00	POWER OUTAGE (LG&E)	UNAUTHORIZED DISCHAGE - WATERS	02/01/09 03:00 PM	

Spot Inspections:

Discharge Amount:	5,000 GAL
Cause:	POWER OUTAGE CAUSED DISCHARGE
Clean Up:	MSD PERSONNEL CLEANED AND SANITIZED THE AREA
Control Zone:	TEMP SIGNS POSTED
Impact:	RAW SEWAGE OBSERVED
Repair:	HAULED TO PREVENT

Notifications:

02/01/09 03:14 PM	DISPUB	msd web site provides information to public, temporary signs also posted around the effected area
02/01/09 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: 3
Total Work Orders Printed: 3