MSD
Metropolitan Sewer District

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

April 20, 2010

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 March 1st to March 31st are enclosed. All permit requirements were met for the month of March, 2010.

We would like to point out however, that on March 4, 2010 the raw sewage influent TSS was not available due to laboratory error. Therefore, the monthly influent TSS was calculated with only 30 days of data rather than 31 days. We do not feel that this issue had any effect on meeting our permit parameters for the month.

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

Sincerely,

Alex E. Novak

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

paw

MFDMR0310.doc

Enclosures

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

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

ATTN: ALEX E NOVAK, OPER DIR

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
FROM	10	03	01	TO	10	03	31

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	*****	*****	****	6.4	*****	*****	(19)	0	31/31	GRAB
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	2.0 INST MIN	*****	*****	MG/L		DAILY	GRAB
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	20,635	26,770	(26)	*****	25	29	(19)	0	31/31	COMPOS
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	261,187	310,737	(26)	*****	301	327	(19)	0	31/31	COMPOS
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	*****	*****	****	6.5	*****	7.0	(12)	0	31/31	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	23,001	29,847	(26)	*****	27	32	(19)	0	31/31	COMPOS
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	278,673	359,410	(26)	*****	331	451	(19)	0	30/31	COMPOS
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	12,064	14,169	(26)	*****	14.6	16.3	(19)	0	31/31	COMPOS
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 PRINCIPLE EXECUTIVE OFFICER

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

Telephone		DATE
AREA	NUMBER	YEAR - MO - DAY
502	540-6000	10-04-18

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

ATTN: ALEX E NOVAK, OPER DIR

KY0022411	001 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MONTH	DAY		YEAR	MONTH	DAY
FROM	10	03	01	TO	10	03	31

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

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)	SAMPLE MEASUREMENT	11294	12724	(26)	*****	13.6	14.6	(19)	0	31/31	COMPOS
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	100.3	162.3	(03)	*****	*****	*****	****	0	31/31	CONTIN
50050 E 0 0 SEC/BIOL PRCS CMPLT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		CONTIN UOUS	CONTIN
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****	****	*****	0.010	0.010	(19)	0	31/31	GRAB
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	*****	*****	****	*****	71	164	(13)	0	31/31	GRAB
74055 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	1000 30DA GEO	2000 7 DA GEO	#/ 100ML		DAILY	GRAB
BOD, 5-DAY PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	****	92	*****	*****	(23)	0	ONCE/ MONTH	CALCTD
81010 K 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	85 MO MIN	*****	*****	PER-CENT		ONCE/ MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	****	92	*****	*****	(23)	0	ONCE/ MONTH	CALCTD
81011 K 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	85 MO MIN	*****	*****	PER-CENT		ONCE/ MONTH	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPLE EXECUTIVE OFFICER

H. J. SCHARDEIN, JR.
EXECUTIVE DIRECTOR

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Richard Dalandi

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Telephone		DATE
AREA	NUMBER	YEAR - MO - DAY
502	540-6000	10-04-18

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

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

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

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
FROM	10	03	01	TO	10	03	31

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	*****	*****	****	*****	179	215	(19) MG/L	0	08/31	COMPOS
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT MX WK AV			WHEN DISCHG	COMPOS
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	36	41	(19) MG/L	0	08/31	COMPOS
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT MX WK AV			WHEN DISCHG	COMPOS
SOLIDS, TOTAL SUSPENDED 00530 F 0 0 PRI/PRLM PRCS CMPLT	SAMPLE MEASUREMENT	*****	*****	****	*****	113	117	(19) MG/L	0	08/31	COMPOS
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT MX WK AV			WHEN DISCHG	COMPOS
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	34	39	(19) MG/L	0	08/31	COMPOS
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT MX WK AV			WHEN DISCHG	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 F 0 0 PRI/PRLM PRCS CMPLT	SAMPLE MEASUREMENT	*****	*****	****	*****	14.9	17.5	(19) MG/L	0	08/31	COMPOS
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT MX WK AV			WHEN DISCHG	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	13.7	18.0	(19) MG/L	0	08/31	COMPOS
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT MX WK AV			WHEN DISCHG	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 F 0 0 PRI/PRLM PRCS CMPLT	SAMPLE MEASUREMENT	21.50	29.98	(03) MGD	*****	*****	*****	**** ****	0	08/31	CONTIN
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV		*****	*****	*****			WHEN DISCHG	CONTIN

NAME/TITLE PRINCIPLE EXECUTIVE OFFICER

H. J. SCHARDEIN, JR.
EXECUTIVE DIRECTOR

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Telephone		DATE
AREA	NUMBER	YEAR - MO - DAY
502	540-6000	10-04-18

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)

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OMB No. 2040-0004

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ATTN: ALEX E NOVAK, OPER DIR

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
FROM	10	01	01	TO	10	03	31

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)	SAMPLE MEASUREMENT	*****	*****	****	*****	326	346	(19)	0	QTRLY	GRAB-2
00900 1 0 2 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
CADMIUM, DISSOLVED (AS CD)	SAMPLE MEASUREMENT	*****	*****	****	*****	0.003	0.003	(19)	0	QTRLY	GRAB-2
01025 1 0 2 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
COPPER, DISSOLVED (AS CU)	SAMPLE MEASUREMENT	*****	*****	****	*****	0.010	0.010	(19)	0	QTRLY	GRAB-2
01040 1 0 2 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
LEAD, DISSOLVED (AS PB)	SAMPLE MEASUREMENT	*****	*****	****	*****	0.005	0.005	(19)	0	QTRLY	GRAB-2
01049 1 0 2 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
ZINC, DISSOLVED (AS ZN)	SAMPLE MEASUREMENT	*****	*****	****	*****	0.060	0.060	(19)	0	QTRLY	GRAB-2
01090 1 0 2 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
ZINC TOTAL RECOVERABLE	SAMPLE MEASUREMENT	*****	*****	****	*****	0.092	0.123	(19)	0	QTRLY	GRAB-2
01094 1 0 2 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
CADMIUM TOTAL RECOVERABLE	SAMPLE MEASUREMENT	*****	*****	****	*****	0.003	0.003	(19)	0	QTRLY	GRAB-2
01113 1 0 2 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS

NAME/TITLE PRINCIPLE 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	AREA	NUMBER	YEAR - MO - DAY
			502	540-6000	10-04-18

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

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KY0022411	001 Y
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD	YEAR	MONTH	DAY		YEAR	MONTH	DAY
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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.
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

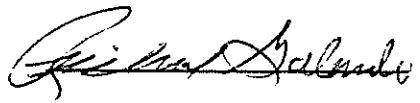
MORRIS FORMAN WATER QUALITY TREATMENT CENTER JEFFERSON COUNTY, KENTUCKY MONTH OF March 2010
KPDES PERMIT NO. KY0022411 PLANT CAPACITY - 120 MGD RECEIVING STREAM-OHIO RIVER

	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
3/1	92.9	92.9	0.0	51	51	7.3	6.7	14.0	0.1	336	20			8.9	337	144	16	26.7	14.8	13.1	19.7	4.8	4.2	273	60	0.94	0.28	1.40	0.010	14	14	0.00
3/2	91.7	91.7	0.0	52	54	7.3	6.7	13.0	0.1	582	19			7.8	331	205	13	27.1	12.2	10.8	20.0	3.5	3.1	273	77	0.94	0.28	1.39	0.010	14	16	0.00
3/3	89.4	89.4	0.0	53	54	7.4	6.8	15.0	0.1	358	23			8.6	315	216	17	26.9	11.8	10.6	19.3	3.4	3.0	262	77	0.97	0.29	1.35	0.010	3	15	0.00
3/4	86.2	86.2	0.0	53	54	7.5	6.8	4.5	0.1		21			8.4	216	218	19	25.8	11.0	9.9	18.7	3.2	2.9	230	71	0.90	0.14	1.55	0.010	17	16	0.00
3/5	82.9	82.9	0.0	56	54	7.2	6.7	17.0	0.1	358	17			8.0	366	265	18	26.6	12.8	11.3	17.8	3.6	3.2	252	72	0.90	0.35	1.55	0.010	34	14	0.00
3/6	78.2	78.2	0.0	56	56	7.1	6.6	9.0	0.1	222	22			7.6	350	287	24	26.9	13.4	11.7	12.2	4.0	3.5	293	74	0.96	0.34	1.46	0.010	8	18	0.00
3/7	78.4	78.4	0.0	56	57	7.0	6.6	8.0	0.1	174	27			7.5	298	249	27	26.4	12.7	11.4	12.1	3.7	3.4	344	92	1.05	0.34	1.61	0.010	16	14	0.00
3/8	81.2	81.2	0.0	56	57	7.3	6.6	12.0	0.1	168	34			6.7	258	251	27	26.5	13.2	11.8	11.9	3.6	3.3	272	75	1.05	0.21	1.87	0.010	156	14	0.00
3/9	84.8	84.8	0.0	57	58	7.2	6.8	30.0	0.1	692	25			10.0	424	248	23	26.8	10.8	9.5	16.3	4.0	3.6	314	79	1.06	0.35	1.92	0.010	210	16	0.00
3/10	84.2	84.2	0.0	62	59	7.3	6.6	1.8	0.1	740	32			8.9	250	237	28	26.8	13.4	12.0	17.0	3.4	3.1	301	89	1.05	0.31	1.91	0.010	108	18	0.00
3/11	86.6	86.6	0.0	58	60	7.3	6.6	22.0	0.1	530	25			8.7	448	285	28	26.2	13.3	11.8	14.2	4.0	3.7	357	88	1.10	0.34	1.85	0.010	129	19	0.00
3/12	132.1	104.7	27.4	59	60	7.2	6.7	24.0	0.3	370	25			7.9	379	294	58	26.2	12.2	11.0	14.0	3.7	3.2	290	78	1.07	0.35	3.85	0.010	641	18	13.00
3/13	105.9	105.9	0.0	58	58	7.2	6.8	8.5	0.1	312	28			8.0	294	215	23	27.0	13.9	12.1	19.4	4.1	3.5	299	73	1.06	0.28	2.40	0.010	56	11	24.00
3/14	113.9	108.8	5.1	56	57	7.3	6.7	13.0	0.1	344	26			9.2	236	136	21	27.0	13.1	10.9	18.0	3.7	3.0	268	73	1.09	0.30	2.60	0.010	13	15	24.00
3/15	107.7	107.7	0.0	58	58	7.3	6.8	15.0	0.2	364	27			8.0	321	197	24	26.2	13.4	11.7	17.2	3.8	3.3	272	71	1.06	0.32	1.68	0.010	40	15	24.00
3/16	106.7	106.7	0.0	60	60	7.2	6.6	5.0	0.1	176	27			6.5	250	208	22	25.6	12.9	11.2	15.8	3.6	3.2	249	69	1.04	0.36	1.65	0.010	138	16	24.00
3/17	109.9	109.9	0.0	60	59	7.3	6.7	18.0	0.1	422	29			7.0	379	247	27	26.2	12.9	11.1	16.4	3.5	3.0	262	76	0.98	0.36	2.00	0.010	238	16	24.00
3/18	109.2	109.2	0.0	62	61	7.3	6.7	5.0	0.1	120	34			6.4	205	252	30	26.3	12.3	10.6	13.2	3.6	3.1	279	79	0.96	0.36	2.24	0.010	123	15	24.00
3/19	102.7	102.7	0.0	61	61	7.3	6.6	15.0	0.1	288	34			7.0	272	200	24	26.1	13.4	11.8	15.8	3.8	3.3	253	67	0.83	0.36	1.70	0.010	100	17	24.00
3/20	97.0	97.0	0.0	60	61	7.3	6.7	5.5	0.1	182	31			7.5	197	160	20	26.0	13.2	11.5	17.4	3.7	3.2	296	81	1.01	0.32	1.49	0.010	270	18	24.00
3/21	114.3	99.5	14.8	60	62	7.2	6.8	15.0	0.1	326	34			7.9	207	136	21	26.1	12.2	10.7	18.6	3.5	3.0	243	70	1.01	0.27	2.47	0.010	40	18	24.00
3/22	189.4	131.2	58.2	59	60	7.2	6.7	10.0	0.1	272	52			9.2	180	106	33	26.4	12.0	10.3	18.7	3.3	2.9	201	60	0.93	0.16	5.52	0.010	54	9	24.00
3/23	108.3	108.3	0.0	60	61	7.2	6.7	8.0	0.1	256	30			8.2	303	218	27	27.1	12.5	10.8	18.2	3.5	3.0	238	69	0.90	0.25	1.49	0.010	124	16	24.00
3/24	103.1	103.1	0.0	58	58	7.1	6.7	35.0	0.1	448	38			8.0	459	269	45	25.8	12.3	10.8	13.8	4.0	3.5	263	67	0.94	0.24	2.01	0.010	590	14	24.00
3/25	132.0	109.0	23.0	61	62	7.1	6.7	7.0	0.1	300	50			7.0	350	247	64	26.4	13.0	11.3	13.4	3.7	3.2	256	70	0.94	0.26	3.62	0.010	330	18	24.00
3/26	180.6	127.3	33.3	57	58	7.2	6.5	8.5	0.1	302	25			9.0	267	168	40	26.6	13.3	12.0	18.7	3.6	2.5	276	75	0.95	0.22	3.94	0.010	85	9	24.00
3/27	108.8	108.8	0.0	55	56	7.2	6.5	8.5	0.1	260	24			6.7	276	184	22	27.1	13.8	11.8	16.2	3.7	3.1	293	78	1.02	0.22	1.86	0.010	120	11	24.00
3/28	116.9	111.5	5.4	60	61	7.0	6.7	10.0	0.1	196	30			7.4	235	176	28	26.4	13.8	11.6	16.8	4.3	3.6	303	71	1.01	0.19	2.33	0.010	235	13	24.00
3/29	119.4	114.5	4.9	62	60	7.4	6.6	15.0	0.1	300	26			8.0	288	188	22	26.0	13.5	11.8	16.1	3.5	3.1	232	67	0.96	0.17	2.10	0.010	39	12	24.00
3/30	103.7	103.7	0.0	60	60	7.3	7.0	20.0	0.1	266	29			10.0	358	185	22	26.1	13.1	11.2	16.2	4.0	3.4	297	78	0.98	0.25	1.80	0.010	139	14	24.00
3/31	103.9	103.9	0.0	62	63	7.2	6.7	10.0	0.7	260	29			9.0	271	200	24	26.0	12.4	10.6	14.8	3.6	3.1	303	83	0.97	0.30	2.10	0.010	72	14	24.00
Total	3282.0	3109.9	172.1															819.3								30.650	8.770					469.00
Average	105.9	100.3	5.6	58	58	7.2	6.7	12.9	0.1	331	29			8.0	301	212	27	26.4	12.9	11.2	16.3	3.7	3.2	276	74	0.99	0.28	2.15	0.010	71	15	0.00

SEWER CONNECTIONS 134825 TIMES 4 = 539300 SEWER POPULATION

IND. WASTER POPULATION EQ

CUSTOMERS	328
FLOW	468995
BOD	1022222
TSS	851298

Authorized Agent  Certification No. 4863

MSD
Metropolitan Sewer District

IMSAST000
Overflow Repor
Initiated March 201(

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

KPDES #	Facility ID	Water Quality Treatement 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	40475	1544 CHEROKEE RD			

Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Event Date	Problem	Result	Completed	Condition
DISDW: DRY WEATHER DISCHARGE	1037245	03/11/10 09:00 AM	GITTINGS	GITTINGS	REPAIRED - ISSUE RESOLVED	03/11/10	ROOTS	UNAUTHORIZED DISCHAGE - WATERS	03/11/10 11:26 AM	MAIN

Spot Inspections:

Discharge Amount:	150 GAL
Cause:	ROOTS IN MAIN SEWER
Clean Up:	MSD PERSONNEL CLEANED AND SANITIZED THE IMPACTED AREA
Control Zone:	PLACED TEMPRARY DISCHARGE SIGNS AROUND IMPACTED AREA
Impact:	MANHOLE DISCHARGED. GOING INTO A CATCH BASIN THAT DRAINED INTO CREEK
Repair:	WORK ORDER 1037223 - ROOT CUT THE MAIN SEWER AND STOPPED THE DISCHARGE

Notifications:

03/11/10 09:00 AM	DISPUB	ADVISED METRO PARKS BY TELEPHONE
03/11/10 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	Water Quality Treatement 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	49604	3007 WINTERHAVEN RD		SOUTH 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	1036178	03/08/10 11:00 AM	GITTINGS	GITTINGS	REPAIRED - ISSUE RESOLVED	03/08/10	ROOTS	UNAUTHORIZED DISCHAGE - WATERS	03/08/10 01:52 PM	MAIN

Spot Inspections:

Discharge Amount:	25 GAL
Cause:	ROOTS IN MAIN SEWER
Clean Up:	MSD PERSONNEL CLEANED AND SANITIZED THE IMPACTED AREA
Control Zone:	PLACED TEMPORARY DISCHARGE SIGNS AROUND AREA
Impact:	PAPER/WATER COMING FROM MANHOLE GOING INTO THE CREEK
Repair:	WORK ORDER 1036181 - ROOT CUT THE MAIN SEWER

Notifications:

03/08/10 11:00 AM	DISPUB	ADVISED CUSTOMER ON SITE
03/15/10 04:15 PM	DISNOT	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 Treatement 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	MSD0116-PS	2318 STANNYE DR	STANNYE DR	OHIO RIVER	DITCH

Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Event Date	Problem	Result	Completed	Condition
DISDW: DRY WEATHER DISCHARGE	1041314	03/18/10 07:15 PM	MARKS JR	DUNN JR	REPAIRED - ISSUE RESOLVED	03/18/10	MECHANICAL FAILURE	UNAUTHORIZED DISCHAGE - WATERS	03/18/10 07:20 PM	

Spot Inspections:

Discharge Amount:	500 GAL
Cause:	AIR LOCKED PUMPS
Clean Up:	MSD CLEANED, SANITIZED & SPREAD LIME
Control Zone:	TEMPORARY SIGNS POSTED IN AND AROUND AREA
Impact:	CLEAR SEWAGE ON THE GROUND AND SLIGHT DISCOLORATION IN STREAM
Repair:	OPERATOR CLEARED AIRLOCK IN PUMPS AND PUT PUMPS BACK IN SERVICE

Notifications:

03/18/10 08:46 PM	DISPUB	msd notified public with web site and temporary signs
03/18/10 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
03/18/10 01:00 PM	DISSNO	Supplemental Email notification of unauthorized discharge has been sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov

Total Facilities Printed: 3
Total Work Orders Printed: 3