



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

May 24, 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 April 1st to April 30th are enclosed. All permit requirements were met for the month of April, 2010.

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 written in a cursive style.

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

paw

MFDMR0410.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)

DISCHARGE MONITORING REPORT (DMR)

Form Approved.
OMB No. 2040-0004

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

KY0022411	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
10	04	01	10	04	30

ATTN: ALEX E NOVAK, OPER DIR

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	5.9	*****	*****	(19)	0	30/30	GRAB
	PERMIT REQUIREMENT	*****	*****	****	2.0 INST MIN	*****	*****	MG/L		DAILY	GRAB
BOD, 5-DAY (20 DEG. C) 00310 E 0 0 SEC/BIOLOGICAL COMPLIANCE	SAMPLE MEASUREMENT	13,055	15,137	(26)	*****	17	19	(19)	0	30/30	COMPOS
	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) 00310 G 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	294,629	383,530	(26)	*****	363	385	(19)	0	30/30	COMPOS
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		DAILY	COMPOS
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	6.5	*****	6.8	(12)	0	30/30	GRAB
	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 E 0 0 SEC/BIOLOGICAL COMPLIANCE	SAMPLE MEASUREMENT	15,324	17,200	(26)	*****	21	25	(19)	0	30/30	COMPOS
	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 00530 G 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	313,141	420,461	(26)	*****	373	394	(19)	0	30/30	COMPOS
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		DAILY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 E 0 0 SEC/BIOLOGICAL COMPLIANCE	SAMPLE MEASUREMENT	10,605	11,840	(26)	*****	14.5	18.3	(19)	0	30/30	COMPOS
	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		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		10-05-13
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		G - INFLUENT E - SECONDARY EFFLUENT 1 - FINAL EFFLUENT							AREA	NUMBER	YEAR - MO - DAY

H. J. Schardein, Jr.
Signature of Principal Executive Officer or Authorized Agent

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved.
OMB No. 2040-0004

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

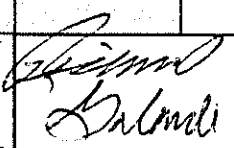
NAME MSD MORRIS FORMAN WQTC
ADDRESS C/O LOUISVILLE/JEFF CO MSD
4522 ALGONQUIN PKWY
LOUISVILLE, KY 40211-2497
FACILITY MSD MORRIS FORM WQTC
LOCATION LOUISVILLE, KY 40211

KY0022411	0011
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD					
YEAR	MONTH	DAY	YEAR	MONTH	DAY
10	04	01	10	04	30

ATTN: ALEX E NOVAK, OPER DIR

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
NITROGEN, AMMONIA TOTAL (AS N) 00610 G 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	9137	9980	(26)	*****	12.5	14.9	(19)	0	30/30	COMPOS
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		DAILY	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 E 0 0 SEC/BIOLOGICAL PROC COMPLT	SAMPLE MEASUREMENT	91.1	183.0	(03)	*****	*****	*****	****	0	30/30	CONTIN
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		CONTINUOUS	CONTIN
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	0.010	0.010	(19)	0	30/30	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	0.019 MO AVG	0.019 DAILY MX	MG/L		DAILY	GRAB
COLIFORM, FECAL GENERAL 74055 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	99	264	(13)	0	30/30	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	*****	*****	****	96	*****	*****	(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	*****	*****	****	95	*****	*****	(23)	0	ONCE/MONTH	CALCTD
	PERMIT REQUIREMENT	*****	*****	****	85 MO MIN	*****	*****	PERCENT		ONCE/MONTH	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPLE EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.							Telephone		DATE	
H. J. SCHARDEIN, JR. EXECUTIVE DIRECTOR	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							502 540-6000		10-05-13	
								AREA	NUMBER	YEAR - MO - DAY	

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

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

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

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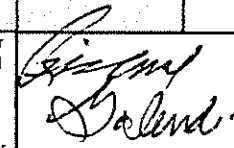
PERMITTEE NAME/ADDRESS (include Facility Name/Address if Different)
NAME MSD MORRIS FORMAN WQTC
ADDRESS C/O LOUISVILLE/JEFF CO MSD
4522 ALGONQUIN PKWY
LOUISVILLE, KY 40211-2497
FACILITY MSD MORRIS FORM WQTC
LOCATION LOUISVILLE, KY 40211

KY0022411	001 B
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD					
FROM			TO		
YEAR	MONTH	DAY	YEAR	MONTH	DAY
10	04	01	10	04	30

ATTN: ALEX E NOVAK, OPER DIR

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BOD, 5-DAY (20 DEG. C) 00310 F 0 0 PRI/PRLM PRCS CMPLT	SAMPLE MEASUREMENT	*****	*****	****	*****	178	196	(19)	0	11/30	COMPOS
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	29	38	(19)	0	11/30	COMPOS
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
SOLIDS, TOTAL SUSPENDED 00530 F 0 0 PRI/PRLM PRCS CMPLT	SAMPLE MEASUREMENT	*****	*****	****	*****	123	153	(19)	0	11/30	COMPOS
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	32	43	(19)	0	11/30	COMPOS
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 F 0 0 PRI/PRLM PRCS CMPLT	SAMPLE MEASUREMENT	*****	*****	****	*****	13.1	17.0	(19)	0	11/30	COMPOS
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	12.1	16.5	(19)	0	11/30	COMPOS
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 F 0 0 PRI/PRLM PRCS CMPLT	SAMPLE MEASUREMENT	29.50	53.95	(03)	*****	*****	*****	****	0	11/30	CONTIN
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	MGD	*****	*****	*****	****		WHEN DISCHG	CONTIN
NAME/TITLE PRINCIPLE EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.							Telephone		DATE	
H. J. SCHARDEIN, JR. EXECUTIVE DIRECTOR								502 540-6000		10-05-13	
								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA	NUMBER

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.

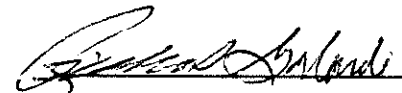
DATE	WASTEWATER FLOWS (Million Gallons)			TEMP (DEGF)		pH		SETS (M/L)		TSS (mg/L)		TS (mg/L)		D.O. (mg/L)	5-DAY BOD (mg/L)			RETURN SLUDGE FLOW				AERATION BASIN				ACTIVE		CHLORINATION			FINAL EFFLUENT				
	Effluent	Effluent	Bypass	raw	final	raw	final	raw	final	raw	final	raw	final	final	raw	prim. final	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			
																																	Final	Sec.	raw
4/1	98.3	98.3	0.0	64	85	7.3	8.7	19.0	0.1	432	21			9.8	359	227	19	28.8	11.8	9.9	14.0	3.5	2.9	281	81	0.94	0.25	1.86	0.010	13	16	24.00			
4/2	95.2	95.2	0.0	63	86	7.5	8.6	7.5	0.1	112	21			7.0	210	196	20	28.1	12.7	11.2	13.2	4.0	3.6	348	90	0.97	0.23	1.83	0.010	86	14	24.00			
4/3	94.6	93.0	1.6	64	86	7.3	8.8	19.0	0.1	415	20			7.8	291	161	17	28.2	12.5	10.8	16.5	3.6	3.1	298	86	1.00	0.27	1.95	0.010	2	16	9.00			
4/4	72.6	72.6	0.0	68	84	7.4	8.7	11.0	0.1	218	50			9.3	184	121	16	25.6	11.4	9.5	17.6	3.3	2.8	313	95	1.03	0.30	1.25	0.010	46	16	0.00			
4/5	77.9	77.9	0.0	65	86	7.4	8.8	19.0	0.1	418	22			9.8	354	139	14	25.9	10.5	8.7	19.1	3.4	2.8	309	91	1.02	0.16	1.43	0.010	17	16	0.00			
4/6	80.0	80.0	0.0	67	86	7.3	8.8	24.0	0.1	444	20			8.7	351	174	16	28.0	10.6	9.0	19.3	3.1	2.8	292	92	0.97	0.27	1.44	0.010	30	19	0.00			
4/7	81.4	81.4	0.0	63	80	7.1	8.7	20.0	0.1	432	23			8.0	468	268	19	25.4	10.3	8.8	13.3	5.0	3.8	290	62	0.89	0.21	1.57	0.010	232	18	0.00			
4/8	231.4	132.0	99.4	63	85	7.1	8.7	7.5	0.2	278	65			8.0	180	150	57	27.0	11.7	8.4	12.5	4.2	3.1	241	88	0.86	0.27	5.72	0.010	1250	7	0.00			
4/9	115.8	107.4	8.4	80	81	7.2	8.7	12.5	0.1	394	21			12.0	358	202	18	28.4	10.4	8.6	13.5	2.9	2.4	268	95	1.06	0.16	1.86	0.010	46	11	0.00			
4/10	93.4	93.4	0.0	62	83	7.3	8.6	11.0	0.1	284	15			7.0	291	192	14	27.6	11.7	9.7	13.8	3.5	2.9	302	89	1.16	0.25	1.47	0.010	194	11	0.00			
4/11	88.3	88.3	0.0	63	84	7.3	8.7	1.7	0.1	232	17			8.0	208	198	11	27.2	13.1	10.7	14.1	3.2	2.8	324	102	1.03	0.33	1.47	0.010	46	14	0.00			
4/12	85.1	85.1	0.0	64	88	7.2	8.8	18.0	0.1	334	25			8.9	424	208	14	27.5	12.2	10.0	14.1	3.4	2.9	343	103	1.05	0.40	1.52	0.010	60	15	0.00			
4/13	78.7	78.7	0.0	70	87	7.0	8.6	17.0	0.1	508	16			9.0	615	285	20	27.2	10.9	9.8	11.3	3.0	2.7	333	113	1.03	0.40	1.87	0.010	34	17	0.00			
4/14	78.8	78.8	0.0	65	88	7.1	8.6	29.0	0.1	574	25			7.2	524	268	24	28.0	12.9	11.4	8.2	3.6	3.2	422	119	0.78	0.22	1.85	0.010	135	14	0.00			
4/15	79.7	79.7	0.0	74	73	7.2	8.7	22.0	0.1	532	28			7.0	513	225	21	27.7	12.7	11.1	11.2	3.7	3.3	488	129	1.09	0.24	2.14	0.010	82	17	0.00			
4/16	101.9	88.9	15.0	70	70	7.3	8.6	23.0	0.1	534	32			8.0	481	244	34	27.3	11.0	9.7	10.9	3.2	2.9	372	117	1.12	0.31	2.78	0.010	140	17	0.00			
4/17	84.4	83.6	0.8	65	64	7.5	8.6	14.0	0.1	272	20			7.4	283	148	16	27.8	9.2	8.1	16.1	3.2	2.8	373	120	1.10	0.35	1.44	0.010	142	16	0.00			
4/18	72.3	72.3	0.0	67	84	7.3	8.8	13.0	0.1	248	25			7.5	233	146	14	27.2	11.5	10.1	16.3	3.8	3.3	409	109	1.01	0.37	1.50	0.010	17	20	0.00			
4/19	74.8	74.8	0.0	64	85	7.4	8.8	18.0	0.1	300	25			8.8	308	187	17	28.6	12.3	10.6	14.9	4.1	3.5	370	94	1.00	0.32	1.57	0.010	258	21	0.00			
4/20	73.4	73.4	0.0	66	86	7.3	8.7	20.0	0.1	422	23			7.0	391	207	16	27.6	12.3	10.1	13.7	3.8	3.3	344	92	1.07	0.30	1.36	0.010	105	20	0.00			
4/21	75.6	75.6	0.0	70	88	7.0	8.7	15.0	0.1	450	31			6.9	508	338	30	27.0	12.5	10.6	13.6	4.0	3.3	383	99	1.06	0.33	1.25	0.010	158	20	0.00			
4/22	75.2	75.2	0.0	65	85	7.1	8.6	9.5	0.3	308	38			7.5	428	318	34	28.9	13.0	11.1	11.4	4.0	3.3	470	131	0.89	0.28	1.68	0.010	6500	16	0.00			
4/23	109.6	94.2	15.4	65	66	7.1	8.5	17.0	0.1	392	36			5.9	444	281	45	28.7	12.2	10.9	8.0	3.7	3.2	456	122	1.02	0.26	3.03	0.010	370	15	0.00			
4/24	165.2	115.9	49.3	66	69	7.0	8.6	12.0	0.1	668	34			6.9	388	165	29	28.9	10.2	9.2	13.6	3.4	3.0	356	110	1.18	0.36	4.47	0.010	178	11	0.00			
4/25	190.4	123.8	66.6	64	85	7.3	8.6	5.5	0.1	200	35			9.5	148	117	34	28.7	13.1	4.7	16.6	3.5	2.8	323	94	1.19	0.28	4.13	0.010	1450	8	0.00			
4/26	130.9	116.2	14.7	62	83	7.2	8.7	15.0	0.1	392	20			10.8	445	143	20	27.9	13.1	11.1	16.6	3.4	2.9	309	94	1.16	0.27	2.15	0.010	16	11	0.00			
4/27	170.5	121.5	49.0	62	63	7.1	8.7	10.0	0.3	274	35			8.9	274	188	40	28.2	13.3	10.7	13.3	3.4	2.7	337	89	1.06	0.26	4.13	0.010	228	10	0.00			
4/28	106.2	103.7	4.5	67	83	7.4	8.7	14.0	0.1	374	34			9.0	408	183	13	27.5	13.6	11.6	14.7	3.3	1.9	294	91	1.02	0.27	1.99	0.010	40	11	0.00			
4/29	89.1	89.1	0.0	63	64	7.3	8.7	15.0	0.1	382	15			8.0	441	202	12	27.8	15.0	12.5	10.7	3.8	3.3	383	106	1.00	0.31	1.41	0.010	180	14	0.00			
4/30	89.5	89.5	0.0	67	88	7.4	8.7	13.0	0.1	384	20			7.3	419	218	19	27.6	12.6	10.9	10.4	3.8	3.2	402	107	0.96	0.32	1.82	0.010	210	15	0.00			
Total	3056.2	2733.3	324.9															818.1																	
Average	101.9	91.1	10.8	65	86	7.2	8.7	14.9	0.1	373	27			8.2	363	203	22	27.3	12.0	10.0	13.8	3.6	3.0	346	100	1.03	0.28	2.12	0.010	99	15	0.00			

SEWER CONNECTIONS

135177 TIMES 4 = 540708 SEWER POPULATION

IND. WASTER POPULATION EQ
 CUSTOMERS 328
 FLOW 430149
 BOD 1276843
 TSS 970857

Authorized Agent



Certification No. 4683

MORRIS FORMAN WASTEWATER TREATMENT PLANT

JEFFERSON COUNTY, KY

Month of Apr-10

Average Flow

SETTLING TANKS	Primary	Secondary		
		Battery A	Battery B	Battery C
Average Flow (MGD)	100.7	41.58	41.00	23.81
Tanks in Service	3.93	7.00	7.00	4.00
Surface Area (Ft.2)	75852.50	60550.00	60550.00	34577.11
Volume (MG)	8.19	6.20	6.20	3.54
Weir Length (Ft.)	2809.95	2509.50	2509.50	1433.05
Avg. Weir Overflow (GPD/Ft)	35819.99	16568.27	16336.50	16616.37
Avg. Settling Rate (GPD/Ft2)	1330.46	897.65	849.64	819.53
Avg. Detention Time	1.95	3.58	3.63	3.57

AERATION TANKS	Battery A	Battery B	Battery C
Volume (Gallons)	4200000	4200000	2100000
Avg. Flow (MGD)	54.31	51.40	28.34
Avg. Detention Time (Hours)	1.86	1.96	1.78

CHLORINE CONTACT CHAMBERS

Contact Chambers in Use	2.00
Volume (Gallons)	2340000
Avg. Detention Time (Hours)	0.56

Remarks: BY-PASS REPORTS (See Attached)



Report Selections: Excluding PPI, CSO, Excluding LAT and SSL, Result: WUS, Act Code: DISDW, DISREV, DISSUS

KPDES # KY0022411	Facility ID MSD0278	Water Quality Treatment Center MORRIS FORMAN	Receiving Stream of Treatment Center OHIO RIVER	Region WEST
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Facility Type SMH Sewer Manhole	Facility ID 16649	Facility Address 1726 FRASER DR	If Pump Station, Name of Pump Station:	Receiving Stream SOUTH FORK BEARGRASS CREEK	Discharge to DITCH
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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>
DISREV: RAIN EVENT DISCHARGE	1060066	04/24/10 07:30 PM	GRIFFITH	GRIFFITH	DOCUMENTED	01/24/02	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHARGE - WATERS	04/24/10 08:30 PM	

Spot Inspections:

Discharge Amount	7,297 GAL
Cause:	LACK OF SYSTEM CAPACITY-HEAVY RAIN
Clean Up:	CISCLN WO # 1060449
Control Zone:	PIPE SUBMERGED-TEMPORARY SIGNS AND DOOR HANGERS
Impact:	LIGHT DEBRIS AND SOLIDS OBSERVED AROUND DISCHARGE LOCATION
Repair:	THIS LOCATION IS INCLUDED IN THE SANITARY SEWER DICHARGE PLAN SUBMITTED ON DECEMBER 31, 2008

Notifications:

04/25/10 01:00 AM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
04/26/10 07:16 AM	DISPUB	PUBLIC NOTIFIED THROUGH PERMANENT AND TEMPORARY SIGNS AND DOOR HANGERS TO AVOID DIRECT CONTACT WITH DISCHARGED CONTENT
04/25/10 01:00 AM	DISSNO	Supplemental Email notification of unauthorized discharge has been sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov

Total Facilities Printed: 1
Total Work Orders Printed: 1