



July 23, 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 June 1 to June 30<sup>th</sup> are enclosed. All permit requirements were met for the month of June, 2010 with the exception of the maximum daily chlorine total residual (TRC). The TRC result was 0.989 mg/l which is above the permit limit of 0.019 mg/l. This exceedance occurred on June 12.

We attribute this exceedance to a potential mixing problem with the sodium hypochlorite and the chlorine neutralizing chemical (sodium bisulfite). We continued to monitor the situation for other potential causes. A similar one day exceedance occurred in early July and it was determined that one of the two hoses which mix the sodium hypochlorite with the plant effluent had been damaged, which prevented the uniform mixing of the sodium hypochlorite with the effluent. This may have been the cause of the problem. We replaced the hose and the problem has not recurred.

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

Sincerely,

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

paw

MFDMR0510.doc

Enclosures

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



Form Approved. OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME MSD MORRIS FORMAN WQTC

**ADDRESS** 

MSD MORRIS FORMAN WQTC

C/O LOUISVILLE/JEFF CO MSD 4522 ALGONQUIN PKWY

FROM

KY0022411	001 1
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR (SUBR LV) F - FINAL

MUNICIPAL DISCHARGE

JEFFE

**FACILITY** LOCATION

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

MONITORING PERIOD **EFFLUENT** MONTH YEAR DAY YEAR MONTH DAY \*\*\* NO DISCHARGE \*\*\* 01 TO 06 30

Parameter		QUANT	ITY OR LOADIN		Q	UALITY OR CON	CENTRATION		NO	FREQUENCY OF	SAMPLE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	ANALYSIS	TYPE
XYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	***	****	***	5.4	****	****	(19)	0	30/30	GRAB
0300 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	****	****	****	2.0 INST MIN	*****	****	MG/L		DAILY	GRAB
DD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	10,915	11,716	(26)	***	14	16	(19)	0	30/30	COMPOS
0310 E 0 0 EC/BIOL PRCS CMPLT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	i i i i i i i i i i i i i i i i i i i	30 MO AVG	45 MX WK AV	MG/L		DAILY	COMPOS
OD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	322,901	358,273	(26)	****	380	449	(19)	0	30/30	COMPOS
0310 G 0 0 AW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	****	REPORT MO AVG	REPORT MX WK AV	MG/L		DAILY	COMPOS
Н	SAMPLE MEASUREMENT	****	****	***	6.5	****	6.8	(12)	0	30/30	GRAB
0400 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	4+4+4 (% 11,5(	****	6.0 MINIMUM	<del>FREE</del>	9.0 MAXIMUM	SU		DAILY	GRAB
OLIDS, TOTAL USPENDED	SAMPLE MEASUREMENT	10,097	12,516	(26)	***	13	18	(19)	0	30/30	COMPOS
0530 E 0 0 EC/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
OLIDS, TOTAL USPENDED	SAMPLE MEASUREMENT	340,339	444,705	(26)	******	390	469	(19)	0	30/30	COMPOS
0530 G 0 0 AW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	<b>排收款收收</b>	REPORT MO AVG	REPORT MX WK AV	MG/L		DAILY	COMPOS
TROGEN, AMMONIA DTAL (AS N)	SAMPLE MEASUREMENT	9,701	10,411	(26)	****	12.4	15.0	(19)	0	30/30	COMPOS
0610 E 0 0 EC/BIOL PRCS CMPLT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY		20 MO AVG	30 MX VVISAV	MG/L		DAILY	COMPOS
AME/TITLE PRINCIPLE EXECU . J. SCHARDEIN, JR.	JTIVE OFFICER	I certify under penalty of supervision in accordar evaluate the information	nce with a system desi	Igned to assure		el properly gather and		0		Telephone	DATE
S. SCHARDEIN, JR. KECUTIVE DIRECTOR		system, or those perso to the best of my know significant penalties for knowing violations.	ns directly responsible ledge and belief, true,	for gathering the accurate, and c	no information, the info omplete. I am aware t	rmation submitted is, hat there are	SIGNATURE OF PRINCIPA		502	540-6000	10-07-21
							OFFICER OR AUTHORIZE		ABEA	NUMBER	YEAR - MO - DA

G - INFLUENT

1 - FINAL EFFLUENT

E - SECONDARY EFFLUENT

DAY

01

MONITORING PERIOD

Form Approved. OMB No. 2040-0004

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

NAME

**FACILITY** 

LOCATION

MSD MORRIS FORMAN WQTC

ADDRESS

C/O LOUISVILLE/JEFF CO MSD 4522 ALGONQUIN PKWY

LOUISVILLE, KY 40211-2497 MSD MORRIS FORM WOTC

LOUISVILLE, KY 40211

YEAR

FROM

MONTH

KY0022411 PERMIT NUMBER DISCHARGE NUMBER

YEAR"

TO

MONTH

MAJOR (SUBR LV) F-FINAL

30

**JEFFE** 

MUNICIPAL DISCHARGE EFFLUENT

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

Parameter		QUAN	FITY OR LOADING	3		QL	JALITY OR CON-	CENTRATION		NO	FREQUENCY OF	SAMPLE
		AVERAGE	MAXIMUM	UNITS	MINIMUM		AVERAGE	MAXIMUM	UNITS	EX	ANALYSIS	TYPE
IITROGEN, AMMONIA 'OTAL (AS N)	SAMPLE MEASUREMENT	8515	9158	(26)	****		10.9	13.1	(19)	0	30/30	COMPOS
0610 G 0 0 AW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY			REPORT MO AVG	REPORT MX WK AV	MG/L	11/2	DAILY	COMPOS
LOW, IN CONDUIT OR HRU TREATMENT PLANT	SAMPLE MEASUREMENT	97.5	356.9	(03)	****		****	****	****	0	30/30	CONTIN
0050 E 0 0 EC/BIOL PRCS CMPLT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	***			##### #13 #13 #13 #13 #13 #13 #13 #13 #13 #13	****		CONTIN	CONTIN
HLORINE, TOTAL ESIDUAL	SAMPLE MEASUREMENT	****	计证实传染	***	***		****	0.989	(19)	1	30/30	GRAB
0060 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	****	****	****	****		0.019 MO AVG	0.019 DAILY MX	MG/L		DAILY	GRAB
OLIFORM, FECAL SENERAL	SAMPLE MEASUREMENT	****	****	****	***		65	108	(13)	0	30/30	GRAB
4055 1 1 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	PARKS		****	White is		200 30DA GEO	400 7 DA GEO	#/ 100ML		DAILY	GRAB
OD, 5-DAY PERCENT EMOVAL	SAMPLE MEASUREMENT	****	****	***	96		安安安安	***	(23)	0	ONCE/ MONTH	CALCTD
1010 K 0 0 ERCENT REMOVAL	PERMIT REQUIREMENT	****	****	****	85 MO MIN		****	**************************************	PER- CENT		ONCE/ MONTH	CALCTD
OLIDS, SUSPENDED ERCENT REMOVAL	SAMPLE MEASUREMENT	****	****	***	97		***	****	(23)	0	ONCE/ MONTH	CALCTD
1011 K 0 0 ERCENT REMOVAL	PERMIT REQUIREMENT	****	***	***	85 MO MIN		#####	**************************************	PER- CENT		ONCE/ MONTH	CALCTD
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT					, i e						
AME/TITLE PRINCIPLE EXECU	TIVE OFFICER	supervision in accorda	of law that this document not with a system design	gned to assure	that qualified person	onnel	properly gather and	Gulma	0		Telephone	DATE
. J. SCHARDEIN, JR. XECUTIVE DIRECTOR	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.							540-6000	10-07-21			

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

E - SECONDARY EFFLUENT

F - SECONDARY BYPASS AFTER PRIMARY TREATMENT.

DAY

01

MONTH

705

YEAR

10

FROM

MONITORING PERIOD

TO

Form Approved. OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Address if Different)
NAME MSD MORRIS FORMAN WQTC MSD MORRIS FORMAN WQTC **ADDRESS** 

C/O LOUISVILLE/JEFF CO MSD 4522 ALGONOUIN PKWY LOUISVILLE, KY 40211-2497

MSD MORRIS FORM WQTC

LOUISVILLE, KY 40211

KY0022411 001 B PERMIT NUMBER DISCHARGE NUMBER

YEAR

10

MONTH

706

DAY

30

MAJOR (SUBR LV) F-FINAL

**JEFFE** SECONDARY BYPASS

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

**FACILITY** 

LOCATION

Parameter		QUANT	ITY OR LOADING	3	]	Ql	JALITY OR CON	CENTRATION		NO	FREQUENCY OF	SAMPLE
i didilietei		AVERAGE	MAXIMUM	UNITS	MINIMUN	^	AVERAGE	MAXIMUM	UNITS	EX	ANALYSIS	TYPE
OD, 5-DAY (20 DEG, <b>C</b> )	SAMPLE MEASUREMENT	****	****	***	****		152	187	(19)	0	10/30	COMPOS
0310 F 0 0 RI/PRLM PRCS CMPLT	PERMIT REQUIREMENT	****	# <b>****</b>	****	****		REPORT MO AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
DD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	****	****	****	****		24	27	(19)	0	10/30	COMPOS
0310 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	**************************************	****	****	****		REPORT MO AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
OLIDS, TOTAL JSPENDED	SAMPLE MEASUREMENT	****	****	***	****		107	111	(19)	0	10/30	COMPOS
0530 F 0 0 RI/PRLM PRCS CMPLT	PERMIT REQUIREMENT		****	****	****		REPORT MO AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
OLIDS, TOTAL USPENDED	SAMPLE MEASUREMENT	****	****	***	****		30	33	(19)	0	10/30	COMPOS
0530 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	#####		****	****	iĝ.	REPORT MO AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
TROGEN, AMMONIA DTAL (AS N)	SAMPLE MEASUREMENT	****	****	***	****		11.5	16.0	(19)	0	10/30	COMPOS
0610 F 0 0 RI/PRLM PRCS CMPLT	PERMIT REQUIREMENT		i <b>Haale</b> godin. Godine Rojenski bilingi	****	*****		REPORT MO AVG	REPORT MX WK AV	MG/L	The same of	WHEN DISCHG	COMPOS
TROGEN, AMMONIA DTAL (AS N)	SAMPLE MEASUREMENT	****	****	****	****		10.5	15.0	(19)	0	10/30	COMPOS
0610 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	# <b>4##</b>	****	****	****		REPORT MO AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
OW, IN CONDUIT OR  RU TREATMENT PLANT	SAMPLE MEASUREMENT	30.10	38.50	(03)	****		****	<b>全收查债</b> 查	***	0	10/30	CONTIN
050 F 0 0 RI/PRLM PRCS CMPLT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	MGD	****		<b>SHANK</b>	*****	****		WHEN DISCHG	CONTIN
ME/TITLE PRINCIPLE EXECU J. SCHARDEIN, JR.	ITIVE OFFICER	supervision in accorda	of law that this document nee with a system design n submitted. Based on	gned to assum	e that qualified pe	rsonne	proporty gather and	pjelna	P		Telephone	DATE
ECUTIVE DIRECTOR		system, or those perso to the best of my know	ns directly responsible ledge and belief, true, a r submitting false inform	for gathering t accurate, and	the information, the complete. I am as	e infor ware th	mation submitted is, nat there are	SIGNATURE OF PRINCIPA		502	540-6000	10-07-21

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.

MONITORING PERIOD

Form Approved.
OMB No. 2040-0004

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

NAME ADDRESS MSD MORRIS FORMAN WOTC

C/O LOUISVILLE/JEFF CO MSD 4522 ALGONQUIN PKWY KY0022411 001 Y
PERMIT NUMBER DISCHARGE NUMBER

MAJOR (SUBR LV) F - FINAL

JEFFE

B!OMONITORING/ONCE PER QUARTE EFFLUENT \*\*\* NO DISCHARGE \*\*\*

DAY

FACILITY MSD MORRIS FORM WQTC LOUISVILLE, KY 40211

OCATION LOUISVILLE, KY 40211 YEAR MONTH DAY YEAR MONTH
FROM 10 04 01 TO 10 C

ATTN: ALEX E NOVAK, OPER DIR QUANTITY OR LOADING QUALITY OR CONCENTRATION NO FREQUENCY OF SAMPLE Parameter **AVERAGE** MAXIMUM UNITS MINIMUM **AVERAGE** MAXIMUM UNITS EX TYPE ANALYSIS HARDNESS, TOTAL \*\*\*\* \*\*\*\* \*\*\*\*\* SAMPLE 375 383 0 **QTRLY** (19)GRAB-2 MEASUREMENT (AS CACO3) \*\*\*\* \*\*\*\* \*\*\*\* 00900 1 0 2 \*\*\*\*\* REPORT PERMIT REPORT MG/L **QTRLY** COMPOS REQUIREMENT EFFLUENT GROSS VALUE MO AVG DAILY MX CADMIUM, DISSOLVED \*\*\*\* \*\*\*\* \*\*\*\* 0.003 0.003 (19)0 **QTRLY** SAMPLE GRAB-2 MEASUREMENT (AS CD) \*\*\* \*\*\*\* 101025 1 0 2 \*\*\* \*\*\* REPORT REPORT PERMIT MG/L QTRLY COMPOS REQUIREMENT EFFLUENT GROSS VALUE MO AVG DAILY MX COPPER, DISSOLVED \*\*\*\* \*\*\*\* \*\*\*\* SAMPLE 0.010 0.010 (19)0 QTRLY GRAB-2 MEASUREMENT (AS CU) \*\*\*\* 01040 1 0 2 \*\*\*\* \*\*\* \*\*\*\* REPORT REPORT PERMIT MG/L QTRLY COMPOS REQUIREMENT EFFLUENT GROSS VALUE MO AVG DAILY MX LEAD, DISSOLVED \*\*\*\* \*\*\*\*\* \*\*\* 0.005 0.005 SAMPLE (19)0 QTRLY GRAB-2 MEASUREMENT (AS PB) \*\*\*\* 01049 1 0 2 \*\*\*\* \*\*\* .... REPORT REPORT MG/L **QTRLY** PERMIT COMPOS REQUIREMENT EFFLUENT GROSS VALUE MO AVG DAILY MX ZINC, DISSOLVED \*\*\*\* \*\*\*\* \*\*\*\* \*\*\*\* SAMPLE 0.060 0.060 0 QTRLY (19)GRAB-2 MEASUREMENT (ASZN) 01090 1 0 2 \*\*\*\* \*\*\*\* --------REPORT REPORT MG/L **QTRLY** PERMIT COMPOS REQUIREMENT EFFLUENT GROSS VALUE MO AVG DAILY MX \*\*\*\* ZINC \*\*\*\* 0.060 SAMPLE 0.060 (19)0 QTRLY GRAB-2 MEASUREMENT TOTAL RECOVERABLE \*\*\*\* 01094 1 0 2 \*\*\*\* \*\*\*\* \*\*\*\* REPORT REPORT PERMIT MG/L QTRLY COMPOS REQUIREMENT EFFLUENT GROSS VALUE MO AVG DAILY MX \*\*\*\* CADMIUM \*\*\*\* \*\*\*\*\* SAMPLE 0.003 0.003 (19)0 **QTRLY** GRAB-2 **TOTAL RECOVERABLE** MEASUREMENT 01113 1 0 2 \*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\* REPORT REPORT PERMIT MG/L **QTRLY** COMPOS REQUIREMENT EFFLUENT GROSS VALUE MO AVG DAILY MX NAME/TITLE PRINCIPLE EXECUTIVE OFFICER certify under penalty of law that this document and all attachments were prepared under my direction or Telephone DATE supervision in accordance with a system designed to assure that qualified personnel properly gather and H. J. SCHARDEIN, JR. 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, **EXECUTIVE DIRECTOR** to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are 502 540-6000 10-07-21 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 INUMBER YEAR - MO - DAY

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

Form Approved.

OMB No. 2040-0004 PERMITTEE NAME/ADDRESS (Include Facility Name/Address if Different)
NAME MSD MORRIS FORMAN WOTC MSD MORRIS FORMAN WOTC MAJOR **ADDRESS** C/O LOUISVILLE/JEFF CO MSD KY0022411 001 Y (SUBR LV) PERMIT NUMBER 4522 ALGONQUIN PKWY DISCHARGE NUMBER **JEFFE** F - FINAL LOUISVILLE, KY 40211-2497 BIOMONITORING/ONCE PER QUARTE **FACILITY** MSD MORRIS FORM WOTC MONITORING PERIOD EFFLUENT LOCATION YEAR MONTH DAY HTMON DAY LOUISVILLE, KY 40211 YEAR \*\*\* NO DISCHARGE \*\*\* FROM 01 10 30 TO ATTN: ALEX E NOVAK, OPER DIR

Parameter		QUAN	TITY OR LOADING	3	QI	JALITY OR CON	ICENTRATION		NO	FREQUENCY OF	SAMPLE
		AVERAGE	MAX!MUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	1 EX	ANALYSIS	TYPE
LEAD TOTAL RECOVERABLE	SAMPLE MEASUREMENT	****	****	***	***	0.005	0.005	(19)	0	QTRLY	GRAB-2
01114 1 0 2 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	****	****	****	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		QTRLY	COMPOS
COPPER FOTAL RECOVERABLE	SAMPLE MEASUREMENT	****	****	****	*****	0.014	0.015	(19)	0	QTRLY	GRAB-2
01119 1 0 2 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	***		***		REPORT MO AVG	REPORT MX WK AV	MG/L	1	QTRLY	COMPOS
FOXICITY, FINAL CONC FOXICITY UNITS	SAMPLE MEASUREMENT	****	****	***	*****	****	<1.00	(2F)	0	QTRLY	GRAB-2
61406 1 0 1 EFFLUENT GROSS VALUE	PÉRMIT REQUIREMENT	*******	*****	***	**************************************	11 / <b>#4##</b>	1.00 DAILY MAX	ACUTE TOXCTY		QTRLY	GRAB-2
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASURÉMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPLE EXECU	TIVE OFFICER	i certify under penalty of supervision in accorda	of law that this document ince with a system design	nt and all attac	hments were prepared i	inder my direction or		0		Telephone	DATE
H. J. SCHARDEIN, JR. EXECUTIVE DIRECTOR		evaluate the informatic system, or those perso to the best of my know	on submitted. Based on ons directly responsible to dedge and belief, true, a or submitting false inform	my inquiry of t for gathering the occurate, and o	the person or persons we ne information, the infor complete. I am aware th	the manage the mation submitted is, lat there are		<b>l</b> (	502	540-6000	10-07-21
							SIGNATURE OF PRINCIPA OFFICER OR AUTHORIZE		AREA	NUMBER	YEAR - MO - DAY
COMMENTS AND EXPLANATION OF ANY	VIOLATIONS (Reference	all attachments here)					OF FIGER OR ADIADREE	n wachi	VKEN	NOMBEK	TEAR - NO - DAY

JEFFERSON COUNTY, KENTUCKY MONTH OF MORRIS FORMAN WATER QUALITY TREATMENT CENTER RECEIVING STREAM-OHIO RIVER KPDE8 PERMIT NO. KY0022411 PLANT CAPACITY - 120 MGD

2010

			ſ	TEME	<u> </u>	p	Н	SET	rs	TSS	. 1	TS	D.O.		5-DAY BOD															
	WASTE	WATER FI	ows	(DEG				(M/	L)	(mg/	L)	(mg/L)	(mg/L	, i	(mg/L)									AC	TIVE	CH	LORINA	TION .	FIN	AL
	(Mili	ion Gallon	s)										1				RETL	RN SL	UDGE	1	AERA	TION BAS	žN	Sludge	Primary	Chlorine		Fecal	EFFL!	JENT
		Sec.											1		prim.		FLOW	/ TSS	TVS	S D.O	MLSS	MLVSS :	SET SV	Wasted	Sludge	Dosage	Resid	Coliform	NH3-N	Pump.
DATE	Effluent	Effluent E	ypess	rarw f	final	raw fi	inal	raw	final	raw f	nal ra	rw final	final	raw	final	final	MG	g/L	g/L	mg/L	g/L	g/L		MG	MG	KLBS	mg/L	#/100 ml	mg/L	Hours
6/1	83.8	83,8	0,0	74	75	7.4	6.8	10.0	0.1	394	15		7.8	294	140	9	25.	8 12.	2 10.0	13.2	3.2	2.8	219 6	0.90	0.24	3.19	0.010	9	15	0.00
6/2	88.0	68.0	0.0	77	73	7.3	6.6	14.0	0.1	380	14		7.9	382	188	8	26.	5 12:	2 10.2	2 10.8	3.4	2.8	231 6	0.80	0.30	3.47	0.010	70	16	0.00
6/3	89.0	89.0	0.0	74	75	7.2	6.6	28.0	0.1	558	21		8.0	568	247	15	27.	0 11.1	9 9 1	7.5	4.2	3,0	301 7	3 0.80	0.36	3,47	0.010		16	0.00
6/4	83.7	83.7	0,0	77	78	7.0	6,6	18,0,	0.1	556	30		6,0		323	21	26.	1 123	3 10.3			29			0.34	3,88	0,010		15	0.00
6/5	82.8	82.8	0.0	77	78	7.2	6.6	16.0	0.1	350	24		5.4		220	20	26.					3.7			0.27	4.07	0.010		14	0.00
6/6	77.4	77.4	0.0	77	78	7.4	6.6		0.1	386	19			340	162		27.					3.4		-1	0.26	3.86	0.010		17	0.00
6/7	78.8	78.8	0.0	76	76	7.5	8.7		0.2	858	13			478	198		27,					3.2			0.29		0.010		17	0.00
6/8	79.6	79.6	0.0	77	77	7.2	6,8		0.1	600	14			590	245		26.			1 '		3.3				3.26	0.010		16	0.00
6/9	229.9	126.6	103.3	76	77	7.0	6.5	1	2.0	408	81			210	118	63	27.					28				9.76	0.010		11	0.00
8/10	147.9	122.8	25.1	77	73	7.3	6.8		0.1	312	16		8.0	1	131	16	27.						251 6		0.28	4.33	0.010		9	0.00
6/11	108.9	106.9	0.0	78	74	7.7	8.6		0.1	402	111		6.4		179	7	27.					2.8				3,23	0,010			0.00
6/12	139.0	120.4	18.6	74	74	7.5	9.5	1	0.1	360	21		6.5		134	16	27.						239 8	-,		4,38	0.989		10	0.00
6/13	98.7	97.9	0.8	70	77	7.5	6.7		0.1	258	8			218	124	8	27,					28			0.21	2.76	0.010		13	9.00
8/14	177.3	132.6	44,7	74	74	7.3	6.7		0.3	382	39			330	139	31	27.					23					0.010			24.00
6/15	131.1	121.7	9.4	74	75	7.4	6.7	l .	0.1	312	14		1	359	155		20.					24					0.010			24.00
6/16	140.7	126.6	14.1	75	76	7.1	6.6		0.1	310	23			355	<del>26</del> 2	19	27,					2.6				4.48	0.010		10	24.00
8/17	114.6	114.6	0.0	76	77	7.3	6.7		0.1	274	12			418	290	13	27.					3.1			0.40		0.010		•	24.00
6/18	95.1	95.1	0.0	76	77	7.0	6.6		0.1	330	13		8.8	448	308		27.			- 1 · · ·		3.6				4	0,010		11	11.00
6/19	181.9	122.6	59.3	76	77	7.1	6.6			274	66		5.7	203	193	50	28.					26			0.34		0.010		, , ,	0.00
6/20	105.5	103.4	21	78	79	7.4	8.7			312	10			253	137	8	26.		,	- 1		3.2					0.010		10	0.00
6/21	101.1	101.1	0.0	78	77	7.4	6.8		0,1	382	10		***	347	168	-	27.				3.8	3.0					0.010		14	0,00
6/22	93.3	93.3	0.0	78	79	7.2	6.7		0.1	520	10			740	259		27.						303 9				0.010		ı	0,00
6/23	i	90.5	0.0	75	- 77	7.1	6,6			414	8		6.0	594	358		27.					3.3			0.39		0.010	•	11	0.00
6/24	83.8	83.8	0.0	80	80	7.0	6.7	25.0		798	21		8.0	876	362		27.			1		3.3		- 1		1,34	0.010			
6/25		84.9	0.0	75	76	7.5	6.6		0.1	138	10		6.8		240		27.								0.42		0.010		1	0.00
6/26	77.6	77.8	0.0	79	80	7.4	6.7			418	11		7.0		188		27.					3.6		-,			0,010			0.00
6/27	77,8	77.8	0.0	81	82	7.8	6.8			350	ايم		7.2		143		27.								0,28	1	0.010		20	0.00
6/28	131.2	107,3	23.9	80	80	7.4	6.8			342	20		7.3		123		27.	-				3,0					0.010		3	0.00
6/29	1	79.6	0.0	79	80	7.4	6.7		0.1	234	희		7.8	T	140	5	26.						254 8				0.010		19	0.00
6/30	75,5	75.5	0.0	78	78	7.2	6.8	18.0	0.1	312	-7		1 7.7	361	171	Ą	28.	0 9.	5 8.	7  10,1	2.7	26	234 8	0.88	0.22	1,73	0,010	313	17	0.00
ļ	ļ	0.0						<b></b> -		ļ	-+-		+-	$\vdash$								···	······	<del></del>		ļ				
<b></b> ,	2007.5	~~~ ~	204.0							l				1			818.							28.410	9.520	1			ł	116.00
Total	3227.0	2925.7	301.3 10.0		77	7.3	6.7	14.4	0.2	390	19		7.	380	201	15		4 3 12.	5 10	al 44.	3.5	3.0	294 8	1			0.043	65	13	0.00
Average	107.6	94.4	10.0	77	"	7.3	0.7	14.4	U.Z	360	191			1 201	201	10	41.	· 12.	J 10.1	41 11.4		3.0	<i>2.5</i>	J U.DO	U.32	1 3.03	V.U43	. 03	13	0.00

SEWER CONNECTIONS

134864 TIMES 4 = 539456 SEWER POPULATION

IND. WASTER POPULATION EQ

CUSTOMERS 327 FLOW 484988 1483553 BOD TSS 1126028

Authorized Agent Authorized Agent Authorized



KPDE\$ # KY0022411

Facility ID MSD0278 Water Quality Treatement Center MORRIS FORMAN

Receiving Stream of Treatment Center OHIO RIVER

Region WEST

Facility Type

Facility ID

Facility Address

If Pump Station, Name of Pump Station:

Receiving Stream

Discharge to

Condition

SMH Sewer Manhole

02933

7900 SHELBYVILLE RD

MIDDLE FORK

BEARGRASS CREEK

STREAM

Activity Code / Description
DISSUS: SUSPECTED
OVERFLOW EVID, FOUND

WO# 1093985

Initiated 06/09/10 05:00 PM Initiated By FIELDS

Assigned To GRIFFITH Disch Status
DOCUMENTED

03/04/08 LA

Problem

LACK OF SYSTEM

CAPACITY

Result
UNAUTHORIZED

Completed 06/09/10 05:05

06/09/10 PM

DISCHAGE -WATERS

Spot Inspections:

Discharge Amount	5 GAL
Cause:	LACK OF SYSTEM CAPACITY-HEAVY RAIN
Clean Up:	NONE NEEDED- NO VISUAL DEBRIS OR SOLIDS
Control Zone:	NONE NEEDED
Impact	NO VISUAL IMPACT OBSERVED
Repair.	THIS LOCATION IS INCLUDED IN THE SANITARY SEWER DISCHARGE PLAN SUBMITTED ON DECEMBER 31, 2008

i	÷		
06/10/10 07:38 AM	DISPUB	PUBLIC NOTIFIED THROUGH PERMANENT SIGNS PLACE AROUND DISCHARGE LOCATION	
1	1	The state of the s	1
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KPDES#

KY0022411 (Cont'd)

Facility ID MSD0278

**Water Quality Treatement Center MORRIS FORMAN** 

Receiving Stream of Treatment Center OHIO RIVER

Region WEST

Facility Type

Facility ID

**Facility Address** 

If Pump Station, Name of Pump Station:

Receiving Stream

Discharge to

Condition

SMH Sewer Manhole

16649

1726 FRASER DR

SOUTH FORK

DITCH

BEARGRASS CREEK

Activity Code / Description

DISREV: RAIN EVENT **DISCHARGE** 

WO# 1093670

Initiated 06/09/10 05:30 AM Initiated By MITCHELL

Assigned To **GRIFFITH** 

Disch Status DOCUMENTED Event Date 01/24/02

**Problem** LACK OF SYSTEM

CAPACITY

Result UNAUTHORIZED

Completed

06/09/10 02:45

PM

DISCHAGE -

WATERS

# Spot Inspections:

Discharge Amount	45,884 GAL
Cause:	LACK OF SYSTEM CAPACITY-HEAVY RAIN
Clean Up:	DISCLN WO# 1094413
Control Zone:	NONE NEEDED PIPE SUBMERGED-DID PLACE DOOR HANGERS TO SURROUNDING CUSTOMERS
Impact	LIGHT DEBRIS OBSERVED
Repair.	THIS LOCATION IS INCLUDED IN THE SANITARY SEWER DISCHARGE PLAN SUBMITTED ON DECEMBER 31, 2008

06/09/10 01:00 AM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
06/11/10 07:22 AM	DISPUB	PUBLIC NOTIFIED THROUGH DOOR HANGERS AND PERMANENT SIGNS TO AVOID CONTACT WITH DISCHARGE
06/09/10 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



KPDES#

KY0022411 (Cont'd)

Facility ID MSD0278

**Water Quality Treatement Center** 

MORRIS FORMAN

**Receiving Stream of Treatment Center** 

OHIO RIVER

Region WEST

Facility Type

Facility ID

**Facility Address** 

If Pump Station, Name of Pump Station:

Receiving Stream

Discharge to

Condition

SMH Sewer Manhole

27005

1012 ALTA CIR

MIDDLE FORK

GROUND

BEARGRASS CREEK

Activity Code / Description

DISSUS: SUSPECTED OVERFLOW EVID. FOUND

WO# 1094013

<u>Initiated</u> 06/09/10 05:40 PM

Initiated By FIELDS GRIFFITH

Assigned To **Disch Status** DOCUMENTED **Event Date** 09/02/03

**Problem** LACK OF SYSTEM CAPACITY

Result UNAUTHORIZED

WATERS

Completed PM

06/09/10 05:45

DISCHAGE -

#### Spot inspections:

Discharge Amount	50 GAL	
Cause:	LACK OF SYSTEM CAPACITY-HEAVY RAIN	
Clean Up:	DISCLN WO# 1094024	· <del></del>
Control Zone:	NONE NEEDED	********
Impact	VERY LIGHT DEBRIS OBSERVED AROUND DISCHARGE SITE	***************************************
Repair:	THIS LOCATION IS INCLUDED IN THE SANITARY SEWER DISCHARGE PLAN SUBMITTED ON DECEMBER 31, 2008	

06/10/10 07:44 AM	DISPUB	PUBLIC NOTIFIED THROUGH PERMANENT SIGNS AROUND DISCHARGE LOCATION TO AVOID DISCHARGE CONTENT



KPDES#

KY0022411 (Cont'd)

Facility ID MSD0278

**Water Quality Treatement Center** 

MORRIS FORMAN

**Receiving Stream of Treatment Center** 

**OHIO RIVER** 

Region WEST

**Facility Type** 

Facility ID

**Facility Address** 

If Pump Station, Name of Pump Station:

Receiving Stream

SMN Sewer Main

32519

5508 HEMPSTEAD RD

LONGVIEW CREEK

Discharge to STREAM

Activity Code / Description

<u>WO#</u>

Initlated

Initiated By Assigned To KAUFMAN

Disch Status REPAIRED -

**Event Date** 06/30/10

**Problem** STRUCTURAL Result

**Completed** 

Condition

DISDW: DRY WEATHER DISCHARGE

1101797

06/30/10 01:30 PM

BRIGHT

FAILURE

UNAUTHORIZED DISCHAGE -

06/30/10 03:00

ISSUE RESOLVED

WATERS

ΡМ

MAIN

Spot Inspections:

Discharge Amount	90 GAL
Cause:	STRUCTURAL FAILURE OF MAIN SEWER
Clean Up:	NO CLEAN UP PERFORMED- PIPE DISCHARGING UNDERWATER, DIRECTLY INTO STREAM
Control Zone:	PLACED TEMPORARY SIGNS AROUND IMPACTED AREA AND APROX 100' DOWNSTREAM ALONG STREAM
Impact:	DISCOLORATION OF STREAM
Repair:	TEMPORARY REPAIRS (SEALED LEAKING SPOTS WITH HYDRAULIC CEMENT) UNTIL CONTRACTOR CAN REPLACE LEAKING SECTIONS OF SEWER

06/30/10 01:58 PM	DISPUB	ADVISED ALL POSSIBLE IMPACTED PROPERTIES IN SURROUNDING AREA BY DOOR CARD	1
06/30/10 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov	4



KPDES#

KY0022411 (Cont'd)

Facility ID MSD0278

**Water Quality Treatement Center** 

**MORRIS FORMAN** 

Receiving Stream of Treatment Center

OHIO RIVER

Region WEST

**Facility Type** 

Facility (D

**Facility Address** 

If Pump Station, Name of Pump Station:

Receiving Stream

Discharge to

SMH Sewer Manhole

45800

2413 SPRING VALLEY LN

MIDDLE FORK

STREAM

**BEARGRASS CREEK** 

Activity Code / Description DISSUS: SUSPECTED

W0#

Initiated

Initiated By

Assigned To LEVITZ

Disch Status REPAIRED -

RESOLVED

**Event Date** 06/22/10

Problem STRUCTURAL

Result UNAUTHORIZED Completed 06/22/10 03:00

Condition MAIN

OVERFLOW EVID. FOUND

1097900 06/22/10 02:55 PM FRENCH

ISSUE

FAILURE

DISCHAGE -WATERS

РM

Spot Inspections:

Discharge Amount:	5 GAL
Cause:	STRUCTURAL FAILURE OF DOWNSTREAM MAIN SEWER LINE (SMN 45800 27012-LH)
Clean Up:	1&FP PERFORMING REPAIRS AND CLEANUP
Control Zone:	NO CONTROL ZONE SETUP
Impact:	DEBRIS OBSERVED AROUND MANHOLE AND EXPOSED SEWER LINE
Repair.	MAIN SEWER REPAIR UNDERWAY

<del></del>	*****		
06/23/10 11:30 AM	DISPUB	No public notification was made.	
1	i		



KPDES#

KY0022411 (Cont'd)

Facility ID MSD0278

**Water Quality Treatement Center** 

MORRIS FORMAN

Receiving Stream of Treatment Center

OHIO RIVER

Region WEST

**Activity Code / Description** 

DISSUS: SUSPECTED OVERFLOW EVID. FOUND **W**O # 1097904

Initiated 06/22/10 02:55 PM Initiated By FRENCH

Assigned To LEVITZ

Disch Status REPAIRED -ISSUE

RESOLVED

Event Date 06/22/10

<u>Problem</u> STRUCTURAL

FAILURE

Result UNAUTHORIZED Completed 06/22/10 03:00 MAIN

Condition

DISCHAGE -

WATERS

Spot Inspections:

Discharge Amount	5 GAL
Cause:	STRUCTURAL FAILURE OF MAIN SEWER LINE
Clean Up:	1&FP PERFORMING REPAIRS AND CLEANUP
Control Zone:	NO CONTROL ZONE SETUP
Impact	DEBRIS OBSERVED AROUND MANHOLE AND EXPOSED SEWER LINE
Repair:	WORK ORDER 1097867 - REPAIRED MAIN SEWER

	1	
06/23/10 11:34 AM	DISPUB	No public notification was made.
	,	



KPDES#

KY0022411 (Cont'd)

Facility ID MSD0278

**Water Quality Treatement Center** MORRIS FORMAN

OHIO RIVER

Receiving Stream of Treatment Center

Region WEST

Facility Type

Facility ID

**Facility Address** 

If Pump Station, Name of Pump Station:

Receiving Stream

Discharge to

SMH Sewer Manhole

45829

2002 MILLVALE RD

MIDDLE FORK

GROUND

BEARGRASS CREEK

Activity Code / Description

DISREV: RAIN EVENT DISCHARGE

WO# <u>Initiated</u> 1094356

06/09/10 12:35 PM

Initiated By FRENCH

Assigned To Disch Status **GITTINGS** DOCUMENTED

**Event Date** 06/09/10

Problem

Result UNAUTHORIZED Completed 06/09/10 02:12

PM

Condition

LACK OF SYSTEM CAPACITY

DISCHAGE -

**WATERS** 

Spot inspections:

Discharge Amount	2,425 GAL
Cause:	LACK OF SYSTEM CAPACITY - RAIN EVENT.
Clean Up;	NO CLEAN UP REQUIRED.
Control Zone:	NO CONTROL ZONE SET UP.
Impact	OVERFLOW OBSERVED AT MANHOLE PICKHOLES, ABOUT 25GPM. NO SOLIDS OR DEBRIS OBSERVED.
Repair,	A SOLUTION FOR THIS LOCATION IS INCLUDED IN THE IOAP.

	······································		
06/10/10 04:46 PM	DISPUB	Permanent overflow warning signs are posted warning the public to avoid the stream.	ĺ
			i
06/11/10 11:13 AM	DISNOT	Manual email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov	1
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KPDES#

KY0022411 (Cont'd)

Facility ID MSD0278

Water Quality Treatement Center

MORRIS FORMAN

Receiving Stream of Treatment Center

OHIO RIVER

Region WEST

Facility Type

DISCHARGE

Facility ID

**Facility Address** 

If Pump Station, Name of Pump Station:

Receiving Stream

Discharge to

45832 SMH Sewer Manhole 2167 MILLVALE RD

MIDDLE FORK

GROUND

BEARGRASS CREEK

**Activity Code / Description** DISREV: RAIN EVENT

WO # 1094352

Initiated 06/09/10 12:35 PM

Initiated By FRENCH

Assigned To GITTINGS

Disch Status DOCUMENTED **Event Date** 06/09/10

<u>Problem</u> LACK OF SYSTEM CAPACITY

<u>Result</u> UNAUTHORIZED Completed 06/09/10 02:12

Condition

PM

DISCHAGE -

WATERS

Spot Inspections:

Discharge Amount	2,425 GAL
Cause:	LACK OF SYSTEM CAPACITY - RAIN EVENT
Clean Up:	NO CLEAN UP REQUIRED
Control Zone:	NO CONTROL ZONE SET UP
Impact:	OVERFLOW OBSERVED AT PICKHOLES IN MANHOLE - NO SOLIDS OR DEBRIS OBSERVED
Repair.	A SOLUTION FOR THIS LOCATION IS INCLUDED IN THE IOAP

06/10/10 04:40 PM	DISPUB	Permanent overflow signs posted warning the public to avoid the stream.	ļ
06/11/10 11:17 AM	DISNOT	Manual email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov	1





KPDES#

KY0022411 (Cont'd)

Facility ID MSD0278

Water Quality Treatement Center MORRIS FORMAN

**Receiving Stream of Treatment Center** OHIO RIVER

Region WEST

Facility Type

Facility ID

**Facility Address** 

If Pump Station, Name of Pump Station:

Receiving Stream

Discharge to

SMH Sewer Manhole

45835

1132 ROSTREVOR CIR

MIDDLE FORK

GROUND

Condition

BEARGRASS CREEK

**Activity Code / Description** 

DISREV: RAIN EVENT DISCHARGE

WO # Initiated 1094346 06/09/10 12:35 PM

Initiated By **FRENCH** 

Assigned To **GITTINGS** 

Disch Status DOCUMENTED **Event Date** 09/02/03

Problem LACK OF SYSTEM CAPACITY

Result UNAUTHORIZED Completed 06/09/10 02:12

PM

DISCHAGE -

WATERS

#### Spot Inspections:

Discharge Amount	9,700 GAL
Cause:	LACK OF SYSTEM CAPACITY - RAIN EVENT
Clean Up:	NO CLEAN UP REQUIRED
Control Zone:	NO CONTROL ZONE SET
Impact:	OVERFLOW OBSERVED AT MANHOLE, NO SOLIDS OR DEBRIS OBSERVED
Repair:	A SOLUTION FOR THIS LOCATION IS INCLUDED IN THE ICAP

#### Notifications:

06/10/10 04:36 PM	DISPUB	Permanent overflow warning signs posted to warn the public to avoid the stream.
06/11/10 11:15 AM	DISNOT	Manual email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov

7/15/2010

Page 9 of 13



KPDES#

KY0022411 (Cont'd)

Facility ID MSD0278

**Water Quality Treatement Center** 

**Assigned To** 

GRIFFITH

**MORRIS FORMAN** 

**Receiving Stream of Treatment Center** 

OHIO RIVER

Region 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** 

DISREV: RAIN EVENT DISCHARGE

WO # Initiated 1093859

06/09/10 02:00 PM

Initiated By GRIFFITH

Disch Status

**Event Date** DOCUMENTED 11/29/01

Problem

CAPACITY

Result LACK OF SYSTEM

UNAUTHORIZED

Completed Condition 06/10/10 12:54

DISCHAGE -AM

WATERS

Spot Inspections:

Discharge Amount	349,912 GAL
Cause:	LACK OF SYSTEM CAPACITY - RAIN EVENT.
Clean Up:	NO CLEANUP REQUIRED - PIPE DISCHARGES DIRECTLY TO STREAM, UNDERWATER.
Control Zone:	NO CONTROL ZONE SETUP, NO PUBLIC ACCESS. PERMANENT OVERFLOW WARNING SIGNS POSTED.
Impact	DISCOLORATION OF STREAM,
Repair:	A SOLUTION FOR THIS LOCATION IS INCLUDED IN THE ISSDP.

06/09/10 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
06/10/10 03:47 PM	DISPUB	Permanent overflow warning signs posted at this location warning the public to avoid the stream.
06/09/10 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





KPDES#

KY0022411 (Cont'd)

Facility ID MSD0278

Water Quality Treatement Center MORRIS FORMAN

Receiving Stream of Treatment Center OHIO RIVER

Region WEST

**Facility Type** 

Facility ID

**Facility Address** 

If Pump Station, Name of Pump Station:

Receiving Stream

Discharge to

Condition

SMH Sewer Manhole

CSO151

1316 CASTLEWOOD DELL

SOUTH FORK

STREAM

**BEARGRASS CREEK** 

**Activity Code / Description** 

DISDW: DRY WEATHER DISCHARGE

WO#

Initiated 1094528 06/10/10 09:15 AM Initiated By FRENCH

**Assigned To** GRIFFITH

Disch Status REPAIRED -

RESOLVED

ISSUE

**Event Date** 06/10/10

Problem

OBSTRUCTION-NOT GREASE / ROOTS

Result UNAUTHORIZED Completed 06/10/10 09:15

DISCHAGE -AM

WATERS

# Spot Inspections:

Discharge Amount	15,396 GAL
Cause:	CAUSE OF OVERFLOW IS UNKNOWN, IT IS BELIEVED THAT A TEMPORARY OBSTRUCTION IN THE SIPHON COULD POSSIBLY HAVE CAUSED OVERFLOW
Clean Up:	NO CLEAN UP OCCURRED.
Control Zone:	NO CONTROL ZONE WAS SET UP.
Impact:	NO IMPACT WAS OBSERVED.
Repair:	NO REPAIR OR REMEDIAL ACTION TAKEN.

06/11/10 12:09 PM	DISPUB	No public notification occurred.
06/11/10 01:36 PM	3	Manual email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov



KPDES#

KY0022411 (Cont'd)

Facility ID MSD0278

Water Quality Treatement Center

MORRIS FORMAN

Receiving Stream of Treatment Center

OHIO RIVER

Region WEST

Facility Type

Facility ID

Facility Address

If Pump Station, Name of Pump Station:

Receiving Stream

BEARGRASS CREEK

Discharge to

Condition

SMH Sewer Manhole

CSQ153

1201 LEXINGTON RD

SOUTH FORK

STREAM

Activity Code / Description

DISDW: DRY WEATHER
DISCHARGE

WO # Initia 1088829 06/01

Initiated 06/01/10 01:23 PM

Initiated By BRIGHT Assigned To BRIGHT Disch Status REPAIRED -

RESOLVED

ISSUE

06/01/10

**Event Date** 

Problem
OBSTRUCTION-NOT

GREASE / ROOTS

Result UNAUTHORIZED Completed 06/01/10 01:54

-D 06/0 PM

DISCHAGE -WATERS

Spot inspections:

Discharge Amount	150 GAL
Cause:	OBSTRUCTION IN SIPHON
Clean Up:	PIPE DISCHARGES DIRECTLY INTO BEARGRASS CREEK
Control Zone:	PERMANENT SIGNS ALREADY IN PLACE THROUGHOUT THE IMPROVED CHANNEL
Impact:	SEWAGE/WATER DISCHARGING FROM OVERFLOW FLAPGATE
Repair:	MSD PERSONNEL FLUSHED THE SIPHON TO RELIEVE OBSTRUCTION

06/01/10 01:23 PM	DISPUB	TEMPORARY SIGNS PLACED NEAR ENTRANCE TO CREEK	
06/01/10 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA,Jeffries@ky.gov	_



KPDES#

KY0022411 (Cont'd)

Facility ID MSD0278

Water Quality Treatement Center MORRIS FORMAN

Receiving Stream of Treatment Center OHIO RIVER

Region WEST

**Facility Type** 

DISCHARGE

Facility ID

Facility Address

If Pump Station, Name of Pump Station:

Receiving Stream

Discharge to

SLS Sewer Lift Station

MSD0012-PS

3246 RADIANCE RD

HIGHGATE SPRINGS

SOUTH FORK

BEARGRASS CREEK

STREAM

Activity Code / Description
DISREV: RAIN EVENT

<u>WO #</u> 1093789 Initiated 06/09/10 12:12 PM Initiated By ELDER Assigned To WRIGHT Disch Status
DOCUMENTED

Event Date Problem 12/16/00 LACK

Problem

LACK OF SYSTEM

CAPACITY

Result UNAUTHORIZED Completed Condition

06/09/10 04:47 PM

DISCHAGE -WATERS

Spot Inspections:

Discharge Amount	11,313 GAL
Cause:	LACK OF SYSTEM CAPACITY DUE TO RAIN EVENT
Clean Up:	PIPE DISCHARGE SUBMERGED NO CLEAN UP
Control Zone:	PERMANENT SIGN POSTED
Impact.	NO IMPACT OBSERVED FACILITY UNDER ELEVATED CREEK LEVEL
Repair:	THIS LOCATION IS IN THE INTERIM SANITARY SEWER PLAN

# Notifications:

06/09/10 01:09 PM	DISPUB	Permanent signs posted
06/09/10 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaAJeffries@ky.gov
06/09/10 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: 12
Total Work Orders Printed: 13