



700 West Liberty Street  
Louisville Kentucky 40203-1911  
502-540-6000  
[www.msdlouky.org](http://www.msdlouky.org)

August 25, 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 July 1<sup>st</sup> to July 31<sup>st</sup> are enclosed.

All permit requirements were met for the month of July, 2010 with the exception of the Total Residual Chlorine (TRC) exceedance which was above the daily permit limit of 0.019 mg/l. We have continued to experience several intermittent exceedances of TRC throughout the month and have investigated and checked many potential causes including insufficient or ineffective sodium bisulfite mixing, chemical interferences from industries or others, plant upsets, possible sources of sodium hypochlorite or chlorine leaks into the system, low plant influent flow rates caused by the dry hot weather that we have experienced during the month of July. Any one or combination of these issues may have contributed to the exceedance. In mid August we did discover a potable water source (contains chlorine) that was entering our dechlorination system which may have been a large contributor to our problem. The source was isolated and eliminated from entering our system. The TRC has not had a violation to date once this issue was corrected. We are also in the process of installing a new mixing system in our dechlorination process which will also eliminate the potential mixing deficiency which may have also added to our problem. We continue to monitor the situation closely and look for other potential causes or indications that this issue has resolved itself.

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

Sincerely,

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](http://www.louisvillegreen.com)

## NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved.  
OMB No. 2040-0004

## DISCHARGE MONITORING REPORT (DMR)

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

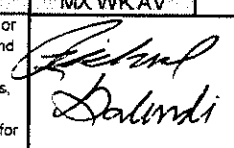
NAME MSD MORRIS FORMAN WQTC  
 ADDRESS C/O LOUISVILLE/JEFF CO MSD  
 4522 ALGONQUIN PKWY  
 LOUISVILLE, KY 40211-2497  
 FACILITY MSD MORRIS FORM WQTC  
 LOCATION LOUISVILLE, KY 40211

KY0022411	001 1
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MONTH	DAY	TO	YEAR	MONTH	DAY
10	07	01		10	07	31

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)	SAMPLE MEASUREMENT	*****	*****	****	4.3	*****	*****	(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	13,979	15,336	(26)	*****	19	19	(19)	0	31/31	COMPOS
00310 E 0 0 SEC/BIOLOGICAL COMPLIANCE	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	239,790	290,540	(26)	*****	301	331	(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	*****	6.8	(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	10,545	13,265	(26)	*****	14	16	(19)	0	31/31	COMPOS
00530 E 0 0 SEC/BIOLOGICAL COMPLIANCE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	30 MO AVG	45 MX WK AV	MG/L		DAILY	COMPOS
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	279,724	358,522	(26)	*****	333	373	(19)	0	31/31	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	7,113	8,370	(26)	*****	9.9	14.4	(19)	0	31/31	COMPOS
00610 E 0 0 SEC/BIOLOGICAL COMPLIANCE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	20 MO AVG	30 MX WK AV	MG/L		DAILY	COMPOS
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		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		10-08-19
									AREA		NUMBER

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

G - INFLUENT

E - SECONDARY EFFLUENT

1 - FINAL EFFLUENT

## NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved.  
OMB No. 2040-0004

## DISCHARGE MONITORING REPORT (DMR)

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	07	01	10	07	31

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	8624	8757	( 26 )	*****	12.0	14.6	( 19 )	0	31/31	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/BIOL PRCS CMPLT	SAMPLE MEASUREMENT	90.1	215.3	( 03 )	*****	*****	*****	****	0	31/31	CONTIN
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		CONTIN UOUS	CONTIN
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	3.321	( 19 )	1	31/31	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	*****	*****	****	*****	96	179	( 13 )	0	31/31	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	200 30DA GEO	400 7 DA GEO	#/ 100ML		DAILY	GRAB
BOD, 5-DAY PERCENT REMOVAL 81010 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	****	94	*****	*****	( 23 )	0	ONCE/ MONTH	CALCTD
	PERMIT REQUIREMENT	*****	*****	****	85 MO MIN	*****	*****	PER- CENT		ONCE/ MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	****	96	*****	*****	( 23 )	0	ONCE/ MONTH	CALCTD
	PERMIT REQUIREMENT	*****	*****	****	85 MO MIN	*****	*****	PER- CENT		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									502 540-6000		10-08-19
								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA	NUMBER
										YEAR - MO - DAY	

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

FAILED CHLORINE TOTAL RESIDUAL REFER TO COVER LETTER

G - INFLUENT

E - SECONDARY EFFLUENT

F - SECONDARY BYPASS AFTER PRIMARY TREATMENT.

## NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved.

OMB No. 2040-0004

## DISCHARGE MONITORING REPORT (DMR)

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

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 LOCATION LOUISVILLE, KY 40211

KY0022411	001 B
PERMIT NUMBER	DISCHARGE NUMBER

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

## MONITORING PERIOD

YEAR	MONTH	DAY	TO	YEAR	MONTH	DAY
10	07	01		10	07	31

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	*****	*****	****	*****	166	218	(19)	0	10/31	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	*****	*****	****	*****	26	28	(19)	0	10/31	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	*****	*****	****	*****	146	181	(19)	0	10/31	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	*****	*****	****	*****	21	26	(19)	0	10/31	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	*****	*****	****	*****	12.3	14.3	(19)	0	10/31	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	*****	*****	****	*****	8.6	9.3	(19)	0	10/31	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	30.90	37.97	(03)	*****	*****	*****	****	0	10/31	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		10-08-19	
								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA	NUMBER	YEAR - MO - DAY

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 TSS TVSS MG g/L g/L				AERATION BASIN D.O MLSS MLVSS SET SVI g/L g/L g/L				ACTIVE Sludge Wasted MG		Primary Sludge MG		CHLORINATION Chlorine Dosage KLBS		Fecal Coliform #/100 ml		FINAL EFFLUENT NH3-N Pump. mg/L Hours	
	Final	Sec.			raw	final	raw	final	raw	final	raw	final	raw	final	raw	prim. final	final	raw	raw	raw	raw	raw	raw	raw	raw	raw	raw	raw	raw	raw	raw	raw	raw	raw	raw	raw		
	Effluent	Effluent	Bypass																																			
7/1	74.1	74.1	0.0	77	78	7.3	6.8	4.5	0.1	488	16			7.1	507	167	9	25.5	9.7	8.7	10.3	4.4	4.0	230	54	0.77	0.29	1.34	0.010	136	20	0.00						
7/2	72.6	72.6	0.0	78	79	7.2	6.7	12.0	0.2	474	15			7.0	348	253	14	26.0	9.9	8.8	13.4	3.2	2.8	257	81	0.82	0.34	1.73	0.010	51000	18	0.00						
7/3	68.3	68.3	0.0	78	80	7.6	6.7	9.0	0.1	242	14			7.0	277	177	14	26.0	11.1	9.6	12.4	3.7	3.2	272	74	1.00	0.33	1.75	0.010	120	18	0.00						
7/4	85.0	85.0	0.0	80	81	7.5	6.8	20.0	0.1	314	15			8.0	262	145	12	26.2	10.0	8.4	14.9	3.2	2.2	297	92	1.07	0.28	1.72	0.010	14	18	0.00						
7/5	66.4	66.4	0.0	80	81	7.8	6.8	7.0	0.1	250	16			6.9	214	114	14	25.4	9.1	7.8	14.9	2.9	2.5	264	91	1.05	0.30	1.78	0.010	150	18	0.00						
7/6	70.0	70.0	0.0	78	79	7.4	6.8	8.5	0.1	126	11			9.0	218	156	12	25.7	7.9	6.9	18.1	2.5	2.2	237	96	0.99	0.26	2.27	0.010	52	15	0.00						
7/7	72.4	72.4	0.0	81	81	7.3	6.7	13.0	0.1	412	13			9.4	407	162	9	25.1	8.5	6.7	16.6	2.8	2.2	217	72	0.87	0.26	2.23	0.010	66	14	0.00						
7/8	77.0	77.0	0.0	80	82	7.4	6.7	13.0	0.1	378	14			7.0	283	169	10	25.4	8.7	7.4	13.2	2.8	2.5	227	81	0.86	0.22	2.86	0.010	138	15	0.00						
7/9	129.7	104.7	25.0	78	81	7.3	6.8	12.0	0.1	256	19			7.4	192	130	14	26.2	8.1	7.3	17.1	2.4	2.2	236	101	0.97	0.28	4.75	0.010	490	10	0.00						
7/10	84.3	84.3	0.0	79	80	7.3	6.7	7.5	0.1	168	11			8.7	208	143	11	26.2	7.9	7.2	18.0	2.3	2.1	233	104	1.02	0.17	4.67	0.010	34	9	0.00						
7/11	75.8	75.8	0.0	80	81	7.5	6.8	9.0	0.1	218	10			7.8	192	125	9	25.6	7.8	6.8	17.8	2.5	2.1	238	96	0.92	0.11	3.63	0.010	5	11	0.00						
7/12	80.0	80.0	0.0	80	80	7.4	6.7	10.0	0.1	234	8			8.5	250	181	16	24.8	8.6	6.4	17.5	2.3	2.1	220	97	0.77	0.12	3.57	1.710	115	9	0.00						
7/13	208.9	128.3	80.6	78	78	7.3	6.5	7.5	0.4	288	44			6.5	124	90	40	25.2	8.0	7.0	14.6	2.0	1.8	169	87	0.80	0.13	4.77	0.010	6200	7	0.00						
7/14	120.1	111.8	8.3	79	78	7.5	6.8	13.0	0.1	350	15			8.5	241	84	8	26.3	9.6	7.8	16.1	2.2	1.9	159	74	0.78	0.16	4.69	0.010	62	6	0.00						
7/15	97.4	97.4	0.0	81	81	7.4	6.8	11.0	0.1	296	7			8.0	359	181	12	25.2	7.7	6.6	16.7	2.2	2.0	156	70	0.72	0.25	4.60	0.010	77	8	0.00						
7/16	88.8	88.9	0.0	80	82	7.3	6.8	9.5	0.1	380	14			7.0	454	248	15	24.7	9.4	7.7	13.0	2.9	2.4	163	56	0.77	0.31	3.23	0.010	2	8	0.00						
7/17	66.8	66.8	0.0	82	83	7.2	6.7	10.0	0.1	310	16			5.8	330	184	10	24.6	9.6	8.1	12.1	2.7	2.2	163	62	0.75	0.30	3.30	0.010	34	8	0.00						
7/18	84.1	84.1	0.0	82	82	7.5	6.7	8.5	0.1	262	15			6.0	253	184	13	25.0	10.7	9.4	13.4	2.9	2.4	186	72	0.75	0.16	3.24	0.010	84	11	0.00						
7/19	90.9	87.8	3.1	79	79	7.2	6.8	19.0	0.1	642	16			6.4	351	212	15	25.9	12.8	11.3	10.8	3.6	3.3	236	67	0.67	0.20	2.95	0.010	265	12	0.00						
7/20	192.4	127.4	65.0	80	81	7.2	6.7	12.0	0.1	356	8			7.0	202	118	34	26.4	14.5	12.2	9.1	3.0	2.8	213	70	0.91	0.17	7.18	0.010	395	8	0.00						
7/21	169.1	127.7	41.4	81	81	7.0	6.6	11.0	0.2	366	27			6.0	279	172	32	26.7	13.9	10.6	11.5	4.0	3.0	222	55	0.96	0.35	7.06	0.010	9000	8	0.00						
7/22	123.7	112.7	11.0	80	80	7.1	6.7	15.0	0.2	504	18			7.0	382	218	24	26.7	14.9	12.2	10.1	3.3	2.9	213	64	0.91	0.31	5.39	0.010	3	9	0.00						
7/23	98.2	98.2	0.0	82	83	7.5	6.6	7.0	0.1	220	13			7.0	295	225	11	27.5	14.2	11.3	8.0	4.2	3.3	270	59	0.85	0.29	3.52	0.010	120	10	0.00						
7/24	66.9	66.9	0.0	82	83	7.3	6.6	10.5	0.1	216	10			7.0	223	145	10	27.1	12.4	10.7	12.8	3.3	3.0	313	63	0.90	0.26	2.36	0.010	7	13	0.00						
7/25	79.7	79.7	0.0	82	83	7.4	6.7	22.0	0.1	440	9			7.0	341	111	11	26.2	12.0	9.9	16.4	3.3	3.3	278	85	0.93	0.24	2.26	3.321	77	14	0.00						
7/26	85.3	85.3	0.0	82	82	7.4	6.7	18.0	0.1	390	13			7.2	340	165	12	26.4	11.6	9.7	14.3	3.3	2.7	260	78	0.90	0.24	1.86	1.723	22	13	0.00						
7/27	104.0	82.5	21.5	82	84	7.3	6.7	18.0	0.1	512	28			6.7	388	223	43	26.5	11.3	9.9	13.6	3.7	3.2	272	74	0.75	0.24	2.72	2.918	56	11	0.00						
7/28	87.8	87.6	0.2	85	85	7.2	6.5	7.0	0.1	324	13			6.0	348	214	16	26.4	10.3	9.1	13.0	4.0	3.5	386	89	0.73	0.28	2.87	2.698	328	8	0.00						
7/29	94.5	94.5	0.0	80	81	7.2	6.6	7.5	0.1	282	11			6.7	401	254	17	26.2	11.7	10.2	13.2	3.1	2.8	260	83	0.90	0.30	2.19	0.010	40	9	0.00						
7/30	89.9	89.9	0.0	82	83	7.1	6.6	5.5	0.1	328	16			5.8	482	328	19	26.5	12.5	10.5	12.3	3.3	2.8	276	84	0.97	0.25	2.15	0.010	280	10	0.00						
7/31	176.6	124.1	52.5	82	82	7.1	6.6	8.5	0.1	328	23			4.3	187	195	38	26.9	14.0	12.0	8.9	3.6	3.1	238	66	0.95	0.25	6.90	0.010	26	9	0.00						
Total	3100.8	2792.2	308.6															804.5									27.230	7.630							0.00			
Average	100.0	90.1	10.0	80	81	7.3	6.7	11.1	0.1	333	15			7.1	301	177	17	26.0	10.5	9.0	13.7	3.1	2.6	238	78	0.88	0.25	3.40	0.407	96	11	0.00						

SEWER CONNECTIONS

130703 TIMES 4 = 522812 SEWER POPULATION

IND. WASTER POPULATION EQ  
 CUSTOMERS 324  
 FLOW 428815  
 BOD 954715  
 TSS 801425

Authorized Agent:



Certification No. 4683



IMSAST0004

Overflow Report

Initiated Jul 01, 2010 12:00 AM thru Jul 31, 2010 11:59 PM

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

KPDES #	Facility ID	Water Quality Treatment 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	08935-SM	1001 BRECKENRIDGE LN		MIDDLE FORK BEARGRASS CREEK	STREAM

<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	1107358	07/13/10 08:36 AM	GRIFFITH	GRIFFITH	DOCUMENTED	11/29/01	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHARGE - WATERS	07/13/10 02:41 PM	

**Spot Inspections:**

Discharge Amount:	217,722 GAL
Cause:	LACK OF SYSTEM CAPACITY-HEAVY RAIN
Clean Up:	NO CLEAN UP REQUIRED, PIPE DISCHARGES UNDERWATER DIRECTLY TO STREAM
Control Zone:	NO CONTROL ZONE SET UP, PERMANENT SIGNS POSTED AT OUTFALL
Impact:	NO VISUAL IMPACT OBSERVED.
Repair:	A SOLUTION FOR THIS LOCATION IS INCLUDED IN THE IOAP

**Notifications:**

07/13/10 08:59 AM	DISPUB	PUBLIC NOTIFIED THROUGH PERMANENT SIGNS TO AVOID DIRECT CONTACT WITH DISCHARGED CONTENT
07/13/10 01:00 AM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
07/13/10 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



IMSAST0004

Overflow Report

Initiated Jul 01, 2010 12:00 AM thru Jul 31, 2010 11:59 PM

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

KPDES # KY0022411 (Cont'd)	Facility ID MSD0278	Water Quality Treatment Center MORRIS FORMAN				Receiving Stream of Treatment Center OHIO RIVER			Region WEST	
<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	1110530	07/20/10 06:30 AM	GRIFFITH	GRIFFITH	DOCUMENTED	11/29/01	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHARGE - WATERS	07/20/10 08:23 AM	

**Spot Inspections:**

Discharge Amount: 7,463 GAL  
Cause: LACK OF SYSTEM CAPACITY-HEAVY RAIN  
Clean Up: NONE NEEDED-PIPE SUBMERGED  
Control Zone: NONE NEEDED, DISCHARGE IS ON MSD PROPERTY  
Impact: NO IMPACT OBSERVED  
Repair: THIS LOCATION IS INCLUDED IN THE SANITARY SEWER DISCHARGE PLAN SUBMITTED ON DECEMBER 31, 2008

**Notifications:**

07/20/10 07:53 AM DIS PUB PUBLIC NOTIFIED THROUGH PERMANENT SIGNS AROUND PROPERTY WHERE DISCHARGE OCCURED  
07/20/10 01:00 AM DIS NOT Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov  
07/20/10 01:00 AM DISS NO Supplemental Email notification of unauthorized discharge has been sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov



Initiated Jul 01, 2010 12:00 AM thru Jul 31, 2010 11:59 PM

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

KPDES # KY0022411 (Cont'd)		Facility ID MSD0278		Water Quality Treatment 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		104231		4119 LEE AVE				CAMP TAYLOR DITCH		GROUND	
<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>
DISSUS: SUSPECTED OVERFLOW EVID. FOUND		1107585	07/13/10 11:08 AM	MITCHELL	GRIFFITH	DOCUMENTED	10/23/07	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHARGE - WATERS	07/13/10 11:23 AM	

**Spot Inspections:**

Discharge Amount: 500 GAL  
Cause: LACK OF SYSTEM CAPACITY-HEAVY RAIN  
Clean Up: NONE NEEDED DUE TO THE MAGNITUDE OF THE STORM  
Control Zone: NONE NEEDED BUT DOOR HANGERS WERE PLACED AROUND IMMEDIATE RESIDENTS  
Impact: EXTREMELY LIGHT IMPACT OBSERVED-DURING RAIN EVENT  
Repair: THIS LOCATION IS INCLUDED IN THE SANITARY SEWER DISCHARGE PLAN SUBMITTED ON DECEMBER 31, 2008

**Notifications:**

07/14/10 04:36 PM      DISPUB      PUBLIC NOTIFIED THROUGH DOOR HANGERS TO AVOID DISCHARGED CONTENT





IMSAST0004

Overflow Report

Initiated Jul 01, 2010 12:00 AM thru Jul 31, 2010 11:59 PM

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

KPDES # KY0022411 (Cont'd)		Facility ID MSD0278		Water Quality Treatment Center MORRIS FORMAN		Receiving Stream of Treatment Center OHIO RIVER			Region WEST		
Facility Type SMN Sewer Main		Facility ID 11777A		Facility Address 973 SWAN ST		If Pump Station, Name of Pump Station:		Receiving Stream SOUTH FORK BEARGRASS CREEK		Discharge to STREAM	
<u>Activity Code / Description</u> DISDW: DRY WEATHER DISCHARGE		<u>WO #</u> 1102059	<u>Initiated</u> 07/01/10 01:29 PM	<u>Initiated By</u> BRIGHT	<u>Assigned To</u> BRIGHT	<u>Disch Status</u> REPAIRED - ISSUE RESOLVED	<u>Event Date</u> 07/01/10	<u>Problem</u> STRUCTURAL FAILURE	<u>Result</u> UNAUTHORIZED DISCHARGE - WATERS	<u>Completed</u> 07/01/10 02:28 PM	<u>Condition</u> MAIN

**Spot Inspections:**

Discharge Amount: 57 GAL

Cause: WHILE TRYING TO GO UNDER SUSPENDED PIPE HANGING OVER IMPROVED CHANNEL MSD PERSONNEL BUSTED PIPE

Clean Up: NO CLEAN UP PERFORMED-PIPE DISCHARGING DIRECTLY OVER IMPROVED CHANNEL OF BEARGRASS CREEK.

Control Zone: NO CONTROL ZONE WAS SET UP. PIPE DISCHARGING DIRECTLY INTO STREAM AND NO PUBLIC ACCESS AVAILABLE.

Impact: SEWAGE/WATER DISCHARGING FROM EXPOSED MAINSEWER PIPE SUSPENDED UNDER BRIDGE.

Repair: INSTALLED A FORCE MAIN REPAIR BAND

**Notifications:**

07/01/10 01:56 PM DISPUB NO NOTIFICATION NEEDED. THERE IS NO PUBLIC ACCESS TO IMPROVED CHANNEL.

07/01/10 01:00 PM DISNOT Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov



IMSAST0004

Overflow Report

Initiated Jul 01, 2010 12:00 AM thru Jul 31, 2010 11:59 PM

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

<b>KPDES #</b> KY0022411 (Cont'd)	<b>Facility ID</b> MSD0278	<b>Water Quality Treatment Center</b> MORRIS FORMAN	<b>Receiving Stream of Treatment Center</b> OHIO RIVER	<b>Region</b> WEST
<b>Facility Type</b> SMH Sewer Manhole	<b>Facility ID</b> 16649	<b>Facility Address</b> 1726 FRASER DR	<b>If Pump Station, Name of Pump Station:</b>	<b>Receiving Stream</b> SOUTH FORK BEARGRASS CREEK
<b>Discharge to</b> DITCH				
<b>Activity Code / Description</b> DISREV: RAIN EVENT DISCHARGE	<b>WO #</b> 1107268	<b>Initiated</b> 07/13/10 07:15 AM	<b>Initiated By</b> GRIFFITH	<b>Assigned To</b> GRIFFITH
		<b>Disch Status</b> DOCUMENTED	<b>Event Date</b> 01/24/02	<b>Problem</b> LACK OF SYSTEM CAPACITY
		<b>Result</b> UNAUTHORIZED DISCHARGE - WATERS	<b>Completed</b> 07/13/10 07:45 AM	<b>Condition</b>

**Spot Inspections:**

<b>Discharge Amount</b>	1,260 GAL
<b>Cause:</b>	LACK OF SYSTEM CAPACITY-HEAVY RAIN
<b>Clean Up:</b>	NONE NEEDED- DUE TO THE MAGNITUDE OF THE STORM
<b>Control Zone:</b>	NONE NEEDED-DISCHARGE SUBMERGED. PERMANENT SIGNS ARE PLACED AROUND DISCHARGE AREA
<b>Impact:</b>	VERY LIGHT IMPACT OBSERVED AROUND DISCHARGE AREA
<b>Repair:</b>	THIS LOCATION IS INCLUDED IN THE SANITARY SEWER DISCHARGE PLAN SUBMITTED ON DECEMBER 31, 2008

**Notifications:**

07/13/10 08:10 AM	DISPUB	PUBLIC NOTIFIED THROUGH DOOR HANGERS TO AVOID CONTACT WITH DISCHARGED CONTENT
07/13/10 01:00 AM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
07/13/10 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



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

KPDES #	Facility ID	Water Quality Treatment Center			Receiving Stream of Treatment Center			Region		
KY0022411 (Cont'd)	MSD0278	MORRIS FORMAN			OHIO RIVER			WEST		
Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Event Date	Problem	Result	Completed	Condition
DISREV: RAIN EVENT DISCHARGE	1115125	07/27/10 04:45 PM	GRIFFITH	GRIFFITH	DOCUMENTED	01/24/02	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHARGE - WATERS	07/30/10 07:28 AM	

**Spot Inspections:**

Discharge Amount: 3,750 GAL  
Cause: LACK OF SYSTEM CAPACITY-HEAVY RAIN  
Clean Up: DISCLN WO# 1115498  
Control Zone: DOOR HANGERS AND TEMPORARY SIGNS WERE PLACED AROUND DISCHARGE RESIDENTIAL AREA  
Impact: LIGHT DISCHARGE. NONE OBSERVED WITH MAGNITUDE OF RAIN EVENT  
Repair: THIS LOCATION IS INCLUDED IN THE SANITARY SEWER DISCHARGE PLAN SUBMITTED ON DECEMBER 31, 2008

**Notifications:**

07/27/10 05:27 PM DIS PUB PUBLIC NOTIFIED THROUGH DOOR HANGERS, TEMP SIGNS, AND PERMANENT SIGNS TO AVOID DIRECT CONTACT WITH DISCHARGED CONTENT  
07/27/10 01:00 PM DIS NOT Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov  
07/27/10 01:00 PM DISS NO Supplemental Email notification of unauthorized discharge has been sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov



Initiated Jul 01, 2010 12:00 AM thru Jul 31, 2010 11:59 PM

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

KPDES # KY0022411 (Cont'd)	Facility ID MSD0278	Water Quality Treatment Center MORRIS FORMAN	Receiving Stream of Treatment Center OHIO RIVER	Region WEST
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Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Event Date	Problem	Result	Completed	Condition
DISREV: RAIN EVENT DISCHARGE	1116748	07/31/10 05:00 AM	GRIFFITH	GRIFFITH	DOCUMENTED	01/24/02	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHARGE - WATERS	07/31/10 01:45 PM	

**Spot Inspections:**

Discharge Amount:	1,465 GAL
Cause:	LACK OF SYSTEM CAPACITY-HEAVY RAIN
Clean Up:	NONE NEEDED DUE TO MAGNITUDE OF RAIN
Control Zone:	NONE NEEDED-PIPE SUBMERGED
Impact	NO VISUAL IMPACT OBSERVED
Repair:	THIS LOCATION IS INCLUDED IN THE SANITARY SEWER DISCHARGE PLAN SUBMITTED ON DECEMBER 31, 2008

**Notifications:**

07/31/10 12:51 AM	DISPUB	PUBLIC NOTIFIED THROUGH DOOR HANGERS TO AVOID DIRECT CONTACT WITH DISCHARGED CONTENT
07/31/10 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
08/02/10 09:26 AM	DISNOT	Notification made through the supplemental email notification only. Initial Notification was not sent due to a system issue. No manual notification email was sent.



Initiated Jul 01, 2010 12:00 AM thru Jul 31, 2010 11:59 PM

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

KPDES #	Facility ID	Water Quality Treatment 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	40872	2105 INDIAN HILLS TRL		MUDDY FORK BEARGRASS CREEK	GROUND

Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Event Date	Problem	Result	Completed	Condition
DISREV: RAIN EVENT DISCHARGE	1107367	07/13/10 08:28 AM	ELDER	RHEINLAENDE R JR	DOCUMENTED	12/15/07	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHARGE - WATERS	07/13/10 11:10 AM	

**Spot Inspections:**

Discharge Amount	32,000 GAL
Cause:	LACK OF SYSTEM CAPACITY - HEAVY RAIN IN AREA
Clean Up:	MSD CLEANED, SANITIZED & SPREAD LIME
Control Zone:	PLACED BARRICADES AROUND THE IMPACTED AREA & PLACED TEMPORARY SIGNS AROUND THE IMPACTED AREA
Impact:	SEWAGE/WATER DISCHARGING FROM MANHOLE
Repair:	SITE FOUND DURING RAIN EVENT RECON- WILL BE MONITORED & EVALUATED FOR REPAIR.

**Notifications:**

07/13/10 01:00 AM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
07/13/10 08:28 AM	DISPUB	BARRICADES AND TEMPORARY SIGNS PLACED AROUND THE AREA
07/13/10 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



Initiated Jul 01, 2010 12:00 AM thru Jul 31, 2010 11:59 PM

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

KPDES #	Facility ID	Water Quality Treatment 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
SMN Sewer Main	45800	2413 SPRING VALLEY LN		MIDDLE FORK BEARGRASS CREEK	STREAM

Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Event Date	Problem	Result	Completed	Condition
DISSUS: SUSPECTED OVERFLOW EVID. FOUND	1115094	07/27/10 02:55 PM	MIDDELER	MIDDELER	REPAIRED - ISSUE RESOLVED	07/27/10	STRUCTURAL FAILURE	UNAUTHORIZED DISCHARGE - WATERS	07/27/10 03:00 PM	

**Spot Inspections:**

Discharge Amount: 5 GAL

Cause: CAPACITY ISSUES MAY HAVE CAUSED STRUCTURAL FAILURE NEAR RECENT REPAIR, COULD ALSO BE A BOTTLENECK AT FOOT BRIDGE

Clean Up: CREWS CLEANED IMPACTED AREA AS PART OF REPAIR

Control Zone: NO CONTROL ZONE SET

Impact: DEBRIS OBSERVED AROUND STRUCTURAL FAILURE OF PREVIOUS REPAIR

Repair: STRUCTURAL FAILURE OF MAIN SEWER LINE REPAIRED WITH HYDRAULIC CEMENT

**Notifications:**

07/27/10 03:40 PM DISPUB No public notification has been made.



Initiated Jul 01, 2010 12:00 AM thru Jul 31, 2010 11:59 PM

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

KPDES # KY0022411 (Cont'd)		Facility ID MSD0278		Water Quality Treatment Center MORRIS FORMAN		Receiving Stream of Treatment Center OHIO RIVER			Region WEST		
Facility Type SMH Sewer Manhole		Facility ID 72571-X		Facility Address 4600 CHAMPIONS TRACE LN		If Pump Station, Name of Pump Station:		Receiving Stream SOUTH FORK BEARGRASS CREEK		Discharge to STREAM	
<u>Activity Code / Description</u> DISREV: RAIN EVENT DISCHARGE		<u>WO #</u> 1107327	<u>Initiated</u> 07/13/10 08:05 AM	<u>Initiated By</u> GRIFFITH	<u>Assigned To</u> GRIFFITH	<u>Disch Status</u> DOCUMENTED	<u>Event Date</u> 11/29/01	<u>Problem</u> LACK OF SYSTEM CAPACITY	<u>Result</u> UNAUTHORIZED DISCHARGE - WATERS	<u>Completed</u> 07/13/10 08:32 AM	<u>Condition</u>

**Spot Inspections:**

Discharge Amount: 26,793 GAL

Cause: LACK OF SYSTEM CAPACITY-HEAVY RAIN

Clean Up: NO CLEAN UP REQUIRED, PIPE DISCHARGES UNDERWATER DIRECTLY TO STREAM

Control Zone: NONE NEEDED-PIPE SUBMERGED

Impact: NO IMPACT OBSERVED-PIPE SUBMERGED. MSD PROPERTY

Repair: THIS LOCATION IS INCLUDED IN THE SANITARY SEWER DISCHARGE PLAN SUBMITTED ON DECEMBER 31, 2008

**Notifications:**

07/13/10 08:20 AM DISPUB PUBLIC NOTIFIED THROUGH PERMANENT SIGNS TO AVOID DIRECT CONTACT WITH DISCHARGED CONTENT

07/13/10 01:00 AM DISNOT Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov

07/13/10 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



IMSAST0004

Overflow Report

Initiated Jul 01, 2010 12:00 AM thru Jul 31, 2010 11:59 PM

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

KPDES # KY0022411 (Cont'd)	Facility ID MSD0278	Water Quality Treatment 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	CSO019	816 N 34TH ST					OHIO RIVER	STREAM		
<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>
DISDW: DRY WEATHER DISCHARGE	1105123	07/08/10 03:00 AM	THOMPSON	THOMPSON	REPAIRED - ISSUE RESOLVED	07/08/10	UTILITY DAMAGED MSD ASSET	UNAUTHORIZED DISCHARGE - WATERS	07/08/10 04:15 AM	

**Spot Inspections:**

Discharge Amount: 100,000 GAL

Cause: LOUISVILLE WATER COMPANY WATER MAIN BREAK

Clean Up: NONE REQUIRED

Control Zone: PERMANENT SIGNS POSTED AT THE CSO OUTFALL

Impact: NONE OBSERVED

Repair: LOUISVILLE WATER COMPANY IS REPAIRING THE WATER MAIN, OVERFLOW NO LONGER OCCURRING.

**Notifications:**

07/08/10 11:00 AM DIS PUB UPDATED MSD WEBSITE TO MAKE THE PUBLIC AWARE OF THE OVERFLOW AND PERMANENT SIGNS ARE INSTALLED AT THE CSO OUTFALL

07/08/10 01:00 AM DIS NOT Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov





Initiated Jul 01, 2010 12:00 AM thru Jul 31, 2010 11:59 PM

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

KPDES # KY0022411 (Cont'd)		Facility ID MSD0278		Water Quality Treatment 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	
SPL Sewer Treatment Plant		MSD0278		4522 ALGONQUIN PKY				OHIO RIVER		STREAM	
<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		1115253	07/27/10 05:25 PM	THOMASSON	THOMASSON	REPAIRED - ISSUE RESOLVED	07/28/10	BYPASS AT WQTC	UNAUTHORIZED DISCHARGE - WATERS	07/28/10 01:41 AM	

**Spot Inspections:**

Discharge Amount: 21,700,000 GAL

Cause: BATTERY C WAS TAKEN DOWN MONDAY MORNING INTO CLOSED LOOP DUE TO BACTERIA KILL

Clean Up: NO CLEANUP REQUIRED, PIPE DISCHARGES DIRECTLY TO RIVER.

Control Zone: NO CONTROL ZONE SET UP AT PLANT. PERMANENT SIGN POSTED AT OUTFALL OF PLANT.

Impact: NO IMPACT OBSERVED. PIPE DISCHARGES DIRECTLY TO RIVER.

Repair: TANK #4 IS IN FINAL STAGES OF REPAIR. BATTERY C IS BEING SEEDED AT THIS TIME. AWAITING LABORATORY RESULTS FOR FURTHER INFORMATION.

**Notifications:**

07/28/10 12:00 AM DISPUB Permanent discharge sign is posted at the outfall of Morris Forman. No other public notification.

07/28/10 01:00 AM DISNOT Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov

Total Facilities Printed: 9  
Total Work Orders Printed: 12