



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

September 21, 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 August 1<sup>st</sup> to August 31<sup>st</sup> are enclosed.

All permit requirements were met for the month of August, 2010 with the exception of the maximum weekly fecal coliform average which exceeded the permit limit of 400 colonies per 100 ml. As you are aware, we have had issues with meeting the total residual chlorine (TRC) permit limit for the past couple of months (we did meet our permit limit for August) so in an attempt to reduce the impact of TRC exceedances we lowered our chlorine dosage which affected our fecal coliform count for this month. We believe we have corrected the TRC problems of the past and have increased our chlorine dosage back to normal settings. Recent fecal counts for September indicate that we are easily meeting our fecal as well as our TRC permit limits.

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

Sincerely,

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

paw

MFDMR0810.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)  
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) JEFFE  
F - FINAL MUNICIPAL DISCHARGE EFFLUENT  
\*\*\* NO DISCHARGE \*\*\*

MONITORING PERIOD						
YEAR	MONTH	DAY	TO	YEAR	MONTH	DAY
10	8	01		10	8	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) 00300 1 0 0	SAMPLE MEASUREMENT	*****	*****	****	4.3	*****	*****	(19)	0	31/31	GRAB	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	2.0 INST MIN	*****	*****	MG/L		DAILY	GRAB	
BOD, 5-DAY (20 DEG. C) 00310 E 0 0	SAMPLE MEASUREMENT	15,657	24,324	(26)	*****	23	36	(19)	0	31/31	COMPOS	
SEC/BIOLOGICAL PRCS CMPLT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	30 MO AVG	45 MX WK AV	MG/L		DAILY	COMPOS	
BOD, 5-DAY (20 DEG. C) 00310 G 0 0	SAMPLE MEASUREMENT	255,220	282,343	(26)	*****	365	391	(19)	0	31/31	COMPOS	
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 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	****	6.5	*****	6.8	(12)	0	31/31	GRAB	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		DAILY	GRAB	
SOLIDS, TOTAL SUSPENDED 00530 E 0 0	SAMPLE MEASUREMENT	11,463	14,270	(26)	*****	17	21	(19)	0	31/31	COMPOS	
SEC/BIOLOGICAL PRCS CMPLT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	30 MO AVG	45 MX WK AV	MG/L		DAILY	COMPOS	
SOLIDS, TOTAL SUSPENDED 00530 G 0 0	SAMPLE MEASUREMENT	279,937	340,707	(26)	*****	394	446	(19)	0	31/31	COMPOS	
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) 00610 E 0 0	SAMPLE MEASUREMENT	7,733	8,173	(26)	*****	11.6	12.9	(19)	0	31/31	COMPOS	
SEC/BIOLOGICAL PRCS CMPLT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	20 MO AVG	30 MX WK AV	MG/L		DAILY	COMPOS	
NAME/TITLE PRINCIPLE EXECUTIVE OFFICER	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		10-09-15	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): G - INFLUENT E - SECONDARY EFFLUENT 1 - FINAL EFFLUENT								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA	NUMBER	YEAR - MO - DAY

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

Form Approved.  
OMB No. 2040-0004

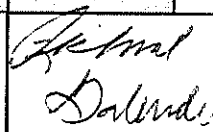
PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAME MSD MORRIS FORMAN WQTC  
ADDRESS C/O LOUISVILLE/JEFF CO MSD  
4522 ALGONQUIN PKWY  
LOUISVILLE, KY 40211-2497  
FACILITY MSD MORRIS FORM WQTC  
LOCATION LOUISVILLE, KY 40211

KY0022411	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	08	01		10	08	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	SAMPLE MEASUREMENT	9074	9324	( 26 )	*****	13.6	14.7	( 19 )	0	31/31	COMPOS
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		DAILY	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 E 0 0	SAMPLE MEASUREMENT	81.4	244.0	( 03 )	*****	*****	*****	****	0	31/31	CONTIN
SEC/BIOLOGICAL PROCESSES COMPLIANCE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		CONTINUOUS	CONTIN
CHLORINE, TOTAL RESIDUAL 50060 1 0 0	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	0.010	( 19 )	0	31/31	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.019 MO AVG	0.019 DAILY MX	MG/L		DAILY	GRAB
COLIFORM, FECAL GENERAL 74055 1 1 0	SAMPLE MEASUREMENT	*****	*****	****	*****	158	600	( 13 )	2	31/31	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	200 30DA GEO	400 7 DA GEO	#/ 100ML		DAILY	GRAB
BOD, 5-DAY PERCENT REMOVAL 81010 K 0 0	SAMPLE MEASUREMENT	*****	*****	****	94	*****	*****	( 23 )	0	ONCE/MONTH	CALCTD
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	85 MO MIN	*****	*****	PER-CENT		ONCE/MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K 0 0	SAMPLE MEASUREMENT	*****	*****	****	96	*****	*****	( 23 )	0	ONCE/MONTH	CALCTD
PERCENT REMOVAL	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	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT								502 540-6000		10-09-20
									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.

FAILED 7-DAY GEO. MEAN AVG FOR FECAL COLIFORM  
REFER TO COVER LETTER

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved.  
OMB No. 2040-0004

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

KY0022411	001 B
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD					
YEAR	MONTH	DAY	YEAR	MONTH	DAY
10	08	01	10	08	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	*****	*****	****	*****	199	274	( 19 )	0	7/31	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	*****	*****	****	*****	27	38	( 19 )	0	7/31	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	*****	*****	****	*****	163	222	( 19 )	0	7/31	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	*****	*****	****	*****	27	35	( 19 )	0	7/31	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	*****	*****	****	*****	13.6	15.0	( 19 )	0	7/31	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	*****	*****	****	*****	10.1	11.5	( 19 )	0	7/31	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	19.60	30.80	( 03 )	*****	*****	*****	****	0	7/31	CONTIN
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	MGD	*****	*****	*****	****		WHEN DISCHG	CONTIN
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H. J. SCHARDEIN, JR. EXECUTIVE DIRECTOR								502   540-6000		10-09-15	
							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.

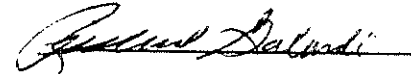
DATE	WASTEWATER FLOWS (Million Gallons)			TEMP (DEGF)		pH		SETS (ML)		TSS (mg/L)		TS (mg/L)		D.O. (mg/L)	5-DAY BOD (mg/L)			RETURN SLUDGE FLOW			AERATION BASIN					ACTIVE		CHLORINATION			FINAL EFFLUENT			
	Final	Sec.	Bypass	raw	final	raw	final	raw	final	raw	final	raw	final	final	raw	prim. final	final	MG	g/L	TVSS g/L	O.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		
	Effluent	Effluent																																
8/1	109.8	96.9	12.9	82	82	7.2	6.5	7.5	0.1	248	22			6.9	228	143	19	27.0	14.0	11.4	11.5	3.8	3.0	273	75	0.95	0.28	3.28	0.010	25	9	0.00		
8/2	87.0	87.0	0.0	81	82	7.1	6.8	8.0	0.1	178	10			6.0	254	204	10	26.9	12.9	11.8	11.7	3.4	3.0	259	77	0.91	0.28	2.44	0.010	268	12	0.00		
8/3	85.3	85.3	0.0	82	83	7.3	6.7	14.0	0.1	350	10			5.2	355	172	9	27.2	12.2	10.4	11.3	3.5	3.1	260	74	0.89	0.28	2.36	0.010	18	15	0.00		
8/4	83.8	83.8	0.0	82	83	7.3	6.6	12.0	0.1	332	11			5.2	317	209	10	26.7	11.7	9.4	9.7	3.6	3.0	242	69	0.92	0.25	2.33	0.010	258	12	0.00		
8/5	115.9	97.8	18.1	82	83	7.0	6.6	18.0	0.1	464	23			6.2	454	258	26	26.4	11.4	10.0	8.8	3.7	3.3	218	59	0.85	0.19	3.69	0.010	89	10	0.00		
8/6	82.1	82.1	0.0	83	83	7.3	6.5	4.0	0.1	224	13			5.0	316	250	14	26.9	12.2	10.9	9.1	4.7	4.2	234	50	0.80	0.25	3.63	0.010	23	9	0.00		
8/7	72.4	72.4	0.0	82	83	7.3	6.5	7.5	0.1	510	9			6.2	370	208	13	26.5	12.2	10.6	6.9	3.8	3.6	247	65	0.89	0.34	2.23	0.010	6150	13	0.00		
8/8	70.7	70.7	0.0	84	84	7.4	6.6	18.0	0.1	412	17			5.0	275	149	18	26.0	10.7	9.6	12.2	4.2	3.7	303	73	0.96	0.26	1.99	0.010	22	13	0.00		
8/9	75.4	75.4	0.0	84	85	7.4	6.7	14.0	0.1	348	21			6.9	316	156	23	25.5	10.2	7.8	18.3	4.8	4.0	248	55	1.03	0.27	1.87	0.010	155	13	0.00		
8/10	80.4	80.4	0.0	83	84	7.2	6.6	12.0	0.1	406	18			5.4	374	205	19	26.2	9.9	8.5	13.2	3.2	2.9	220	70	0.99	0.28	1.53	0.010	14000	11	0.00		
8/11	94.1	84.4	9.7	84	85	7.0	6.5	14.0	0.3	476	24			6.8	508	282	38	26.0	10.8	8.8	9.8	3.5	2.9	213	62	1.10	0.31	2.45	0.010	2600	12	0.00		
8/12	80.3	80.3	0.0	84	85	7.1	6.5	20.0	0.1	446	17			7.0	591	283	17	25.4	10.5	9.6	11.3	3.3	3.1	211	63	0.96	0.26	2.63	0.010	590	11	0.00		
8/13	80.1	80.1	0.0	86	87	7.1	6.6	8.5	0.1	470	24			5.8	389	283	22	25.6	12.2	10.1	11.3	3.4	3.0	228	69	0.97	0.27	3.57	0.010	3400	13	0.00		
8/14	130.6	95.8	34.8	84	85	7.0	6.6	10.5	0.1	378	39			7.0	285	286	40	25.7	9.8	8.4	8.3	3.3	2.8	221	63	1.01	0.25	7.60	0.010	101	11	0.00		
8/15	121.7	104.5	17.2	84	84	7.3	6.5	9.0	0.1	292	19			6.0	205	134	18	26.8	13.1	10.7	7.8	3.0	2.5	203	68	1.00	0.16	6.69	0.010	126	8	0.00		
8/16	84.7	84.7	0.0	82	82	7.3	6.7	12.0	0.1	400	13			8.4	331	204	13	26.0	11.5	9.4	15.9	3.2	2.7	213	68	0.99	0.22	2.73	0.010	176	10	0.00		
8/17	80.7	80.7	0.0	80	81	7.3	6.6	18.0	0.1	566	15			6.2	482	234	14	25.2	11.4	9.2	12.2	3.5	2.9	206	58	0.95	0.26	5.49	0.010	400	9	0.00		
8/18	77.6	77.6	0.0	82	83	7.3	6.7	5.0	0.1	618	16			7.0	422	226	12	25.9	11.1	8.5	10.3	3.0	2.1	222	75	0.89	0.16	5.49	0.010	2750	14	0.00		
8/19	73.7	73.7	0.0	82	82	7.3	6.6	17.0	0.1	406	17			6.0	356	233	14	25.5	11.1	9.0	13.2	3.8	3.1	243	64	0.90	0.23	1.31	0.010	440	18	0.00		
8/20	73.2	73.2	0.0	83	84	7.4	6.6	20.0	0.1	434	26			7.0	412	222	13	26.3	11.2	9.9	13.0	3.3	3.0	229	70	0.93	0.19	2.31	0.010	113	16	0.00		
8/21	150.8	106.4	44.4	81	82	7.3	6.6	10.0	0.3	408	50			5.6	230	182	40	26.4	11.3	9.5	12.4	3.7	3.2	258	69	0.82	0.20	4.35	0.010	16250	12	0.00		
8/22	82.8	82.4	0.4	82	82	7.4	6.6	13.0	0.1	358	12			6.5	207	127	9	26.0	12.7	10.2	13.4	3.9	3.0	254	66	0.81	0.27	2.53	0.010	209	10	0.00		
8/23	80.3	80.3	0.0	82	83	7.4	6.7	15.0	0.2	344	12			8.0	335	160	10	25.4	11.6	9.5	14.0	3.2	2.8	253	82	0.99	0.32	3.10	0.010	490	13	0.00		
8/24	78.8	78.6	0.0	82	82	7.3	6.7	22.0	0.1	446	14			8.0	422	164	11	24.8	10.9	8.7	13.7	3.0	2.5	210	69	0.97	0.35	3.30	0.010	40	14	0.00		
8/25	79.6	79.6	0.0	81	81	7.3	6.6	20.0	0.1	476	14			7.0	404	224	9	24.6	9.8	7.9	12.6	3.4	2.7	196	58	0.88	0.31	3.78	0.010	6	15	0.00		
8/26	73.8	73.8	0.0	81	81	7.3	6.6	19.0	0.1	404	15			7.5	408	245	10	24.6	11.1	8.6	12.7	3.3	2.8	203	62	0.79	0.28	2.79	0.010	9150	15	0.00		
8/27	71.7	71.7	0.0	81	82	7.1	6.7	12.0	0.1	300	13			7.0	420	311	12	24.7	11.1	9.1	11.8	3.4	2.8	248	75	0.87	0.27	2.35	0.010	7	16	0.00		
8/28	66.5	66.5	0.0	82	83	7.1	6.7	19.0	0.1	384	16			4.3	489	285	17	25.8	11.3	9.6	10.3	3.5	3.1	276	79	1.01	0.22	2.80	0.010	13	7	0.00		
8/29	69.1	69.1	0.0	84	85	7.2	6.6	14.0	0.1	384	16			5.4	426	318	23	25.1	12.1	9.9	11.6	3.6	3.1	281	75	1.06	0.19	2.34	0.010	2	16	0.00		
8/30	72.4	72.4	0.0	82	82	7.4	6.6	10.0	0.1	252	14			6.1	306	266	12	25.1	11.7	9.8	13.2	3.4	2.9	261	76	1.02	0.28	2.51	0.010	8	20	0.00		
8/31	73.6	73.6	0.0	83	84	7.1	6.6	17.0	0.1	498	17			6.5	437	278	12	26.3	11.1	9.3	11.6	3.7	3.1	264	72	1.00	0.36	2.48	0.010	2	21	0.00		
Total	2660.7	2523.2	137.5															802.3																
Average	85.8	81.4	4.4	82	83	7.2	6.6	13.4	0.1	394	18			6.4	365	222	17	25.9	11.4	9.5	11.7	3.6	3.0	236	68	0.94	0.26	3.16	0.010	158	13	0.00		

SEWER CONNECTIONS

130402 TIMES 4 = 521608 SEWER POPULATION

INO. WASTER POPULATION EO  
 CUSTOMERS                    327  
 FLOW                            295811  
 BOD                             1016238  
 TSS                             821176

Authorized Agent



Certification No. 4663



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

KPDES #	Facility ID	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

Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Event Date	Problem	Result	Completed	Condition
DISREV: RAIN EVENT DISCHARGE	1120824	08/14/10 05:44 PM	GRIFFITH	GRIFFITH	DOCUMENTED	11/29/01	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHARGE - WATERS	08/14/10 05:45 PM	

**Spot Inspections:**

Discharge Amount:	9 GAL
Cause:	LACK OF SYSTEM CAPACITY-HEAVY RAIN
Clean Up:	CLEAN UP NOT REQUIRED, DISCHARGE PIPE SUBMERGED
Control Zone:	NONE NEEDED - PIPE DISCHARGES DIRECTLY TO STREAM WITH NO PUBLIC ACCESS
Impact:	NO IMPACT OBSERVED, PIPE DISCHARGES DIRECTLY TO STREAM AND IS SUBMERGED.
Repair:	THIS LOCATION IS INCLUDED IN THE INTERIM SANITARY SEWER DISCHARGE PLAN SUBMITTED ON DECEMBER 31, 2008

**Notifications:**

08/14/10 10:04 PM	DISPUB	PUBLIC NOTIFIED THROUGH PERMANENT SIGNS TO AVOID DIRECT CONTACT WITH DISCHARGED CONTENT
08/14/10 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
08/14/10 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



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
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Facility Type	Facility ID	Facility Address	If Pump Station, Name of Pump Station:	Receiving Stream	Discharge to
SMH Sewer Manhole	16649	1726 FRASER DR		SOUTH FORK BEARGRASS CREEK	DITCH

Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Event Date	Problem	Result	Completed	Condition
DISREV: RAIN EVENT DISCHARGE	1120825	08/14/10 06:00 PM	GRIFFITH	GRIFFITH	DOCUMENTED	01/24/02	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHARGE - WATERS	08/14/10 06:30 PM	

**Spot Inspections:**

Discharge Amount:	780 GAL
Cause:	LACK OF SYSTEM CAPACITY-HEAVY RAIN
Clean Up:	NONE NEEDED-ADDITIONAL RAIN WASHED AWAY DEBRIS BEFORE CLEAN UP COULD BE INITIATED.
Control Zone:	DOOR HANGERS, TEMP SIGNS, AND PERMANENT SIGNS ARE PLACED AROUND DISCHARGE AREA
Impact:	SOME PAPER PRODUCTS OBSERVED INITIALLY, ADDITIONAL RAIN EVENT WASHED AWAY DEBRIS
Repair:	THIS LOCATION IS INCLUDED IN THE SANITARY SEWER DISCHARGE PLAN SUBMITTED ON DECEMBER 31, 2008

**Notifications:**

08/14/10 10:09 PM	DISPUB	PUBLIC NOTIFIED THROUGH DOOR HANGERS AND PERMANENT SIGNS TO AVOID DIRECT CONTACT WITH DISCHARGED CONTENT
08/14/10 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
08/14/10 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

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	45796	1011 ALTA CIR		MIDDLE FORK BEARGRASS CREEK	DITCH

Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Event Date	Problem	Result	Completed	Condition
DISSUS: SUSPECTED OVERFLOW EVID. FOUND	1121622	08/17/10 11:25 AM	FRENCH	FRENCH	REPAIRED - ISSUE RESOLVED	08/17/10	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHAGE - WATERS	08/17/10 11:30 AM	

**Spot Inspections:**

Discharge Amount:	5 GAL
Cause:	MOST LIKELY OCCURRED DURING A RAIN EVENT (LACK OF SYSTEM CAPACITY)
Clean Up:	SOLIDS AND DEBRIS OBSERVED AROUND CASTING PLACED BACK IN COLLECTION SYSTEM
Control Zone:	NO CONTROL ZONE SET UP
Impact:	PAPER OBSERVED AROUND RIM AND CASTING
Repair:	SERVICE REQUEST #3750117 GENERATED TO INSTALL MANHOLE BOLTS IN LID

**Notifications:**

08/17/10 02:15 PM	DISPUB	No public notification was made.
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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
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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	WO #	Initiated	Initiated By	Assigned To	Disch Status	Event Date	Problem	Result	Completed	Condition
DISREV: RAIN EVENT DISCHARGE	1120833	08/14/10 06:53 PM	GRIFFITH	GRIFFITH	DOCUMENTED	11/29/01	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHARGE - WATERS	08/14/10 06:54 PM	

**Spot Inspections:**

Discharge Amount:	1 GAL
Cause:	BASED ON A COMBINATION OF LEVEL AND VELOCITY TELEMTRY VALUES NO DISCHARGE OCCURRED
Clean Up:	BASED ON A COMBINATION OF LEVEL AND VELOCITY TELEMTRY VALUES NO DISCHARGE OCCURRED
Control Zone:	NONE NEEDED-BASED ON A COMBINATION OF LEVEL AND VELOCITY TELEMTRY VALUES NO DISCHARGE OCCURRED
Impact:	NONE OBSERVED-BASED ON A COMBINATION OF LEVEL AND VELOCITY TELEMTRY VALUES NO DISCHARGE OCCURRED
Repair:	THIS LOCATION IS INCLUDED IN THE SANITARY SEWER DISCHARGE PLAN SUBMITTED ON DECEMBER 31, 2008

**Notifications:**

08/14/10 11:44 PM	DISPUB	PUBLIC NOTIFIED THROUGH PERMANENT SIGNS TO AVOID CONTACT WITH DISCHARGE CONTENT
08/14/10 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
08/14/10 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



Report Selections: Treatment Plant: MSD0278 MORRIS FORMAN, Excluding PPL, 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
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Facility Type	Facility ID	Facility Address	If Pump Station, Name of Pump Station:	Receiving Stream	Discharge to
SMH Sewer Manhole	CSO153	1201 LEXINGTON RD		SOUTH FORK BEARGRASS CREEK	STREAM

Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Event Date	Problem	Result	Completed	Condition
DISDW: DRY WEATHER DISCHARGE	1119741	08/11/10 10:58 AM	BRIGHT	BRIGHT	REPAIRED - ISSUE RESOLVED	08/23/10	OBSTRUCTION-NOT GREASE / ROOTS	UNAUTHORIZED DISCHARGE - WATERS	08/11/10 12:19 PM	

**Spot Inspections:**

Discharge Amount:	405 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

**Notifications:**

08/11/10 11:23 AM	DISPUB	TEMPORARY SIGNS PLACED NEAR ENTRANCE TO CREEK
08/11/10 01:00 AM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov



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

<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
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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>
DISDW: DRY WEATHER DISCHARGE	1123103	08/23/10 08:58 AM	BRIGHT	BRIGHT	REPAIRED - ISSUE RESOLVED	08/23/10	OBSTRUCTION-NOT GREASE / ROOTS	UNAUTHORIZED DISCHARGE - WATERS	08/23/10 09:17 AM	

**Spot Inspections:**

Discharge Amount:	95 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

**Notifications:**

08/23/10 09:06 AM	DISPUB	TEMPORARY SIGNS PLACED NEAR ENTRANCE TO CREEK
08/23/10 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: 5  
Total Work Orders Printed: 6