



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

August 19, 2011

Cheryl Edwards
Permit Support Section
Surface Water Permits Branch
Division of Water
200 Fair Oaks Lane 4th Floor
Frankfort, KY 40601

Re: **Morris Forman Water Quality Treatment Center**
KPDES Permit No. KY0022411

Dear Ms. Edwards:

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 1st to July 31st are enclosed. All permit requirements were met for the month of July, 2011.

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

Sincerely,

A handwritten signature in black ink that reads "Alex E. Novak". The signature is written in a cursive style.

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

paw

MFDMR0711.doc

Enclosures

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



Beneficial Use of Louisville's Biosolids
www.louisvillegreen.com

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

Form Approved.
OMB No. 2040-0004

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

KY0022411	001 1
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MONTH	DAY	TO	YEAR	MONTH	DAY
11	07	01		11	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	*****	*****	****	4.9	*****	*****	(19)	0	31/31	GRAB
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	2.0	*****	*****	MG/L		DAILY	GRAB
EFFLUENT GROSS VALUE					INST. MIN						
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	13,940	15,933	(26)	*****	19	22	(19)	0	31/31	COMPOS
00310 E 0 0	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	30 MO AVG	45 MX WK AV	MG/L		DAILY	COMPOS
SEC/BIOLOGICAL PROCESSES COMPLIANT											
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	193,594	230,987	(26)	*****	253	329	(19)	0	31/31	COMPOS
00310 G 0 0	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		DAILY	COMPOS
RAW SEWAGE INFLUENT											
PH	SAMPLE MEASUREMENT	*****	*****	****	6.4	*****	6.8	(12)	0	31/31	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0	SU		DAILY	GRAB
EFFLUENT GROSS VALUE					MINIMUM		MAXIMUM				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	6,682	8,436	(26)	*****	9	12	(19)	0	31/31	COMPOS
00530 E 0 0	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	30 MO AVG	45 MX WK AV	MG/L		DAILY	COMPOS
SEC/BIOLOGICAL PROCESSES COMPLIANT											
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	288,277	344,886	(26)	*****	369	491	(19)	0	31/31	COMPOS
00530 G 0 0	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		DAILY	COMPOS
RAW SEWAGE INFLUENT											
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	6,245	6,325	(26)	*****	8.5	9.0	(19)	0	31/31	COMPOS
00610 E 0 0	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	20 MO AVG	30 MX WK AV	MG/L		DAILY	COMPOS
SEC/BIOLOGICAL PROCESSES COMPLIANT											
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									502 540-8000		11-08-18
									SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA

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

G - INFLUENT
E - SECONDARY EFFLUENT
1 - FINAL EFFLUENT

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

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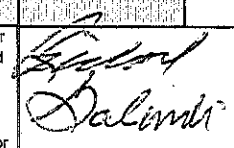
PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME MSD MORRIS FORMAN WQTC
ADDRESS C/O LOUISVILLE/JEFF CO MSD
4522 ALGONQUIN PKWY
LOUISVILLE, KY 40211-2497
FACILITY MSD MORRIS FORM WQTC
LOCATION LOUISVILLE, KY 40211

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
11	07	01	11	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	9154	9728	(26)	*****	12.3	13.6	(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/BOL PRCS CMLPT	SAMPLE MEASUREMENT	90.5	201.3	(03)	*****	*****	*****	****	0	31/31	CONTIN
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		CONTINUOUS	CONTIN
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	0.010	(19)	0	31/31	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.019 DAILY MX	MG/L		DAILY	GRAB
COLIFORM, FECAL GENERAL 74055 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	102	161	(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	*****	*****	****	93	*****	*****	(23)	0	ONCE/MONTH	CALCTD
	PERMIT REQUIREMENT	*****	*****	****	85 MO MIN	*****	*****	PERCENT		ONCE/MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	****	98	*****	*****	(23)	0	ONCE/MONTH	CALCTD
	PERMIT REQUIREMENT	*****	*****	****	85 MO MIN	*****	*****	PERCENT		ONCE/MONTH	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPLE EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.							Telephone		DATE	
H. J. SCHARDEIN, JR. EXECUTIVE DIRECTOR								502 540-8000		11-08-18	
								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA	NUMBER

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

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

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
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PERMITTEE NAME/ADDRESS (include Facility Name/Address if Different)
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LOUISVILLE, KY 40211-2497
FACILITY MSD MORRIS FORM WQTC
LOCATION LOUISVILLE, KY 40211

KY0022411	001 B
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MONTH	DAY	TO	YEAR	MONTH	DAY
11	07	01		11	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	*****	*****	****	*****	137	141	(19)	0	07/31	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	*****	*****	****	*****	17	22	(19)	0	07/31	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	*****	*****	****	*****	175	201	(19)	0	07/31	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	36	(19)	0	07/31	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	*****	*****	****	*****	13.3	14.5	(19)	0	07/31	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	*****	*****	****	*****	7.5	8.0	(19)	0	07/31	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	20.90	40.30	(03)	*****	*****	*****	****	0	07/31	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		11-08-18	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)							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				
	Effluent	Effluent	Bypass	raw	final	raw	final	raw	final	raw	final	raw	final	final	raw	prim.	final	final	MG	TSS	TVSS	D.O.	MLSS	MLVSS	SET	SVI	Wasted	Primary	Chlorine	Resid	Fecal	NH3-N	Pump.
7/1	93.6	93.6	0.0	74	74	7.3	6.8	17.0	0.1	276	16			9.4	301	155	11	26.4	11.4	8.8	15.5	3.5	2.7	222	65	0.72	0.14	2.08	0.010	108	9	0.00	
7/2	88.8	88.8	0.0	75	75	7.5	6.7	8.5	0.1	336	14			7.2	83	122	10	25.7	10.8	8.4	11.1	3.3	2.6	200	63	0.85	0.20	2.41	0.010	110	9	0.00	
7/3	81.7	81.7	0.0	78	76	7.6	6.8	12.0	0.1	288	18			7.9	184	83	12	25.5	8.8	7.1	13.8	3.3	2.7	194	61	0.96	0.20	2.61	0.010	102	9	0.00	
7/4	83.5	83.5	0.0	77	76	7.5	6.8	13.0	0.1	304	20			8.1	230	94	12	24.4	9.1	7.5	12.6	2.8	2.4	184	67	0.92	0.19	2.02	0.010	600	10	0.00	
7/5	107.3	92.1	15.2	78	76	7.4	6.8	11.0	0.3	340	28			7.3	212	132	20	25.2	8.9	6.1	15.7	2.6	1.8	159	62	0.87	0.23	3.62	0.010	60	8	0.00	
7/6	89.4	87.8	1.6	78	78	7.4	6.6	12.0	0.1	236	17			9.5	246	129	12	25.7	9.6	7.9	14.3	2.7	2.3	161	63	0.79	0.23	3.00	0.010	440	7	0.00	
7/7	80.8	80.8	0.0	76	78	7.4	6.7	18.0	0.1	424	11			7.8	255	142	10	25.7	7.9	6.8	14.0	2.8	2.4	164	59	0.70	0.22	1.85	0.010	148	11	0.00	
7/8	145.1	121.3	23.8	77	77	7.5	6.7	6.5	0.1	206	25			7.1	152	131	18	26.6	11.7	9.2	11.1	4.3	3.7	176	52	0.74	0.22	4.58	0.010	92	9	0.00	
7/9	83.5	83.5	0.0	73	73	7.5	6.6	11.0	0.1	246	12			8.1	188	117	9	25.9	10.0	8.1	13.2	3.2	2.7	166	60	0.77	0.19	2.27	0.010	26	9	0.00	
7/10	77.4	77.4	0.0	76	76	7.6	6.7	14.0	0.1	264	13			7.2	179	104	8	24.8	8.8	7.0	14.9	4.8	3.8	184	41	0.75	0.10	2.30	0.010	48	11	0.00	
7/11	102.0	94.1	7.9	79	79	7.5	6.7	6.5	0.1	344	15			7.0	199	171	9	25.2	7.9	6.4	12.2	3.7	3.0	200	57	0.75	0.21	3.63	0.010	66	11	0.00	
7/12	170.0	130.8	39.2	60	80	7.4	6.5	10.0	0.3	464	42			6.4	215	139	23	26.2	13.1	8.7	11.7	3.1	2.1	166	53	0.84	0.12	5.05	0.010	313	6	0.00	
7/13	133.5	114.9	18.6	79	79	7.5	6.4	11.0	0.1	344	25			7.3	211	124	17	26.1	11.9	7.7	11.6	3.0	2.0	149	49	0.89	0.20	5.05	0.010	600	6	0.00	
7/14	85.8	85.8	0.0	78	78	7.5	6.7	13.0	0.1	274	12			6.8	262	138	8	26.2	9.1	5.8	11.7	3.2	2.1	172	54	0.83	0.18	4.62	0.010	58	9	0.00	
7/15	81.8	81.8	0.0	78	78	7.5	6.7	16.0	0.1	416	16			7.6	337	223	18	23.8	13.6	8.7	10.6	4.4	3.0	179	47	0.73	0.20	2.77	0.010	11	9	0.00	
7/16	79.1	79.1	0.0	75	75	7.6	6.6	15.0	0.1	388	19			7.0	252	210	54	20.5	11.4	8.2	9.6	4.7	3.5	156	37	0.74	0.20	2.40	0.010	660	9	0.00	
7/17	76.1	76.1	0.0	78	78	7.8	6.6	17.0	0.1	296	14			7.6	263	118	14	21.2	9.2	5.8	12.0	3.1	1.9	150	49	0.78	0.22	1.64	0.010	1800	10	0.00	
7/18	93.9	93.9	0.0	78	78	7.4	6.6	12.0	0.1	322	16			6.8	232	156	11	20.9	9.4	6.2	11.5	2.7	1.7	179	66	0.85	0.21	1.89	0.010	48	10	0.00	
7/19	87.8	87.8	0.0	79	79	7.3	6.6	18.0	0.1	496	16			6.4	340	198	11	23.7	7.9	5.1	9.2	2.9	2.0	174	61	0.85	0.24	3.08	0.010	10	10	0.00	
7/20	178.8	138.5	40.3	79	79	7.2	6.5	4.5	0.2	264	36			6.9	145	131	22	23.1	15.9	11.1	9.6	3.2	2.4	152	47	0.78	0.16	6.06	0.010	330	6	0.00	
7/21	96.1	96.1	0.0	80	80	7.3	6.5	8.0	0.1	344	12			5.8	230	145	8	22.5	14.9	10.6	7.3	3.2	2.4	161	49	0.75	0.20	2.90	0.010	20	7	0.00	
7/22	86.8	86.8	0.0	79	79	7.4	6.5	9.0	0.1	272	11			5.7	223	188	7	22.2	14.2	10.2	9.0	4.3	3.1	174	41	0.85	0.22	2.79	0.010	13	7	0.00	
7/23	81.6	81.6	0.0	81	81	7.5	6.6	11.0	0.1	284	21			7.2	219	167	6	22.2	13.3	9.8	10.5	3.6	2.7	171	47	0.85	0.20	3.22	0.010	300	7	0.00	
7/24	84.5	84.5	0.0	80	80	7.6	6.7	10.5	0.1	496	34			6.3	174	136	7	22.0	12.3	9.6	11.8	5.8	4.1	176	32	0.82	0.15	3.84	0.010	7	9	0.00	
7/25	92.3	92.3	0.0	79	79	7.6	6.7	5.5	0.1	208	14			6.0	182	193	8	21.8	12.9	9.4	11.5	3.2	2.5	156	48	0.81	0.09	3.30	0.010	13	8	0.00	
7/26	85.7	85.7	0.0	80	80	7.3	6.7	10.0	0.1	420	20			6.5	318	243	9	22.3	13.1	10.0	11.3	3.9	3.1	158	39	0.83	0.18	2.86	0.010	350	8	0.00	
7/27	83.4	83.4	0.0	80	80	7.7	6.6	25.0	0.1	1180	29			7.4	717	315	22	19.7	10.4	8.2	8.2	2.5	2.0	208	80	0.54	0.09	2.49	0.010	4650	13	0.00	
7/28	81.4	81.4	0.0	81	81	7.2	6.7	20.0	0.1	600	31			5.9	468	403	20	22.3	10.8	8.7	5.7	3.0	2.5	188	60	0.92	0.20	2.10	0.010	54	13	0.00	
7/29	77.1	77.1	0.0	81	81	7.1	6.7	13.0	0.3	382	30			7.6	360	334	16	23.8	9.8	7.9	5.5	4.5	3.6	252	58	0.95	0.33	2.07	0.010	271	15	0.00	
7/30	75.1	75.1	0.0	81	81	7.6	6.6	9.5	0.2	410	20			4.9	253	224	10	24.2	11.9	8.7	5.0	5.0	3.7	277	54	0.95	0.23	1.80	0.010	7	17	0.00	
7/31	88.6	88.6	0.0	81	81	7.9	6.6	9.0	0.1	372	18			6.5	200	170	10	24.6	16.7	13.0	8.7	4.4	3.5	253	57	1.08	0.22	1.73	0.010	300	16	0.00	
Total	2952.5	2805.9	146.6															739.8								25.440	5.970					0.00	
Average	95.2	90.5	4.7	78	78	7.5	6.6	12.1	0.1	369	20			7.1	253	172	14	23.9	11.2	8.3	11.0	3.6	2.7	163	54	0.82	0.19	2.96	0.010	102	10	0.00	

SEWER CONNECTIONS

130913 TIMES 4 = 523652 SEWER POPULATION

IND. WASTER POPULATION EO
 CUSTOMERS 322
 FLOW 363414
 BOD 656219
 TSS 871712

Authorized Agent

Certification No. 4683

MORRIS FORMAN WASTEWATER TREATMENT PLANT

JEFFERSON COUNTY, KY

Month of Jul-11

Average Flow

SETTLING TANKS	Primary	Secondary		
		Battery A	Battery B	Battery C
Average Flow (MGD)	96.3	40.57	44.86	20.91
Tanks in Service	3.52	8.00	8.00	4.00
Surface Area (Ft.2)	67760.00	69200.00	69200.00	34600.00
Volume (MG)	7.33	7.09	7.09	3.54
Weir Length (Ft.)	2516.80	2868.00	2868.00	1434.00
Avg. Weir Overflow (GPD/Ft)	38256.18	14145.79	15641.98	14580.60
Avg. Settling Rate (GPD/Ft2)	1420.94	741.89	784.29	711.04
Avg. Detention Time	1.83	4.19	3.79	4.07

AERATION TANKS	Battery A	Battery B	Battery C
Volume (Gallons)	4200000	4200000	2100000
Avg. Flow (MGD)	51.00	53.91	24.50
Avg. Detention Time (Hours)	1.98	1.87	2.06

CHLORINE CONTACT CHAMBERS

Contact Chambers in Use	2.00
Volume (Gallons)	2340000
Avg. Detention Time (Hours)	0.58

Remarks: BY-PASS REPORTS (See Attached)



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

KPDES # KY0022411	Facility ID MSD0278	Water Quality Treatment Center MORRIS FORMAN	Receiving Stream of Treatment Center OHIO RIVER	Region WEST
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Facility Type	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

Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Event Date	Problem	Result	Completed	Condition
DISREV: RAIN EVENT DISCHARGE	1302852	07/20/11 12:07 AM	MITCHELL	GRIFFITH	DOCUMENTED	10/23/07	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHARGE-WATER S	08/09/11 03:36 PM	

Spot Inspections:

Discharge Amount:	4,500 GAL
Cause:	LACK OF SYSTEM CAPACITY-HEAVY RAIN
Clean Up:	DISCLN WO# 1302859
Control Zone:	CAUTION TAPE AND TEMPORARY SIGNS
Impact:	LIGHT DEBRIS OBSERVED
Repair:	LOCATION INCLUDED IN THE IOAP

Notifications:

07/20/11 08:31 AM	DISPUB	PUBLIC NOTIFIED THROUGH DOOR HANGERS AND TEMP SIGNS TO AVOID DISCHARGED CONTENT .
07/20/11 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, Excluding LAT, Result: WUS, Act Code: DISDW, DISREV

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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Facility Type SMH Sewer Manhole	Facility ID 13943	Facility Address 4119 LEE AVE	If Pump Station, Name of Pump Station:	Receiving Stream SOUTH FORK BEARGRASS CREEK	Discharge to GROUND
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<u>Activity Code / Description</u>	<u>WO #</u>	<u>Initiated</u>	<u>Initiated By</u>	<u>Assigned To</u>	<u>Disch Status</u>	<u>Event Date</u>	<u>Problem</u>	<u>Result</u>	<u>Completed</u>	<u>Condition</u>
DISREV: RAIN EVENT DISCHARGE	1302854	07/20/11 12:08 AM	MITCHELL	GRIFFITH	DOCUMENTED	03/19/08	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHARGE-WATER S	08/09/11 03:38 PM	

Spot Inspections:

Discharge Amount:	420 GAL
Cause:	LACK OF SYSTEM CAPACITY-HEAVY RAIN
Clean Up:	DISCLN WO# 1302851
Control Zone:	CAUTION TAPE AND TEMP SIGNS
Impact:	LIGHT DEBRIS OBSERVED
Repair:	LOCATION INCLUDED IN THE IOAP

Notifications:

07/20/11 08:35 AM	DISPUB	PUBLIC NOTIFIED THROUGH DOOR HANGERS AND TEMP SIGNS TO AVOID DISCHARGED CONTENT
07/20/11 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, Excluding LAT, Result: WUS, Act Code: DISDW, DISREV

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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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	1309931	07/30/11 08:17 PM	GRIFFITH	GRIFFITH	DOCUMENTED	01/24/02	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHARGE-WATER S	07/30/11 10:00 PM	

Spot Inspections:

Discharge Amount	21,254 GAL
Cause:	LACK OF SYSTEM CAPCITY-HEAVY RAIN
Clean Up:	DISCLN WO# 1311556
Control Zone:	PERMANENT SIGNS PLACED AROUND DISCHARGE
Impact:	LIGHT DEBRIS NOTICED
Repair:	LOCATION INCLUDED IN THE IOAP

Notifications:

07/31/11 09:54 PM	DISPUB	PUBLIC NOTIFIED THROUGH DOOR HANGERS AND TEMP SIGNS TO AVOID DISCHARGED CONTENT
08/01/11 09:02 AM	DISNOT	Manual email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
07/31/11 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, Excluding LAT, Result: WUS, Act Code: DISDW, DISREV

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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Facility Type SMH Sewer Manhole	Facility ID 37466	Facility Address 900 GAGEL AVE	If Pump Station, Name of Pump Station:	Receiving Stream UPPER MILL CREEK	Discharge to DITCH
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Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Event Date	Problem	Result	Completed	Condition
DISDW: DRY WEATHER DISCHARGE	1308033	07/26/11 04:45 PM	RICHARDSON	RICHARDSON	REPAIRED - ISSUE RESOLVED	07/27/11	OBSTRUCTION-NOT GREASE / ROOTS	UNAUTHORIZED DISCHARGE-WATER S	07/26/11 07:49 PM	MAJN

Spot Inspections:

Discharge Amount:	150 GAL
Cause:	OBSTRUCTION IN MSD MAIN SEWER
Clean Up:	MSD PERSONNEL CLEANED AND SANITIZED THE IMPACTED AREA
Control Zone:	MSD PERSONNEL ADVISED CUSTOMER TO AVOID CONTACT WITH SEWAGE
Impact:	SEWER WATER COMING FROM THE MSD MANHOLE GOING INTO CREEK
Repair:	WORK ORDERS 1308045, 1308046, 1308115 & 1308117 - ROOT CUT THE MAIN SEWER

Notifications:

07/26/11 04:45 PM	DISPUB	ADVISED CUSTOMER ON SITE AND PLACED DISCHARGE SIGNS
08/02/11 09:23 AM	DISNOT	Manual email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov



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

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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<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	1308233	07/27/11 09:00 AM	RICHARDSON	RICHARDSON	REPAIRED - ISSUE RESOLVED	07/27/11	OBSTRUCTION-NOT GREASE / ROOTS	UNAUTHORIZED DISCHARGE-WATER S	07/27/11 12:10 PM	MAIN

Spot Inspections:

Discharge Amount:	600 GAL
Cause:	BROKEN MANHOLE COVER IN THE MAIN SEWER
Clean Up:	MSD PERSONNEL CLEANED AND SANITIZED THE IMPACTED AREA
Control Zone:	MSD PERSONNEL ADVISED CUSTOMER TO AVOID CONTACT WITH SEWAGE
Impact:	SEWER WATER COMING FROM THE MANHOLE
Repair:	MSD PULLED THE BROKEN MANHOLE OUT OF THE CHANNEL

Notifications:

07/27/11 09:00 AM	DISPUB	ADVISED CUSTOMER ON SITE AND DISCHARGE SIGNS ALREADY PLACED ON SITE
07/27/11 01:01 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, Excluding LAT, Result: WUS, Act Code: DISDW, DISREV

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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Facility Type SMH Sewer Manhole	Facility ID 51594	Facility Address 1418 TREVILIAN WAY	If Pump Station, Name of Pump Station:	Receiving Stream SOUTH FORK BEARGRASS CREEK	Discharge to DITCH
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<u>Activity Code / Description</u>	<u>WO #</u>	<u>Initiated</u>	<u>Initiated By</u>	<u>Assigned To</u>	<u>Disch Status</u>	<u>Event Date</u>	<u>Problem</u>	<u>Result</u>	<u>Completed</u>	<u>Condition</u>
DISREV: RAIN EVENT DISCHARGE	1302856	07/19/11 11:50 PM	MITCHELL	GRIFFITH	DOCUMENTED	09/12/06	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHARGE-WATER S	07/20/11 01:15 AM	

Spot Inspections:

Discharge Amount:	900 GAL
Cause:	LACK OF SYSTEM CAPACITY-HEAVY RAIN
Clean Up:	DISCLN WO# 1302910
Control Zone:	CAUTION TAPE AND TEMP SIGNS
Impact:	LIGHT DEBRIS OBSERVED
Repair:	LOCATION INCLUDED IN THE IOAP

Notifications:

07/20/11 08:37 AM	DISPUB	PUBLIC NOTIFIED THROUGH DOOR HANGERS TO AVOID DISCHARGED CONTENT
07/20/11 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, Excluding LAT, Result: WUS, Act Code: DISDW, DISREV

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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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

<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	1302043	07/17/11 08:28 PM	FRENCH	GRIFFITH	DOCUMENTED	11/29/01	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHARGE-WATER S	07/17/11 09:31 PM	

Spot Inspections:

Discharge Amount:	96,362 GAL
Cause:	HEAVY RAINFALL FROM SPOTTY AFTERNOON RAIN SHOWERS
Clean Up:	NO CLEANUP REQUIRED, PIPE DISCHARGE SUBMERGED
Control Zone:	NO CONTROL ZONE ESTABLISHED, NO PUBLIC ACCESS
Impact:	NO IMPACT OBSERVED, PIPE DISCHARGE SUBMERGED
Repair:	A SOLUTION FOR THIS LOCATION IS INCLUDED IN THE IOAP

Notifications:

07/18/11 10:44 AM	DISPUB	Permanent overflow warning signs are posted along the South Fork of Beargrass Creek to notify the public.
07/18/11 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, Excluding LAT, Result: WUS, Act Code: DISDW, DISREV

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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Facility Type SV Sewer Valve	Facility ID 81405-V	Facility Address 6114 ASHBY LN	If Pump Station, Name of Pump Station:	Receiving Stream MILL CREEK	Discharge to GROUND
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<u>Activity Code / Description</u>	<u>WO #</u>	<u>Initiated</u>	<u>Initiated By</u>	<u>Assigned To</u>	<u>Disch Status</u>	<u>Event Date</u>	<u>Problem</u>	<u>Result</u>	<u>Completed</u>	<u>Condition</u>
DISREV: RAIN EVENT DISCHARGE	1298252	07/12/11 08:00 PM	ELDER	SPENCER	REPAIRED - ISSUE RESOLVED	07/13/11	MECHANICAL FAILURE	UNAUTHORIZED DISCHARGE-WATER S	07/13/11 10:37 AM	

Spot Inspections:

Discharge Amount:	880 GAL
Cause:	MECHANICAL FAILURE OF ARV
Clean Up:	CLEANED & SANITIZED BY CONTRACTOR
Control Zone:	TEMPORARY SIGNS PLACED AROUND AFFECTED AREA
Impact:	SEWAGE POOLED ON THE GROUND
Repair:	SHUT OFF WASTE SLUDGE PUMPS @ DRG TO STOP FLOW, & REPLACED ARV VALVE

Notifications:

	DISPUB	Temporary signs placed around affected area
07/13/11 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, Excluding LAT, Result: WUS, Act Code: DISDW, DISREV

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
SV Sewer Valve	81406-V	6114 ASHBY LN		MILL CREEK	GROUND

Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Event Date	Problem	Result	Completed	Condition
DISREV: RAIN EVENT DISCHARGE	1298248	07/12/11 08:00 PM	ELDER	SPENCER	REPAIRED - ISSUE RESOLVED	07/13/11	MECHANICAL FAILURE	UNAUTHORIZED DISCHARGE-WATER S	07/13/11 09:52 AM	

Spot Inspections:

Discharge Amount:	630 GAL
Cause:	MECHANICAL FAILURE OF ARV
Clean Up:	CLEANED & SANITIZED BY CONTRACTOR
Control Zone:	TEMPORARY SIGNS PLACED AROUND AFFECTED AREA
Impact:	SEWAGE POOLED ON THE GROUND
Repair:	SHUT OFF WASTE SLUDGE PUMPS @ DRG TO STOP FLOW. ARV WAS REPLACED.

Notifications:

	DISPUB	Temporary signs placed around affected area
07/13/11 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, Excluding LAT, Result: WUS, Act Code: DISDW, DISREV

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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Facility Type	Facility ID	Facility Address	If Pump Station, Name of Pump Station:	Receiving Stream	Discharge to
SMH Sewer Manhole	CSO211	1423 SOUTHWESTERN 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>
DISDW: DRY WEATHER DISCHARGE	1297841	07/11/11 09:30 PM	FRENCH	FRENCH	DOCUMENTED	11/22/03	UTILITY DAMAGED MSD ASSET	UNAUTHORIZED DISCHARGE-WATER S	07/11/11 11:45 PM	

Spot Inspections:

Discharge Amount	202,188 GAL
Cause:	LWC 48" WATER MAIN BREAK CAUSED A SUBSTANTIAL INCREASE IN SEWER FLOW, RESULTING IN A DRY WEATHER CSO AT THE MAIN DIVERSION
Clean Up:	NO CLEANUP REQUIRED, PIPE DISCHARGE SUBMERGED
Control Zone:	PERMANENT SIGNS POSTED ALONG OHIO RIVER
Impact:	VISUAL IMPACT NOT OBSERVED, PIPE DISCHARGE SUBMERGED
Repair:	LWC WORKING ON REPAIRS TO WATER MAIN

Notifications:

07/12/11 11:58 AM	DISPUB	Public notified to avoid contact with impacted river through Overflow Advisory posted on the MSD website.
07/12/11 01:00 AM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
07/12/11 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, Excluding LAT, Result: WUS, Act Code: DISDW, DISREV

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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Facility Type SPL Sewer Treatment Plant	Facility ID MSD0278	Facility Address 4522 ALGONQUIN PKY	If Pump Station, Name of Pump Station:	Receiving Stream OHIO RIVER	Discharge to STREAM
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Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Event Date	Problem	Result	Completed	Condition
DISDW: DRY WEATHER DISCHARGE	1297907	07/11/11 08:38 PM	FRENCH	GALARDI	REPAIRED - ISSUE RESOLVED	07/12/11	BYPASS AT WQTC	UNAUTHORIZED DISCHARGE-WATER S	07/12/11 07:00 AM	

Spot Inspections:

Discharge Amount	1,700,000 GAL
Cause:	LWC 48" WATER MAIN BREAK CAUSED A SUBSTANTIAL INCREASE IN SEWER FLOW, REQUIRING MFWQTC TO BYPASS SECONDARY
Clean Up:	NO CLEANUP REQUIRED, TOTAL BYPASSED FLOW RECEIVED PRELIMINARY, PRIMARY, DISINFECTION AND DECHLORINATION AS PART OF THE TREATMENT PROCESS
Control Zone:	PERMANENT SIGNS POSTED AT THE EFFLUENT OUTFALL AND POINTS OF PUBLIC ACCESS ALONG THE OHIO RIVER
Impact:	VISUAL IMPACT NOT OBSERVED, PIPE DISCHARGE SUBMERGED
Repair:	LWC WORKING ON REPAIRS TO WATER MAIN

Notifications:

07/12/11 12:00 PM	DISPUB	Public notified to avoid contact with impacted river through Overflow Advisory posted on the MSD website.
07/12/11 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: 10
 Total Work Orders Printed: 11