

MSD

Metropolitan Sewer District

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

May 23, 2011

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

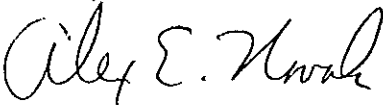
**Re: Morris Forman Water Quality Treatment Center
KPDES Permit No. KY0022411**

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 April 1st to April 30th are enclosed. All permit requirements were met for the month of April, 2011.

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

Sincerely,



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

paw

MFDMR0411.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

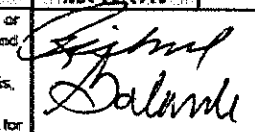
PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME MSD MORRIS FORMAN WQTC
ADDRESS C/O LOUISVILLE/JEFF CO MSD
4522 ALGONQUIN PKWY
LOUISVILLE, KY 40211-2497
FACILITY MSD MORRIS FORM WQTC
LOCATION LOUISVILLE, KY 40211

KY0022411	001 1
PERMIT NUMBER	DISCHARGE NUMBER

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

ATTN: ALEX E NOVAK, OPER DIR

MONITORING PERIOD					
YEAR	MONTH	DAY	YEAR	MONTH	DAY
FROM 11	04	01	TO 11	04	30

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	*****	*****	****	6.7	*****	*****	(19)	0	30/30	GRAB
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	2.0 INST MIN	*****	*****	MG/L		DAILY	GRAB
EFFLUENT GROSS VALUE											
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	16,049	19,353	(26)	*****	15	23	(19)	0	30/30	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 COMPLIANCE											
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	209,409	253,327	(26)	*****	165	289	(19)	0	30/30	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 SEW/INFLUENT											
PH	SAMPLE MEASUREMENT	*****	*****	****	6.6	*****	7.0	(12)	0	30/30	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		DAILY	GRAB
EFFLUENT GROSS VALUE											
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	12,100	14,262	(26)	*****	11	13	(19)	0	30/30	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 COMPLIANCE											
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	324,855	350,190	(26)	*****	243	383	(19)	0	30/30	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 SEW/INFLUENT											
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	6,610	11,857	(26)	*****	6.9	14.9	(19)	0	30/30	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 COMPLIANCE											
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		11-05-22
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT								AREA	NUMBER	YEAR - MO - DAY

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)

Form Approved.
OMB No. 2040-0004

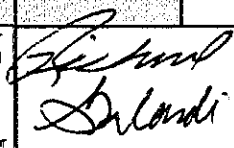
PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME MSD MORRIS FORMAN WQTC
ADDRESS C/O LOUISVILLE/JEFF CO MSD
4522 ALGONQUIN PKWY
LOUISVILLE, KY 40211-2497
FACILITY MSD MORRIS FORM WQTC
LOCATION LOUISVILLE, KY 40211

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	04	01		11	04	30

ATTN: ALEX E NOVAK, OPER DIR

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
NITROGEN, AMMONIA TOTAL (AS N) 00610 G 0 0	SAMPLE MEASUREMENT	7064	10777	(26)	*****	7.1	13.3	(19)	0	30/30	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	132.9	175.8	(03)	*****	*****	*****	****	0	30/30	CONTIN
SEC/BIOLOGICAL PROCESSES COMPLIANT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		CONTINUOUS	CONTIN
CHLORINE, TOTAL RESIDUAL 50060 1 0 0	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	0.010	(19)	0	30/30	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.019 DAILY MX	MG/L		DAILY	GRAB
COLIFORM, FECAL GENERAL 74055 1 1 0	SAMPLE MEASUREMENT	*****	*****	****	*****	125	266	(13)	0	30/30	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	1000 30DA GEO	2000 7 DA GEO	#/100ML		DAILY	GRAB
BOD, 5-DAY PERCENT REMOVAL 81010 K 0 0	SAMPLE MEASUREMENT	*****	*****	****	91	*****	*****	(23)	0	ONCE/MONTH	CALCTD
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	85 MO MIN	*****	*****	PERCENT		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	*****	*****	PERCENT		ONCE/MONTH	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPLE EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.								Telephone		DATE
H. J. SCHARDEIN, JR. EXECUTIVE DIRECTOR	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT								502 540-6000		11-05-22
									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.

DISCHARGE MONITORING REPORT (DMR)

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

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

KY0022411	001 B
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD					
YEAR	MONTH	DAY	YEAR	MONTH	DAY
11	04	01	11	04	30

ATTN: ALEX E NOVAK, OPER DIR

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
BOD, 5-DAY (20 DEG. C) 00310 F 0 0 PRI/PRLM PRCS CMPLT	SAMPLE MEASUREMENT	*****	*****	****	*****	100	198	(19)	0	25/30	COMPOS
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	27	32	(19)	0	25/30	COMPOS
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
SOLIDS, TOTAL SUSPENDED 00530 F 0 0 PRI/PRLM PRCS CMPLT	SAMPLE MEASUREMENT	*****	*****	****	*****	106	195	(19)	0	25/30	COMPOS
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	33	47	(19)	0	25/30	COMPOS
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 F 0 0 PRI/PRLM PRCS CMPLT	SAMPLE MEASUREMENT	*****	*****	****	*****	8.8	19.0	(19)	0	25/30	COMPOS
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	7.7	17.0	(19)	0	25/30	COMPOS
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 F 0 0 PRI/PRLM PRCS CMPLT	SAMPLE MEASUREMENT	57.40	81.71	(03)	*****	*****	*****	****	0	25/30	CONTIN
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	MGD	*****	*****	*****	****		WHEN DISCHG	CONTIN
NAME/TITLE PRINCIPLE EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.							Telephone		DATE	
H. J. SCHARDEIN, JR. EXECUTIVE DIRECTOR								502 540-6000		11-05-22	
							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				AERATION BASIN D.O MLSS MLVSS SET SVI				ACTIVE Sludge Wasted Primary		CHLORINATION Dosage Resid Fecal			FINAL EFFLUENT NH3-N Pump.	
	Effluent	Effluent	Bypass	raw	final	raw	final	raw	final	raw	final	raw	final	final	raw	final	final	MG	g/L	g/L	mg/L	g/L	g/L	SET	SVI	MG	MG	KLBS	mg/L	#/100 ml	mg/L	Hours	
																																	Final
4/1	90.4	89.2	1.2	81	81	7.4	8.7	28.0	0.2	512	37			6.7	372	249	28	27.4	13.6	11.1	10.9	3.8	3.2	279	73	1.10	0.42	0.86	0.010	102	20	11.00	
4/2	84.4	83.2	1.2	82	82	7.5	8.8	32.0	0.1	552	20			8.4	374	181	16	28.4	13.4	10.7	12.0	3.5	3.0	281	79	1.12	0.30	1.02	0.010	116	19	0.00	
4/3	73.2	73.2	0.0	81	81	7.5	8.8	18.0	0.1	292	11			9.8	235	121	14	28.2	12.0	9.9	14.9	4.1	3.4	288	85	1.12	0.35	0.74	0.010	22	22	0.00	
4/4	151.2	104.8	46.4	84	84	7.5	8.9	10.0	2.5	348	107			9.4	212	224	83	28.0	11.4	9.4	15.1	3.5	2.9	238	70	1.02	0.35	4.40	0.010	148	18	0.00	
4/5	148.6	132.9	15.7	81	81	7.7	8.7	13.0	0.1	302	24			9.8	239	138	21	28.3	13.9	11.0	18.3	3.3	2.8	198	60	1.03	0.50	1.88	0.010	108	11	5.00	
4/6	112.3	112.3	0.0	81	81	7.5	8.9	13.0	0.1	294	11			9.5	257	180	13	28.4	13.6	10.9	15.1	4.2	3.4	230	55	1.05	0.39	1.13	0.010	40	14	24.00	
4/7	101.8	101.8	0.0	83	83	7.4	8.9	14.0	0.1	378	14			8.9	332	218	14	27.2	13.3	10.7	15.2	3.8	3.1	209	55	0.94	0.44	0.96	0.010	18	14	24.00	
4/8	102.7	102.7	0.0	87	87	7.3	8.8	12.5	0.1	324	14			8.6	307	188	14	28.8	14.4	11.8	14.9	3.9	3.2	221	58	0.82	0.43	1.28	0.010	6	14	24.00	
4/9	180.8	118.7	42.1	87	87	7.3	8.8	10.5	0.1	348	30			9.8	238	130	30	28.7	14.1	11.2	13.8	3.8	2.9	214	61	0.89	0.21	3.81	0.010	16	11	24.00	
4/10	145.0	134.9	10.1	87	87	7.4	8.8	12.0	0.1	308	16			10.9	211	120	16	28.5	13.8	11.1	14.9	3.4	2.8	228	96	0.87	0.21	1.49	0.010	1100	10	24.00	
4/11	201.7	132.0	69.7	87	87	7.3	8.9	7.0	0.1	244	30			10.2	158	121	31	28.5	13.0	10.4	15.5	2.9	2.4	193	86	0.89	0.27	4.98	0.010	40	11	24.00	
4/12	231.8	152.1	79.7	82	82	7.3	8.8	3.5	0.1	128	32			11.4	74	68	22	28.4	14.0	10.8	13.2	2.8	2.1	159	61	0.87	0.21	3.42	0.010	158	4	24.00	
4/13	189.9	148.8	40.3	83	83	7.3	8.8	5.0	0.1	162	33			12.6	114	110	36	28.7	14.2	11.0	17.1	2.8	2.2	170	82	0.80	0.27	2.29	0.010	23	5	24.00	
4/14	230.1	145.2	84.9	82	82	7.3	8.9	5.0	0.2	172	47			12.0	102	77	38	28.8	12.4	9.7	17.1	2.8	2.2	168	80	0.77	0.38	3.99	0.010	590	6	24.00	
4/15	242.8	143.0	99.8	82	82	7.3	8.9	6.5	0.5	198	48			9.5	125	90	56	28.9	10.5	8.1	15.7	3.0	2.3	188	84	0.71	0.33	3.74	0.010	2400	6	24.00	
4/16	228.8	142.4	86.4	81	81	7.2	8.9	5.5	0.5	108	40			10.9	117	142	49	29.2	12.9	10.2	17.7	2.8	2.3	158	82	0.74	0.18	2.82	0.010	338	5	24.00	
4/17	182.4	143.3	39.1	58	58	7.4	8.9	18.0	0.4	222	28			10.3	140	84	24	28.6	13.2	10.2	18.1	2.8	2.2	203	72	0.80	0.15	2.25	0.010	186	10	24.00	
4/18	145.8	139.8	6.0	85	85	7.5	7.0	12.0	0.1	214	13			11.7	145	123	11	28.4	12.7	10.1	17.4	2.8	2.1	161	63	0.78	0.18	0.88	0.010	50	10	24.00	
4/19	125.2	125.2	0.0	88	88	7.5	8.8	12.0	0.1	318	12			9.8	188	90	8	28.1	11.8	9.3	18.4	2.7	2.3	170	63	0.77	0.27	1.18	0.010	42	12	24.00	
4/20	244.1	147.5	96.6	87	87	7.3	8.8	8.0	0.4	238	34			10.8	121	79	30	28.8	11.7	9.5	17.7	2.4	2.1	163	88	0.78	0.25	3.50	0.010	124	8	24.00	
4/21	195.8	144.5	51.3	83	83	7.4	8.9	11.0	0.1	272	28			10.5	150	73	22	28.0	11.9	9.4	18.8	2.3	1.9	138	80	0.78	0.25	3.22	0.010	74	8	24.00	
4/22	195.9	143.5	52.4	84	84	7.4	8.9	7.0	0.1	204	28			9.9	130	80	21	27.8	12.4	9.6	15.0	2.4	1.9	143	61	0.70	0.17	2.47	0.010	18	6	24.00	
4/23	299.0	155.8	143.2	87	87	7.4	8.8	5.5	0.7	224	52			11.0	78	38	25	28.1	12.9	9.8	18.8	3.4	2.6	148	44	0.58	0.18	3.48	0.010	204	3	24.00	
4/24	268.1	144.6	123.5	85	85	7.3	7.0	2.0	0.3	72	30			10.0	27	27	18	27.9	13.1	9.2	17.1	3.1	2.2	176	58	0.88	0.20	3.47	0.010	1150	4	24.00	
4/25	217.1	149.3	67.8	85	85	7.3	8.9	6.0	0.1	188	27			11.0	58	32	14	27.1	13.8	9.3	16.9	2.7	1.9	150	55	0.81	0.19	2.17	0.010	2100	3	24.00	
4/26	188.8	153.5	33.1	87	87	7.4	8.7	8.5	0.1	158	19			10.8	92	50	14	27.2	11.8	8.1	18.8	2.8	2.0	133	49	0.82	0.14	1.70	0.010	139	3	24.00	
4/27	274.1	158.8	115.3	85	85	7.0	8.8	4.5	0.4	142	35			10.5	80	55	22	26.5	10.8	7.4	18.0	2.1	1.5	128	59	0.68	0.14	2.82	0.010	490	2	24.00	
4/28	192.1	155.4	36.7	83	83	7.3	8.8	5.5	0.1	172	21			13.1	118	88	22	27.1	10.6	7.1	17.9	1.9	1.4	108	55	0.84	0.15	1.77	0.010	158	4	24.00	
4/29	195.2	154.9	40.3	85	85	7.2	8.8	4.5	0.1	99	22			11.0	85	72	28	27.8	9.0	8.3	19.3	4.4	3.1	128	34	0.67	0.24	2.00	0.010	188	3	24.00	
4/30	208.9	155.7	53.2	85	85	7.3	8.8	5.5	0.1	123	24			10.8	93	80	20	28.5	10.7	7.5	18.2	2.3	1.7	138	80	0.80	0.23	2.42	0.010	742	4	24.00	
Total	5422.6	3986.8	1435.8															839.7								24.810	7.940					816.00	
Average	180.6	128.8	47.9	84	84	7.4	8.8	10.1	0.3	243	30			10.3	165	109	25	28.0	12.6	9.7	16.1	3.1	2.4	182	61	0.83	0.26	2.39	0.010	125	9	0.00	

SEWER CONNECTIONS 130724 TIMES 4 = 522898 SEWER POPULATION
 IND. WASTER POPULATION EQ CUSTOMERS 323
 FLOW 1198564
 BOD 939858
 TSS 1220520

Authorized Agent *[Signature]* Certification No. 4883

MORRIS FORMAN WASTEWATER TREATMENT PLANT

JEFFERSON COUNTY, KY

Month of Apr-11

Average Flow

SETTLING TANKS	Primary	Secondary		
		Battery A	Battery B	Battery C
Average Flow (MGD)	213.1	60.22	58.18	28.54
Tanks in Service	4.00	8.00	7.93	4.00
Surface Area (Ft.2)	77000.00	69200.00	68594.50	34600.00
Volume (MG)	8.33	7.09	7.03	3.54
Weir Length (Ft.)	2860.00	2868.00	2842.91	1434.00
Avg. Weir Overflow (GPD/Ft)	74509.69	20998.15	20465.84	19904.05
Avg. Settling Rate (GPD/Ft2)	2767.50	1042.83	1000.36	969.43
Avg. Detention Time	0.94	2.82	2.90	2.98

AERATION TANKS

Battery A Battery B Battery C

Volume (Gallons)	4200000	4200000	2100000
Avg. Flow (MGD)	72.16	69.23	33.54
Avg. Detention Time (Hours)	1.40	1.46	1.50

CHLORINE CONTACT CHAMBERS

Contact Chambers in Use	2.00
Volume (Gallons)	2340000
Avg. Detention Time (Hours)	0.26

Remarks: BY-PASS REPORTS (See Attached)