



October 20, 2011

Cheryl Edwards
Permit Support Section
Surface Water Permits Branch
Division of Water
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. 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 September 1<sup>st</sup> to September 30<sup>th</sup> are enclosed. All permit requirements were met for the month of September, 2011.

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

Sincerely,

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

paw

MFDMR0911.doc

Enclosures

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



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

DAY

01

Form Approved. OMB No. 2040-0004

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

**ADDRESS** 

FACILITY

LOCATION

MSD MORRIS FORMAN WOTC

C/O LOUISVILLE/JEFF CO MSD 4522 ALGONQUIN PKWY

LOUISVILLE, KY 40211

LOUISVILLE, KY 40211-2497 MSD MORRIS FORM WQTC

YEAR

FROM

MONTH

09

KY0022411 001 1 PERMIT NUMBER DISCHARGE NUMBER

YEAR

MONTH

09

DAY

30

MONITORING PERIOD

MAJOR (SUBR LV) F-FINAL

JEFFE

MUNICIPAL DISCHARGE

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

ATTN: ALEX E NOVAK OPER DIR

Parameter		QUANT	ITY OR LOADIN	G	QUALITY OR CONCENTRATION				NO	FREQUENCY OF	SAMPLE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	ANALYSIS	TYPE
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	****	*****	****	3.7	****	****	(19)	0	30/30	GRAB
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			****	2.0 INST MIN			MG/L	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DAILY	GRAB
3OD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	8,970	11,348	(26)	****	13	18	(19)	0	30/30	COMPOS
00310 E 0 0 SEC/BIOL PRCS CMPLT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY		30 MO AVG	45 MXWKAV	MG/L		DAILY	COMPOS
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	227,868	252,904	(26)	****	314	387	(19)	0	30/30	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
ЭН	SAMPLE MEASUREMENT	****	****	in the sterile	6.6	****	6.9	(12)	0	30/30	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			****	6.0 M!NIMUM		9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	7,959	9,624	(26)	*****	11	13	(19)	0	30/30	COMPOS
00530 E 0 0 SEC/BIOL PRCS CMPLT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY		30 MO AVG	45 MX WKAV	MG/L	1937 1937	DAILY	COMPOS
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	283,128	308,044	(26)	****	380	447	(19)	0	30/30	COMPOS
0530 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
IITROGEN, AMMONIA "OTAL (AS <b>N</b> )	SAMPLE MEASUREMENT	8,717	9,564	(26)	****	12.5	14.4	(19)	0	30/30	COMPOS
00610 E 0 0 SEC/BIOL PRCS CMPLT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY		20 MO AVG	30 MX,WK.AV	MG/L		DAILY	COMPOS
IAME/TITLE PRINCIPLE EXECU	TIVE OFFICER	I certify under penalty of	law that this docume	nt and all attach	ments were prepared	under my direction or	// 1	,		Telephone	DATE
. J. SCHARDEIN, JR. XECUTIVE DIRECTOR		supervision in accordant evaluate the information system, or those persont to the best of my knowle significant penalties for knowing violations.	n submitted. Based on is directly responsible edge and belief, true, a	my inquiry of to for gathering the accurate, and co	he person or persons vie information, the information, the information was the information of the informatio	who manage the rmation submitted is, hat there are	Saland			540-6000	11-10-19
		_					SIGNATURE OF PRINCIPAL				
OMMENTS AND EXPLANATION OF ANY V	IOLATIONS (Defeates	oll otto-bases have					OFFICER OR AUTHORIZED	AGENT	AREA	NUMBER	YEAR - MO - DAY

G - INFLUENT

1 - FINAL EFFLUENT

E - SECONDARY 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 MSD MORRIS FORMAN WOTC MAJOR **ADDRESS** C/O LOUISVILLE/JEFF CO MSD KY0022411 001 1 (SUBR LV) 4522 ALGONQUIN PKWY PERMIT NUMBER DISCHARGE NUMBER JEFFE F-FINAL LOUISVILLE, KY 40211-2497 MUNICIPAL DISCHARGE FACILITY MSD MORRIS FORM WQTC MONITORING PERIOD EFFLUENT LOCATION LOUISVILLE, KY 40211 YEAR MONTH DAY **EAR** MONTH \*\*\* NO DISCHARGE \*\*\* 09 01 FROM TO 09 30 ATTN: ALEX E NOVAK, OPER DIR

Parameter	+	QUANT	TITY OR LOADING	3	QUALITY OR CONCENTRATION				NO	FREQUENCY OF	SAMPLE
i diametei		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	ANALYSIS	TYPE
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	9606	10652	(26)	****	13.9	16.7	(19)	0	30/30	COMPOS
00610 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
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	88.0	190.2	(03)	****	****	*****	****	0	30/30	CONTIN
50050 E 0 0 SEC/BIOL PRCS CMPLT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD				***		CONTIN	CONTIN
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	****	***	***	****	****	0.010	(19)	0	30/30	GRAB
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT		*****	****			0.019 DAILY MX	MG/L		DAILY	GRAB
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	****	****	****	****	47	68	(13)	0	30/30	GRAB
74055 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			****		200 30DA GEO	400 7 DA GEO	#/ 100ML		DAILY	GRAB
BOD, 5-DAY PERCENT REMOVAL	SAMPLE MEASUREMENT	****	***	****	96	****	****	(23)	0	ONCE/ MONTH	CALCTD
81010 K 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT			****	85 MO MIN			PER- CENT		ONCE/ MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	****	sir da dariar da	****	98	*****	***	(23)	0	ONCE/ MONTH	CALCTD
81011 K 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT			****	65 MO MIN			PER- CENT		ONCE/ MONTH	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										eriologia Completeriologia
NAME/TITLE PRINCIPLE EXECT H. J. SCHARDEIN, JR. EXECUTIVE DIRECTOR	UTIVE OFFICER		nce with a system design in submitted. Based on ins directly responsible ledge and belief, true, o	gned to assure my inquiry of for gathering t accurate, and	the information, the info complete. I am aware t	el properly gather and who manage the smation submitted is, that there are	Dalu	T di	502	Telephone 540-6000	DATE 11-10-19
							SIGNATURE OF PRINCIPA OFFICER OR AUTHORIZE		AREA	NUMBER	YEAR - MO - DA

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) DISCHARGE MONITORING REPORT (DMR)

DAY

01

MONTH

09

YEAR

FROM

Form Approved. OMB No. 2040-0004

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

ADDRESS

**FACILITY** 

LOCATION

MSD MORRIS FORMAN WOTC

C/O LOUISVILLE/JEFF CO MSD

4522 ALGONQUIN PKWY LOUISVILLE, KY 40211-2497 MSD MORRIS FORM WOTC

LOUISVILLE, KY 40211

KY0022411 001 B PERMIT NUMBER DISCHARGE NUMBER

YEAR

MONTH

09

DAY

30

MONITORING PERIOD

TO

MAJOR (SUBR LV) F - FINAL

JEFFE

SECONDARY BYPASS

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

ATTN: ALEY E NOVAY ORED DID

Parameter		QUANTITY OR LOADING			[ C	QUALITY OR CONCENTRATION				FREQUENCY OF	SAMPLE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	1 EX	ANALYSIS	TYPE
3OD, 5-DAY (20 DEG, C)	SAMPLE MEASUREMENT	ओ को को की की	*****	****	Wite Printer	168	244	(19)	0	12/30	COMPOS
0310 F 0 0 RI/PRLM PRCS CMPLT	PERMIT REQUIREMENT		The state of the s	***		REPORT MO AVG	REPORT MX WKAV	MG/L		WHEN DISCHG	COMPOS
OD, 5-DAY (20 DEG, C)	SAMPLE MEASUREMENT	ar de de de de	***	****	****	23	30	(19)	0	12/30	COMPOS
0310 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	en in de la companya		****		REPORT MO AVG	REPORT MX WK AV	MG/L		WHEN	COMPOS
OLIDS, TOTAL USPENDED	SAMPLE MEASUREMENT	****	****	****	*****	151	192	(19)	0	12/30	COMPOS
0530 F 0 0 RI/PRLM PRCS CMPLT	PERMIT REQUIREMENT			****	**************************************	REPORT MO AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
OLIDS, TOTAL USPENDED	SAMPLE MEASUREMENT	<del>****</del>	****	***	****	35	48	(19)	0	12/30	COMPOS
0530 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT			****		REPORT MO AVG	REPORT MX WK AV	MG/L		WHEN	COMPOS
ITROGEN, AMMONIA OTAL (AS N)	SAMPLE MEASUREMENT	***	***	****	*****	15.1	19.5	(19)	0	12/30	COMPOS
0610 F 0 0 RI/PRLM PRCS CMPLT	PERMIT REQUIREMENT			****	10 10 10 10 10 10 10 10 10 10 10 10 10 1	REPORT MO AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
TROGEN, AMMONIA DTAL (AS N)	SAMPLE MEASUREMENT	****	***	the poly toler also	****	11.4	15.5	(19)	0	12/30	COMPOS
0610 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT			***		REPORT MO AVG	REPORT MX WK AV	MG/L		WHEN	COMPOS
LOW, IN CONDUIT OR HRU TREATMENT PLANT	SAMPLE MEASUREMENT	20.40	49.10	(03)	****	10 to 10 10 10	****	****	0	12/30	CONTIN
0050 F 0 0 RI/PRLM PRCS CMPLT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	MGD		A district the property of the control of the contr		****		WHEN DISCHG	CONTIN
AME/TITLE PRINCIPLE EXECT J. SCHARDEIN, JR.	JTIVE OFFICER	supervision in accordar evaluate the information	nce with a system design submitted. Based on	gned to assume my inquiry of	e that qualified persons the person or persons	who manage the	Tilmy	1		Telephone	DATE
EXECUTIVE DIRECTOR		system, or those perso to the best of my knowl significant penalties for knowing violations.	ledge and belief, true, a	occurate, and	complete, I am aware	that there are	SIGNATURE OF PRINCIPA	'a'	502	540-6000	11-10-19

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.

### NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)

DAY

01

## DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

Form Approved. OMB No. 2040-0004

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

**ADDRESS** 

FACILITY

LOCATION

C/O LOUISVILLE/JEFF CO MSD

4522 ALGONQUIN PKWY LOUISVILLE, KY 40211-2497 MSD MORRIS FORM WQTC

LOUISVILLE, KY 40211

07

MONTH

YEAR

11

**FROM** 

KY0022411 001 Y PERMIT NUMBER DISCHARGE NUMBER

HTNOM

09

DAY

30

YEAR

TO

MAJOR (SUBR LV)

JEFFE F - FINAL

BIOMONITORING/ONCE PER QUARTE EFFLUENT

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

ATTN: ALEX F NOVAK OPER DIR

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO	FREQUENCY OF	SAMPLE
- diameter		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	ANALYSIS	TYPE
HARDNESS, TOTAL (AS CACO3)	SAMPLE MEASUREMENT	****	****	****	*****	456	466	(19)	0	QTRLY	GRAB-2
00900 1 0 2 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			****	Spring (New York)	REPORT MO AVG	REPORT DAILY MX	MG/L	tu prodite 1 Prijages 1 Prijages	QTRLY	COMPOS
CADMIUM, DISSOLVED (AS CD)	SAMPLE MEASUREMENT	****	****	****	****	0.003	0.003	(19)	0	QTRLY	GRAB-2
01025 1 0 2 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			****		REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
COPPER, DISSOLVED (AS CU)	SAMPLE MEASUREMENT	****	***	***	****	0.010	0.010	(19)	0	QTRLY	GRAB-2
01040 1 0 2 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			****		REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
LEAD, DISSOLVED (AS PB)	SAMPLE MEASURÉMENT	****	****	****	***	0.008	0.008	(19)	0	QTRLY	GRAB-2
01049 1 0 2 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			****		REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
ZINC, DISSOLVED (AS ZN)	SAMPLE MEASUREMENT	*****	****	***	****	0,060	0.060	(19)	0	QTRLY	GRAB-2
01090 1 0 2 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			****		REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
ZINC TOTAL RECOVERABLE	SAMPLE MÉASUREMENT	****	****	****	安全专案	0.060	0.060	(19)	0	QTRLY	GRAB-2
01094 1 0 2 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			****		REPORT MO AVG	REPORT DAILY MX	· MG/L		QTRLY	COMPOS
CADMIUM TOTAL RECOVERABLE	SAMPLE MEASUREMENT	****	***	****	<b>***********</b>	0.003	0.003	(19)	0	QTRLY	GRAB-2
01113 1 0 2 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			****		REPORT MO AVG	REPORT DAILY MIX	MG/L		OTRLY	COMPOS
NAME/TITLE PRINCIPLE EXECU H. J. SCHARDEIN, JR.	TIVE OFFICER	I certify under penalty of supervision in accordar evaluate the information	f law that this document noe with a system design submitted. Resed on	med to assure	that qualified personne	ol properly gather and	Juli	/		Telephone	DATE
EXECUTIVE DIRECTOR		system, or those perso to the best of my knowl significant penalties for knowing violations.	ns directly responsible t ledge and belief, true, a	for gathering the courate, and c	ne information, the infor omplete. I am aware t	mation submitted is, hat there are and imprisonment for	Salina	<b>(</b>	502	540-6000	11-10-19
		_					SIGNATURE OF PRINCIPA OFFICER OR AUTHORIZE		1054	NUMBER	WEAR AG ESS
OMMENTS AND EXPLANATION OF ANY V	IN ATIONS (Peteronea	all attackments have)					OF THE ROLL OF WOLLDONIE	J AGENI	INKEA	NOMBER	YEAR - MO - DAY

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES) Form Approved. DISCHARGE MONITORING REPORT (DMR) OMB No. 2040-0004 PERMITTEE NAME/ADDRESS (Include Facility Name/Address If Different) NAME MSD MORRIS FORMAN WOTC MAJOR **ADDRESS** C/O LOUISVILLE/JEFF CO MSD KY0022411 001 Y (SUBR LV) 4522 ALGONQUIN PKWY PERMIT NUMBER DISCHARGE NUMBER JEFFE F - FINAL LOUISVILLE, KY 40211-2497 BIOMONITORING/ONCE PER QUARTE FACILITY MSD MORRIS FORM WQTC MONITORING PERIOD **EFFLUENT** LOCATION LOUISVILLE, KY 40211 YEAR MONTH DA MONTH YEAR DAY \*\*\* NO DISCHARGE \*\*\* FROM 01 TO 30 ATTN: ALEX E NOVAK, OPER DIR QUANTITY OR LOADING QUALITY OR CONCENTRATION NO FREQUENCY OF SAMPLE Parameter **AVERAGE** MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS EX ANALYSIS TYPE LEAD SAMPLE 800.0 0.008 (19)QTRLY 0 GRAB-2 MEASUREMENT **TOTAL RECOVERABLE** 01114 1 0 2 \*\*\*\* \*\*\*\* \*\*\*\* PERMIT REPORT REPORT MG/L **QTRLY** COMPOS EFFLUENT GROSS VALUE REQUIREMENT MO AVG MX WK AV COPPER \*\*\*\* \*\*\*\* SAMPLE \*\*\*\* \*\*\*\* 0.010 0.010 (19)QTRLY 0 GRAB-2 MEASUREMENT TOTAL RECOVERABLE 01119 1 0 2 \*\*\*\* \*\*\*\* \*\*\* \*\*\*\* PERMIT REPORT REPORT MG/L **QTRLY** COMPOS REQUIREMENT EFFLUENT GROSS VALUE MO AVG MX WK AV TOXICITY, FINAL CONC SAMPLE \*\*\*\* ----\*\*\*\* < 1.00 (2F) QTRLY 0 GRAB-2 TOXICITY UNITS MEASUREMENT 61406 1 0 1 \*\*\*\* \*\*\*\* \*\*\*\* \*\*\*\* PERMIT \*\*\* 1.00 ACUTE OTRLY: GRAB-2 EFFLUENT GROSS VALUE REQUIREMENT DAILY MAX TOXCTY SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT: REQUIREMENT

NAME/TITLE PRINCIPLE EXECUTIVE OFFICER

H. J. SCHARDEIN, JR. EXECUTIVE DIRECTOR 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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Telephone DATE

11-10-19

AREA NUMBER YEAR - MO - DAY

502|540-6000

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

SAMPLE
MEASUREMENT
PERMIT
REQUIREMENT
SAMPLE
MEASUREMENT
PERMIT
REQUIREMENT

MORRIS FORMAN WATER QUALITY TREATMENT CENTER KPDE8 PERMIT NO. KY0022411

PLANT CAPACITY - 120 MGD

JEFFERSON COUNTY, KENTUCKY MONTH OF September RECEIVING STREAM-OHIO RIVER

2011

TEMP SETS TSS 5-DAY BOD D.O. WASTEWATER FLOWS (DEGF) (mg/L) (mg/L) (mg/L) (mg/L) ACTIVE CHLORINATION FINAL (Million Gallons) RETURN SLUDGE AERATION BASIN Sludgo Primary Chlorine Fecal **EFFLUENT** Final Sec. prim. FLOW TSS TVSS MLSS MLVSS SET SVI Wasted Sludge D.O Dosage Resid Coliform NH3-N Pump, DATE Effluent Effluent Bypass raw final raw final raw final raw final raw finalfinal final Iraw final MG α/L a/L mg/L KLBS g/L g/L MG MG mg/L #/100 ml mg/L Hours 73,1 73.1 0.0 81 81 7.2 9.0 0,1 6.6 256 5.2 383 284 21 10.5 8.4 3.1 2.4 1.8 239 101 1.05 0.36 2,34 0.010 1900 0.00 17 9/2 70.3 70.3 0,0 82 82 7.5 12.0 554 6.6 0.2 21 4.9 363 252 16 23.7 10.4 8.5 29 3.3 27 264 80 0.93 0.27 2.26 0.010 19 18 0.00 9/3 67.6 67.6 0.0 80 80 7.4 6.8 13.0 0.2 296 17 4.8 289 199 17 23,8 2.8 309 10.0 8.2 5.4 3.4 90 0.92 0,22 2.23 0.010 1700 17 0.00 9/4 78,3 75.8 2.5 ,81 7.4 81 6.7 11.0 300 0.8 28 4.6 233 173 19 23.7 10.5 8.4 6.9 22 1,6 296 143 1.04 0.28 2.57 0.010 15 16 0.00 9/5 77 79.5 77.9 1.6 77 7.5 6.6 17.0 0.3 520 20 6.3 271 89 10 23.5 10.6 9.1 10.6 3.6 3.1 283 78 1.13 0.31 2,60 0.010 15 0,00 9/6 88.6 88,6 0.0 75 75 7.5 6.6 16.0 0.3 352 24 7.8 304 147 12 23.5 12.3 10.5 12,2 26 248 3.0 84 0.95 0.35 2,84 0.010 12 15 0,00 9/7 83.4 83.4 0,0 75 75 7.1 6.8 12.0 0.4 384 28 6.5 420 268 20 24.1 9,5 7.2 7.0 2.2 257 3.0 85 0.91 0.30 2.46 0.010 104 14 0.00 9/8 79.0 79.0 0.0 74 74 7,2 6.6 19.0 0.2 506 20 7.0 484 23.8 7.6 294 15 5,8 9.3 2,2 207 2.8 76 98.0 0.34 230 0,010 26 15 0.00 9/9 81.1 81.1 0.0 77 77 7.3 6.6 13.0 0.2 372 19 5.8 392 293 13 24.2 11.3 9,7 3.1 254 2.45 0,010 8.2 3.6 71 0.85 0.21 31 12 0,00 77 9/10 78.9 77.4 1.5 77 7,3 6,7 16,0 0.2 440 23 6.2 404 289 23.7 11,7 16 10,1 6.3 3.5 3.0 323 92 2.43 0.010 0.95 0,32 14 0,00 9/11 78 82.2 78.9 10.0 0.1 3.3 78 7.4 6.6 388 23 5.4 297 232 16 24.0 11.9 10.1 3.3 293 9.6 3.8 77 1.00 2.96 0.010 310 13 0.00 0.22 9/12 86.7 85.2 75 1.5 75 7.2 6.8 11.0 0.4 380 15 6.8 278 210 17 24.5 12.3 10.4 10.7 2.6 230 3.1 74 0.97 0.34 3.28 0.010 15 13 0,00 9/13 73.4 73.4 0.0 79 6.8 79 7.4 12.0 0.1 584 21 6.4 408 259 12 24.5 12.4 10.4 9,5 3.0 254 71 0,96 0.33 2.34 0.010 20 14 0.00 9/14 · 71.7 71.7 0.0 79 79 7.2 6.8 10.5 0.1 460 467 329 28 33 4.3 24.7 12.0 10.1 4.1 3.5 3.0 269 79 0.95 2.15 0.010 2450 17 0.00 0.34 9/15 90.3 89.3 1.0 75 75 7.2 6.6 18.0 0.4 480 23 7,3 356 230 19 25.1 12.5 10.6 9.8 3.3 321 89 1,00 0.32 2.76 0.010 12 0.00 9/16 69.4 69.4 0.0 73 73 7,3 6.6 16.0 0.1 456 19 5,9 406 272 18 24.5 11.8 9.8 7.7 3,7 3,2 306 83 1.08 0.30 2.10 0.010 12 17 0.00 9/17 62.4 62.4 0.0 75 75 7.3 6.6 16.0 0.1 400 18 6,3 353 217 13 8.7 24.4 10.4 7.7 5.5 4.8 333 64 1.08 0,33 1.89 0.010 . 6 18 0,00 9/18 67.0 67.0 0.0 76 76 7.4 6.7 15.0 0.1 316 19 5.1 239 180 14 24.8 10.7 9.2 5.8 4.1 3.5 356 86 1,13 2.02 0.010 17 0,00 0.19 9 9/19 167.7 131.0 36.7 74 74 7.3 6.7 17,0 2.0 328 84 3.7 210 180 46 24.9 11.8 9.8 11.3 26 253 81 1.22 5.20 0,010 3.0 0,22 54 12 0.00 9/20 95,0 94.5 0.5 73 73 7.4 6.8 13.0 0.3 400 15 7.1 138 9 24.7 12.1 284 9.9 13.9 3.2 2.7 212 87 1.19 0.33 2.08 0.010 22 -0,00 10 9/21 83,4 83.4 0.0 75 75 7,1 6.8 18,0 0.2 504 15 8.1 434 242 10 24.3 10.9 9.0 7.4 3.0 2.8 208 70 1.01 0.33 1.57 0.010 236 15 0.00 9/22 727 76 727 0.0 76 7.2 6.6 16.0 0.3 472 20 6.3 417 274 12 24.4 10.5 8.8 9.7 3.3 3.1 256 78 0.94 0.24 1.58 0.010 15 17 0.00 9/23 188,0 134,2 53,8 71 71 7.2 6.6 9,5 1.4 276 88 6,1 207 175 51 25.4 12.1 10.2 13,1 2.7 230 0.87 10 0.00 3.2 71 0.27 6.80 0.010 240 9/24 92.5 92,5 0.0 70 70 7.4 6.8 10.5 328 0,1 13 6.3 254 200 9 25.2 13.4 11.1 123 3.2 26 241 76 1.04 0.29 2.06 0.010 9 0.00 22 9/25 95.4 84.4 11.0 72 72 7.5 6.8 10,0 0.1 316 24 6.9 218 25.1 11.8 161 18 9.8 11.8 3.1 2,6 253 82 1.14 0.34 2,56 0.010 12 11 0.00 9/26 241.8 143.7 98,1 69 69 7.4 6.6 1.7 0,5 108 50 10.3 60 56 32 25.3 13.1 10.6 18.9 29 2.4 213 74 0.92 0.26 8,59 0,010 131 5 0.00 9/27 175.6 142.1 33.5 69 69 7.4 6.7 6,5 0,7 252 30 9.5 151 79 17 25.5 13.3 10.6 18,8 2.3 193 67 0,89 0.00 2.8 0,30 4.30 0.010 156 6 9/28 109.2 109,2 0,0 70 70 7.4 6.9 11.5 0,1 380 12 10.3 247 159 7 25.3 13.2 10.5 27 16,9 2,5 259 94 0.92 0.28 1.89 0.010 84 9 0.00 9/29 94.3 94,3 0.0 71 71 7.2 6,8 12.5 0.1 322 14 7.2 337 220 10 25.5 11.6 127 9.3 3,1 2,5 221 72 0.98 0.14 1.60 0,010 37 11 0,00 9/30 85.7 85.7 0.0 72 72 7,4 6.8 258 7.8 263 0,8 0.1 172 7 24.8 7.8 5.9 129 2.2 1,5 224 103 0.96 0.28 1.46 0.010 35 16 0,00 2884.2 2639.2 245.0 Total 734.4 29,860 8.610 0.00 96.1 88.0 8.2 75 75 6.7 12.7 0.3 380 26 6.5 314 209 17 Average 7.3 24.5 11.3 9.4 9.9 3.2 2.7 260 82 1,00 0.29 2.79 0.010 13 0.00

SEWER CONNECTIONS

130733 TIMES 4 = 522932 SEWER POPULATION

IND, WASTER POPULATION EQ. CUSTOMERS 322 392687

FLOW BOD 956324 TSS 926431

Authorized Agent Authorized Agent Authorized Agent

Certification No. 4663

MORRIS FORMAN WASTEWATER TREATMENT	PLANT

JEFFERSON COUNTY, KY

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Month of	Sen-TH
	 - · · · ·

Average	• Flow
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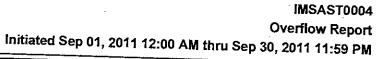
	Primary		Secondary	
SETTLING TANKS		Battery A	Battery B	Battery C
Average Flow (MGD)	105.2	46.14	20.66	20.74
Tanks in Service .				
	3.00	8.00		
Surface Area (Ft.2)	57750.00	69200.00	69200.00	34600.00
Volume (MG)	6.25	7.09	7.09	3.54
Weir Length (Ft.)	2145.00	2868.00	2868.00	1434.00
Avg. Weir Overflow (GPD/Ft)	49037.80	16087.50	13827.23	14465.06
Avg. Settling Rate (GPD/Ft2)	1821.40	820.74	731.90	691.99
Avg. Detention Time	1.43	3.69	4.29	4.10

AERATION TANKS	Battery A	Battery B	Battery C
Volume (Gallons)	4200000		2100000
Avg. Flow (MGD)	56.80	50,65	23.94
Avg. Detention Time (Hours)	1.77	1.99	2.11

### CHLORINE CONTACT CHAMBERS

Contact Chambers in Use		2.00
Volume (Gallons)	•	2340000
Avg. Detention Time (Hours)		0.53

Remarks: BY-PASS REPORTS (See Attached)





KPDES # KY0022411

Facility ID MSD0278

Water Quality Treatement Center MORRIS FORMAN

Receiving Stream of Treatment Center OHIO RIVER

Region WEST

Facility Type

Facility ID

Facility Address

If Pump Station, Name of Pump Station:

Receiving Stream

Discharge to

SMH Sewer Manhole

08935-SM

1001 BRECKENRIDGE LN

MIDDLE FORK BEARGRASS CREEK STREAM

Activity Code / Description

DISREV: RAIN EVENT DISCHARGE WO # 1345243 Initiated 09/26/11 06:13 AM

Initiated By GRIFFITH Assigned To GRIFFITH

Disch Status

Event Date

Problem LACK OF SYSTEM

Result UNAUTHORIZED

Completed 09/26/11 11:16

Condition

TH DOCUMENTED

11/29/01 LACK OF S CAPACITY

DISCHARGE-WATER

09/26/11 11:16 AM

Spot Inspections:

Discharge Amount	452,913 GAL	
Cause:	LACK OF SYSTEM CAPACITY-HEAVY RAIN	
Clean Up:	NO CLEAN UP POSSIBLE, PIPE DISCHARGE SUBMERGED	
Control Zone:	NONE NEEDED-MSD PROPERTY	:
Impact	LIGHT DEBRIS OBSERVED	
Repair.	LOCATION INCLUDED IN THE IOAP	

09/26/11 07:13 AM	DISPUB	PUBLIC NOTIFIED THROUGH PERMANENT SIGNS TO AVOID DISCHARGE
09/26/11 01:00 AM		Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA_Jeffries@ky.gov
09/26/11 01:00 AM	DISSNO	Supplemental Email notification of unauthorized discharge has been been been been been been been bee
		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# Facility ID **Water Quality Treatement 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 104231 4119 LEE AVE CAMP TAYLOR DITCH GROUND **Activity Code / Description** WO# **Initiated** Initiated By **Assigned To** Disch Status Event Date <u>Problem</u> <u>Result</u> Completed Condition DISREV: RAIN EVENT 1345417 09/26/11 02:15 AM MITCHELL GRIFFITH DOCUMENTED 10/23/07 LACK OF SYSTEM UNAUTHORIZED 09/28/11 11:52 DISCHARGE CAPACITY DISCHARGE-WATER AM s

Spot	Inspections:
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Discharge Amount	4,800 GAL	
Cause:	LACK OF SYSTEM CAPACITY-HEAVY RAIN	
Clean Up;	DISCLN WO# 1346299	**************************************
Cantrol Zone:	CAUTION TAPE AND TEMP SIGNS PLACED	
Impact	LIGHT DEBRIS OBSERVED	
Repair:	LOCATION INCLUDED IN THE IOAP	

09/26/11 08:33 AM	DISPUB	PUBLIC NOTIFIED THROUGH DOOR HANGERS TO AVOID DISCHARGE
09/26/11 01:00 AM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
09/26/11 01:00 AM		Supplemental Email notification of unauthorized discharge has been sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA,Jeffries@ky.gov



Initiated Sep 01, 2011 12:00 AM thru Sep 30, 2011 11:59 PM

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 Treatement Center** 

MORRIS FORMAN

Receiving Stream of Treatment Center

OHIO RIVER

Region WEST

Facility Type

Facility (D

Facility Address

If Pump Station, Name of Pump Station:

Receiving Stream

Discharge to

SMH Sewer Manhole

13943

4119 LEE AVE

SOUTH FORK

GROUND

Assigned To

Disch Status

Event Date

**Problem** 

Result

Completed

**BEARGRASS CREEK** 

Activity Code / Description

DISREV: RAIN EVENT DISCHARGE

WO# 1345420

Initiated 09/26/11 02:14 AM Initiated By MITCHELL

GRIFFITH

DOCUMENTED

03/19/08 LACK OF SYSTEM CAPACITY

UNAUTHORIZED

09/28/11 11:53

Condition

DISCHARGE-WATER AM

s

Spot Inspections:

Discharge Amount	1,100 GAL	
Cause:	LACK OF SYSTEM CAPACITY-HEAVY RAIN	
Clean Up:	DISCLN WO# 1346304	1
Control Zone:	CAUTION TAPE AND TEMP SIGNS PLACED AROUND DISCHARGE	
Impact:	LIGHT DEBRIS OBSERVED	
Repair;	LOCATION INCLUDED IN THE IOAP	

	<del></del>	
: 09/26/11 08:35 AM	DISPUB	PUBLIC NOTIFIED THROUGH DOOR HANGERS AND TEMP SIGNS TO AVOID DISCAHRGE
09/26/11 01:00 AM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA_Jeffries@ky.gov
09/26/11 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

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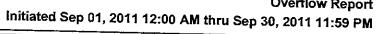


Report Selections: Treatment Plant: MSD0278 MORRIS FORMAN, Excluding PPI, CSO, Excluding LAT, Result: WUS, Act Code: DISDW, DISREV KPDES# Facility ID **Water Quality Treatement Center** Receiving Stream of Treatment Center KY0022411 (Cont'd) Region MSD0278 MORRIS FORMAN OHIO RIVER WEST Facility Type Facility ID Facility Address If Pump Station, Name of Pump Station: Receiving Stream Discharge to SMH Sewer Manhole 16649 1726 FRASER DR SOUTH FORK DITCH **BEARGRASS CREEK Activity Code / Description** WO # Initiated Initiated By Assigned To Disch Status Event Date **Problem** DISREV: RAIN EVENT Result 1345193 Completed Condition 09/26/11 01:47 AM GRIFFITH **GRIFFITH** DOCUMENTED 01/24/02 LACK OF SYSTEM UNAUTHORIZED DISCHARGE 09/29/11 04:00 CAPACITY DISCHARGE-WATER PM

Spot I	nspections:
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Discharge Amount	11,885 GAL	
Cause:	LACK OF SYSTEM CAPACITY-HEAVY RAIN	
Clean Up:	DISCLN WO# 1346492	
Control Zone:	TEMP SIGNS AND CAUTION TAPE PLACED	
Impact	LIGHT IMPACT OBSERVED	
Repair.	LOCATION INCLUDED IN THE IOAP	
all a real control of the second of the seco	THE TOAT	

09/26/11 06:40 AM	DISPUB	PUBLIC NOTIFIED THROUGH DOOR HANGERS TO AVOID DISCHARGED CONTENT
09/26/11 01:00 AM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
09/26/11 01:00 AM		Supplemental Email notification of unauthorized discharge has been sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov





09/26/11 06:46 AM

09/26/11 01:00 AM

DISPUB

DISNOT

MSD PERSONNEL PLACED SIGNS

KPDES # Facility ID KY0022411 (Cont'd) MSD0278  Facility Type Facility ID SMH Sewer Manhole 18471			Excluding PPI, CSO, Excluding LAT, Result: WUS, Act Co Water Quality Treatement Center MORRIS FORMAN			Receiving Stream of Treatment Center OHIO RIVER			Region <b>WE</b> ST		
		-		Facility Address 3107 DELL BROOKE AVE		If Pump Station, Name of Pump Station:		Receiving Stream SOUTH FORK BEARGRASS CREE	Discharge to CATCH BASIN		
ctivity Code / Description ISREV: RAIN EVENT ISCHARGE	<u>WO #</u> 1345194	<u>Initiated</u> 09/26/11	! I 06:38 AM	Initiated By BRIGHT	Assigned To BRIGHT	Disch Status DOCUMENTED	Event Date 02/17/00	Problem PUMPED OVERFLOW	Result UNAUTHORIZED DISCHARGE-WATER S	<u>Completed</u> 09/26/11 10:41 AM	Condition
Spot Inspections:  Discharge Amou	wt	· · · · · · · · · · · · · · · · · · ·	309,800 GAL		·			·			
Cause:	·····	-			200507/24440	- 410					:
Clean Up:	~		MSD PERSO	NNEL CLEANED A	ND SANITIZED TH	E IMPACTED AREA	JRING A SIGNIF	TCANT RAIN EVENT	· · · · · · · · · · · · · · · · · · ·		· ·
Control Zone:						EMPORARY SIGNS	ON THE DUMP				:
Impact						PRIMARILY OF STO		TH COME COMM			
Repair		i	THIS LOCATE	ON IS IN THE INT	FRIM SANITARY OF	EWER DISCHARGE	SUMIANY I EK AAI	TH SUME SEWAGE.			

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 Treatement Center** Receiving Stream of Treatment Center KY0022411 (Cont'd) Region 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 - 18483 3015 BOAIRES LN SOUTH FORK CATCH BASIN BEARGRASS CREEK **Activity Code / Description** WO # Initiated Initiated By Assigned To Disch Status **Event Date Problem** DISREV: RAIN EVENT Result Completed 1345261 Condition 09/26/11 07:34 AM BRIGHT BRIGHT DOCUMENTED 02/17/00 PUMPED OVERFLOW UNAUTHORIZED DISCHARGE 09/26/11 09:14 DISCHARGE-WATER s

Spot I	nspections:
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	95,000 GAL	
:	SET PUMPS TO ALLEVIATE PROPERTY DAMAGE AND FLOODING DURING A SIGNIFICANT BAIN EVENT	
		×
	THIS LOCATION IS IN THE INTERIM SANITARY SEWER DISCHARGE PLAN	
DISPUB	MSD PERSONNEL PLACED SIGNS	
DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov	·
		SET PUMPS TO ALLEVIATE PROPERTY DAMAGE AND FLOODING DURING A SIGNIFICANT RAIN EVENT  MSD PERSONNEL CLEANED AND SANITIZED THE IMPACTED AREA  MSD PERSONNEL SET OUT BARRICADES AND TEMPORARY SIGNS ON THE PUMP  THE MAJORITY OF THIS OVERFLOW CONSISTED PRIMARILY OF STORMWATER WITH SOME SEWAGE.  THIS LOCATION IS IN THE INTERIM SANITARY SEWER DISCHARGE PLAN  DISPUB  MSD PERSONNEL PLACED SIGNS



09/26/11 01:00 AM

DISNOT

Report Selections: Treatment Plant: MSD0278 MORRIS FORMAN, Excluding PPI, CSO, Excluding LAT, Result: WUS, Act Code: DISDW, DISREV KPDES # Facility ID **Water Quality Treatement Center** Receiving Stream of Treatment Center KY0022411 (Cont'd) MSD0278 Region 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 18595 3101 WEDGEWOOD WAY WEDGEWOOD DITCH DITCH Activity Code / Description WO# Initiated Initiated By Assigned To Disch Status DISREV: RAIN EVENT Event Date **Problem** Result 1345238 09/26/11 07:00 AM Completed BRIGHT Condition BRIGHT DOCUMENTED 02/17/00 PUMPED OVERFLOW DISCHARGE UNAUTHORIZED 09/26/11 09:26 DISCHARGE-WATER AM S Spot Inspections: Discharge Amount 138,700 GAL Cause: SET PUMPS TO ALLEVIATE PROPERTY DAMAGE AND FLOODING DURING A SIGNIFICANT RAIN EVENT Clean Up: MSD PERSONNEL CLEANED AND SANITIZED THE IMPACTED AREA Control Zone: MSD PERSONNEL SET OUT BARRICADES AND TEMPORARY SIGNS ON THE PUMP Impact THE MAJORITY OF THIS OVERFLOW CONSISTED PRIMARILY OF STORMWATER WITH SOME SEWAGE. Repair: THIS LOCATION IS IN THE INTERIM SANITARY SEWER DISCHARGE PLAN Notifications: 09/26/11 07:04 AM DISPUB

MSD PERSONNEL PLACED SIGNS

Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov



KPDES # KY0022411 (Cont'd)		ility ID 00278		Water Quality Treatement Center MORRIS FORMAN				eceiving Stream of HIO RIVER	Region WEST		
Facility Type	Facility ID		Facility Add	Iress	If Pump Station, Name of Pump Station:			Receiving Stream	Discha	Discharge to	
SMH Sewer Manhole			3302 TROUT CREEK DR					SOUTH FORK BEARGRASS CREE	STREAM		
Activity Code / Description DISREV: RAIN EVENT DISCHARGE	<u><b>WO #</b></u> 1345438	<u>Initiated</u> 09/26/11	!   05:53 AM	Initiated By MITCHELL	Assigned To GRIFFITH	<u>Disch Status</u> DOCUMENTED	Event Date 02/22/00	Problem LACK OF SYSTEM CAPACITY	Result UNAUTHORIZED DISCHARGE-WATER S	<u>Completed</u> 09/26/11 05:31 PM	Condition
Spot Inspections:											
Discharge Ame	ount		56,500 GAL			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				
Cause:			LACK OF SY	STEM CAPACITY	HEAVY RAIN		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
Clean Up:		:	DISCLN WO	<b>#</b> 1345903							
Control Zone:			CAUTION TA	PE AND TEMP SI	GNS						<del></del>
Impact			LIGHT DEBR	IS OBSERVED			<del></del>				
Repair:			LOCATION I	CLUDED IN THE I	DAP		<del></del>				:
Notifications:						The state of the s				<u> </u>	<del></del> 1
09/26/11 D8:47 AM	ום ו	SPUB	PUBLIC !	NOTIFIED THROU	GH DOOR HANGER	RS TO AVOID DISCHA	ARGE				<del></del>
09/26/11 01:00 AM	4 DI	SNOT					····	ky.gov and LisaA.Jeffries			

09/26/11 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# Facility ID Water Quality Treatement 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 26752 3317 BROWNSBORO RD MUDDY FORK DITCH BEARGRASS CREEK **Activity Code / Description** WO# Initiated Initiated By Assigned To Disch Status Event Date **Problem** Result Completed DISREV: RAIN EVENT Condition 1345192 09/26/11 12:59 AM GRIFFITH GRIFFITH DOCUMENTED 04/04/08 LACK OF SYSTEM UNAUTHORIZED 09/26/11 12:34 DISCHARGE CAPACITY DISCHARGE-WATER Spot Inspections: Discharge Amount 156,000 GAL Cause: LACK OF SYSTEM CAPACITY-HEAVY RAIN Clean Up: DISCLN WO# 1345883 Control Zone: CAUTION TAPE PLACED AROUND DISCHARGE Impact VERY LIGHT IMPACT OBSERVED Repair: LOCATION INCLUDED IN THE IOAP Notifications: 09/26/11 06:37 AM DISPUB PUBLIC NOTIFIED THROUGH PERMANENT SIGNS TO AVOID DISCHARGED CONTENT 09/26/11 01:00 AM DISNOT Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov 09/26/11 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





KPDES # KY0022411 (Cont'd)

Facility ID MSD0278 Water Quality Treatement Center MORRIS FORMAN

Receiving Stream of Treatment Center OHIO RIVER

Region WEST

Facility Type

Facility IO

Facility Address

If Pump Station, Name of Pump Station:

Receiving Stream

Discharge to

SMH Sewer Manhole

27005

1012 ALTA CIR

MIDDLE FORK BEARGRASS CREEK GROUND

Activity Code / Description

DISREV: RAIN EVENT DISCHARGE WO # Initiated 1345249 09/26/11

09/26/11 04:45 AM

Initiated By A

Assigned To GRIFFITH

Disch Status
DOCUMENTED

09/02/03 LAG

Problem

LACK OF SYSTEM

CAPACITY

Result
UNAUTHORIZED

Completed 09/26/11 12:10

Condition

DISCHARGE-WATER PM

S

#### Spot Inspections:

Discharge Amount	172,000 GAL
Cause:	LACK OF SYSTEM CAPACITY-HEAVY RAIN
Clean Up;	DISCLN WO# 1345888
Control Zone:	CAUTION TAPE, TEMP SIGNS, AND BARRICADES PLACED
impact	LIGHT DEBRIS OBSERVED
Repair:	LOCATION INCLUDED IN THE IOAP

09/25/11 07:18 AM	DISPUB	PUBLIC NOTIFIED THROUGH TEMP SIGNS TO AVOID DISCHARGE
09/26/11 01:00 AM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
09/26/11 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



KPDE\$ #

KY0022411 (Cont'd)

Facility ID MSD0278

Water Quality Treatement Center MORRIS FORMAN

Receiving Stream of Treatment Center OHIO RIVER

Region WEST

Facility Type

Facility ID

Facility Address

If Pump Station, Name of Pump Station:

Receiving Stream

BEARGRASS CREEK

Discharge to

SMH Sewer Manhole

40871

2120 INDIAN HILLS TRL

MUDDY FORK

DITCH

Condition

Activity Code / Description

DISREV: RAIN EVENT DISCHARGE <u>WO#</u> 1345237 Initiated 09/26/11 03:30 AM

Initiated By SINGLETON

Assigned To BROOKS Disch Status
DOCUMENTED

Event Date Proble
03/04/08 LACK (

Problem

LACK OF SYSTEM

CAPACITY

Result UNAUTHORIZED

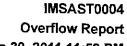
Completed 09/26/11 02:40

DISCHARGE-WATER PM

Sp	ot	Inspections:

10,050 GAL	
LACK OF SYSTEM CAPACITY DUE TO RAIN EVENT	
RAKED & LIMED AREA	
BARRICADES & TEMPORARY SIGNS POSTED	
SEWAGE OBSERVED	
SITE FOUND DURING RAIN EVENT RECON- WILL MONITOR & EVALUATE FOR REPAIR	
	LACK OF SYSTEM CAPACITY DUE TO RAIN EVENT RAKED & LIMED AREA BARRICADES & TEMPORARY SIGNS POSTED

99/26/11 01:00 AM DISNOT Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov  Supplemental Email notification of unauthorized discharge has been sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov	09/26/11 03:30 AM	DISPUB	BARRICADES & TEMPORARY SIGNS POSTED
09/26/11 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	: 09/26/11 01:00 AM	DISNOT	Email notification of unauthorized discharge sent to ireland sean@epa.gov, eopc ent@by gov and line \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	09/26/11 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







KPDES# KY0022411 (Cont'd)

Facility ID MSD0278

Water Quality Treatement Center **MORRIS FORMAN** 

Receiving Stream of Treatment Center **OHIO RIVER** 

Region **WEST** 

Facility Type

Facility ID

**Facility Address** 

If Pump Station, Name of Pump Station:

Receiving Stream

Discharge to

Condition

SMH Sewer Manhole

40872

2105 INDIAN HILLS TRL

MUDDY FORK BEARGRASS CREEK GROUND

**Activity Code / Description** 

DISREV; RAIN EVENT DISCHARGE

<u>WO#</u> 1345236

Initiated 09/26/11 03:30 AM **Initiated By** SINGLETON

Assigned To **BROOKS** 

Disch Status DOCUMENTED **Event Date** 12/15/07

Problem LACK OF SYSTEM CAPACITY

Result UNAUTHORIZED Completed 09/26/11 02:40

DISCHARGE-WATER PM

S

Spot Inspections:

Discharge Amount	33,500 GAL
Cause:	LACK OF SYSTEM CAPACITY DUE TO RAIN EVENT
Clean Up;	RAKED & LIMED THE AREA
Control Zone:	BARRICADES & TEMPORARY SIGNS POSTED
Impact	SEWAGE OBSERVED
Repair:	SITE FOUND DURING RAIN EVENT RECON- WILL MONITOR & EVALUATE FOR REPAIR

09/26/11 03:30 AM	DISPUB	BARRICADES & TEMPORARY SIGNS POSTED
09/26/11 01:00 AM	DISNOT	Email notification of unauthorized discharge sent to ireland sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
09/26/11 01:00 AM	DISSNO	Supplemental Email notification of unauthorized discharge has been sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffrles@ky.gov



KPDES# KY0022411 (Cont'd)	Facility ID MSD0278  Facility ID 41374						Receiving Stream of DHIO RIVER	_	Region WEST	
Facility Type SMH Sewer Manhole			Facility Address 300 MOCKINGBIRD VALLEY RD			If Pump Station, Name of Pump Station:			<b>Discha</b> DITCH K	Discharge to
Activity Code / Description DISREV: RAIN EVENT DISCHARGE		<u>Initiated</u> 09/26/11 02:57 AM	Initiated By FIELDS	Assigned To GRIFFITH	Disch Status DOCUMENTED	Event Date 03/27/08	Problem LACK OF SYSTEM CAPACITY	Result UNAUTHORIZED DISCHARGE-WATER S	Completed 09/26/11 12:34 PM	Condition

Discharge Amount		126,500 GAL	
Cause:	:	LACK OF SYSTEM CAPACITY-HEAVY RAIN	
Clean Up:		DISCLN WO# 1345891	· ·
Control Zone:		CAUTION TAPE AND TEMP SIGNS PLACED	
Impact	;	LIGHT DEBRIS OBSERVED	
Repair:	· · · · · · · · · · · · · · · · · · ·	LOCATION INCLUDED IN THE IOAP	
Notifications:			
09/26/11 07:23 AM	DISPUB	PUBLIC NOTIFIED THROUGH DOOR HANGERS TO AVOID DISCHARGED CONTENT	
09/26/11 01:00 AM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov	
09/26/11 01:00 AM	DISSNO	Supplemental Email notification of unauthorized discharge has been sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.J	effries@kv.gov



09/26/11 01:00 AM

09/26/11 01:00 AM

DISNOT

DISSNO

KPDES # KY0022411 (Cont'd)	reatment Plant: MSD0278 MORRIS FORMAN, I Facility ID ont'd) MSD0278			Water Quality Treatement Center MORRIS FORMAN			R	Receiving Stream of OHIO RIVER	Region WEST		
Facility Type SMH Sewer Manhole	Facility ID 44396		Facility Address 1635 BELMAR DR		If Pump	Station, Name of Pump Station:		Receiving Stream MUDDY FORK BEARGRASS CREE	Discharge to GROUND		
Activity Code / Description DISREY: RAIN EVENT DISCHARGE	<u><b>WO #</b></u> 1345432	<b>Initiated</b> 09/26/11	<u>!</u> 1 05:41 AM	Initiated By MITCHELL	Assigned To GRIFFITH	Disch Status DOCUMENTED	Event Date 04/04/08	Problem LACK OF SYSTEM CAPACITY	Result UNAUTHORIZED DISCHARGE-WATER S	<u>Completed</u> 09/28/11 12:05 PM	Conditio
Discharge Amou	n+	<del>,</del>					···				
Cause:			5,550 GAL	OT1101010		er or a spoulper of the second					
Clean Up:			DISCLN WO	STEM CAPACITY- # 1346320	HEAVY RAIN						· · · · · · · · · · · · · · · · · · ·
Control Zone:			CAUTION TA	PE AND TEMP SIG	SNS PLACED AROI	IND DISCAURCE		<del></del>		· · · · · · · · · · · · · · · · · · ·	
Impact				IS OBSERVED		DISCARGE					:
Repair				CLUDED IN THE	IOAP						
Notifications:				-				<del></del>		<del></del>	
	····										

Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov

Supplemental Email notification of unauthorized discharge has been sent to ireland, sean@epa.gov, eppc,ert@ky.gov and LisaA.Jeffries@ky.gov



Initiated Sep 01, 2011 12:00 AM thru Sep 30, 2011 11:59 PM

KPOES # Fa		lity ID 10278		Wate	cluding PPI, CSO, Excluding LAT, Result: WUS, Act Code Water Quality Treatement Center MORRIS FORMAN			Receiving Stream of OHIO RIVER	Region WEST  Discharge to GROUND		
Facility Type SMH Sewer Manhole	Facility ID 45835		Facility Address 1132 ROSTREVOR CIR		ff Pump Station, Name of Pump Statio		of Pump Station:	Roceiving Stream MIDDLE FORK BEARGRASS CREE			
Activity Code / Description DISREV: RAIN EVENT DISCHARGE	<u>WO #</u> 1345247	<u>Initiated</u> 09/26/11	04:15 AM	Initiated By FIELDS	Assigned To GRIFFITH	Disch Status DOCUMENTED	Event Date 09/02/03	Problem LACK OF SYSTEM CAPACITY	Result UNAUTHORIZED DISCHARGE-WATER S	<u>Completed</u> 09/26/11 12:00 PM	Condition
Spot Inspections:											
Discharge Amou	int	:	155,000 GAL								
Cause:			LACK OF SY	STEM CAPACITY	-HEAVY RAIN	<del></del>	<del></del>				······································
Clean Up:			DISCLN WO#	*							
Control Zone:			CAUTION TA	PE AND TEMP SI	GNS PLACED	***************************************	<del></del>	<del></del>			
Impact			LIGHT DEBR	S OBSERVED		<del> </del>					
Repair:			LOCATION IN	ICLUDED IN THE	IOAP				:		
Notifications:											
09/26/11 07:15 AM	פום	PUB	PUBLIC N	OTIFIED THROU	SH TEMPORARY S	IGNS AND BARRICA	DES TO AVOID	DISCHARGE		· · · · · · · · · · · · · · · · · · ·	**************************************
09/26/11 D1:00 AM	DIS	NOT			<del></del>	**************************************		ky.gov and LisaA.Jeffries	@l		<del></del> -
09/26/11 01:00 AM	DIS	SNO							@ky.gov y.gov and LisaA.Jeffries@ky		



KPDES# KY0022411 (Cont'd)	Facility ID MSD0278	Water Quality Treatement Center MORRIS FORMAN				Receiving Stream of Treatment Center OHIO RIVER			Region WEST  Discharge to GROUND	
acility Type	Facility ID 51160	Facility Address 3305 INDIAN CREEK CT		If Pump Station, Name of Pump Station:						
Activity Code / Description DISREV: RAIN EVENT DISCHARGE	<u>WO.# Initiated</u> 1345430 09/26/11 06:03 AM	Initiated By MITCHELL	Assigned To GRIFFITH	Disch Status DOCUMENTED	Event Date 04/04/08	Problem LACK OF SYSTEM CAPACITY	Result UNAUTHORIZED DISCHARGE-WATER S	Completed 09/26/11 05:23 PM	Conditio	

Spot Inspections	:
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17,200 GAL
LACK OF SYSTEM CAPCITY-HEAVY RAIN
DISCLN WO# 1345895
CAUTION TAPE AND TEMP SIGNS PLACED
LIGHT DEBRIS OBSERVED
LOCATION INCLUDED IN THE IOAP

. 09/26/11 08:41 AM	DISPUB	PUBLIC NOTIFIED THROUGH DOOR HANGERS TO AVOID DISCHARGE
09/26/11: 01:00 AM	DISNOT	Email notification of unauthorized discharge sent to ireland sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
09/26/11 D1:00 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 # Facility ID Water Quality Treatement Center Receiving Stream of Treatment Center KY0022411 (Cont'd) MSD0278 Region MORRIS FORMAN OHIO RIVER WEST Facility Type Facility ID Facility Address If Pump Station, Name of Pump Station: Receiving Stream SMH Sewer Manhole Discharge to 51161 2008 DAVID GRAVES DR SOUTH FORK GROUND BEARGRASS CREEK Activity Code / Description WO# Initiated Initiated By **Assigned To** Disch Status DISREV: RAIN EVENT **Event Date** <u>Problem</u> 1345738 09/26/11 05:59 AM Result MITCHELL Completed Condition GRIFFITH DOCUMENTED DISCHARGE 04/04/08 LACK OF SYSTEM UNAUTHORIZED 09/26/11 05:27 CAPACITY DISCHARGE-WATER PM Spot Inspections: Discharge Amount 71,000 GAL Cause: LACK OF SYSTEM CAPACITY-HEAVY RAIN Clean Up: DISCLN WO# 1345902 Control Zone: CAUTION TAPE AND TEMP SIGNS impact LIGHT DEBRIS OBSERVED Repair: LOCATION INCLUDED IN THE IOAP Notifications: 09/26/11 01:54 PM DISPUB PUBLIC NOTIFIED THROUGH DOOR HANGERS TO AVOID DISCHARGE 09/26/11 01:00 PM DISNOT Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov



KPDES # KY0022411 (Cont'd)	" acinty in		Water Quality Treatement Center MORRIS FORMAN		Receiving Stream of Treatment Center OHIO RIVER			Region <b>W</b> EST	
Facility Type SMH Sewer Manhole	Facility ID 51594	Facility Address 1418 TREVILIAN WAY		If Pump Station, Name of Pump Station:		Receiving Stream Disc SOUTH FORK DITC BEARGRASS CREEK		charge to	
Activity Code / Description DISREV: RAIN EVENT DISCHARGE	WO# Initiated 1345401 09/26/11 02:00 AM	Initiated By MITCHELL	Assigned To GRIFFITH	Disch Status DOCUMENTED	Event Date 09/12/06	Problem LACK OF SYSTEM CAPACITY	Result UNAUTHORIZED DISCHARGE-WATER S	<u>Completed</u> 09/26/11 09:52 AM	Condition

Spot	Inspections:
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Discharge Amount	4,400 GAL	
Cause:	LACK OF SYSTEM CAPACITY-HEAVY RAIN	
Clean Up:	DISCLN WO# 1346292	
Control Zone:	CAUTION TAPE AND TEMP SIGN PLACED	
Impact	· LIGHT DEBRIS OBSERVED	
Repair.	LOCATION INCLUDED IN THE IOAP	

09/26/11 08:03 AM	DISPUB	PUBLIC NOTIFIED THROUGH DOOR HANGERS TO AVOID DISCHARGE
09/26/11 01:00 AM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA_Jeffries@ky.gov
09/26/11 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



KPDES#	
KY0022411	(Confd)

Facility ID MSD0278

**Water Quality Treatement Center MORRIS FORMAN** 

Receiving Stream of Treatment Center OHIO RIVER

Region WEST

Facility Type

Facility ID

Facility Address

If Pump Station, Name of Pump Station:

Receiving Stream

Discharge to

SMH Sewer Manhole

65633

4640 BARBOUR LN

LITTLE GOOSE CREEK

s

STREAM

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

WO # 1339022

Initiated 09/14/11 09:55 PM

Initiated By SINGLETON

Assigned To OPS C-SHIFT

Disch Status DOCUMENTED **Event Date** 04/04/08

**Problem** ELECTRICAL

PROBLEMS AT MSD

Result UNAUTHORIZED Completed

Condition

09/14/11 10:15 DISCHARGE-WATER

РМ

Spot Inspections:

4,000 GAL	
CONTROL PANEL BREAKER TRIPPED	
MSD CLEANED & LIMED THE AREA	
TEMPORARY SIGNS POSTED	
SEWAGE, SOLIDS & PERSONAL HYGIENE PRODUCTS OBSERVED	1
MSD PERSONNEL REPAIRED THE CONTROL PANEL BREAKER	
	CONTROL PANEL BREAKER TRIPPED  MSD CLEANED & LIMED THE AREA  TEMPORARY SIGNS POSTED  SEWAGE, SOLIDS & PERSONAL HYGIENE PRODUCTS OBSERVED

09/14/11 09:55 PM	DISPUB	TEMPORARY SIGNS ARE POSTED AROUND THE AFFECTED AREA
09/14/11 01:00 PM		
	<u> </u>	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA_Jeffries@ky.gov



KPDES # KY0022411 (Cont'd)		ility ID D0278		· Quality Treaten RIS FORMAN	nent Center		Receiving Stream of OHIO RIVER	Treatment Center	Regio WES		
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 CREE	STREA	Discharge to STREAM	
Activity Code / Description DISREV: RAIN EVENT DISCHARGE	<u>WO #</u> 1345195	<u>Initiated</u> 09/26/11 02:34 AM	Initiated By GRIFFITH	Assigned To GRIFFITH	Disch Status DOCUMENTED	Event Date 11/29/01	Problem  LACK OF SYSTEM  CAPACITY	Result UNAUTHORIZED DISCHARGE-WATER S	<u>Completed</u> 09/26/11 11:04 AM	Condition	

spormspectons:	Spot	Inspections:
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Discharge Amount	268,696 GAL	
Cause:	LACK OF SYSTEM CAPCITY-HEAVY RAIN	
Clean Up:	CLEAN UP NOT POSSIBLE, PIPE DISCHARGE SUBMERGED	
Control Zone:	PERMANENT SIGNS-MSD PROPERTY	<del></del>
mpact;	NONE OBSERVED-PIPE SUBMERGED	
Repair:	LOCATION INCLUDED IN THE IOAP	

*** · · · · · · · · · · · · · · · · · ·	<del></del>		
09/26/11 01:00 AM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov	
09/26/11 01:00 AM		Supplemental Email notification of unauthorized discharge has been sent to ireland, sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov	1
10/06/11 03:51 PM	DISPUB	PUBLIC NOTIFIED THROUGH PERMANENT SIGNS TO AVOID DICHARGED CONTENT	!



Initiated Sep 01, 2011 12:00 AM thru Sep 30, 2011 11:59 PM

Report Selections: Treatment Plant: MSD02	8 MORRIS FORMAN, Excluding PPI, CSO, Excluding LAT, Result: WUS, Act Code: DISDW, DISREV	

K	DE	S#
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KY0022411 (Cont'd)

Facility ID MSD0278

Water Quality Treatement Center MORRIS FORMAN

Receiving Stream of Treatment Center OHIO RIVER

Region WEST

Facility Type

Facility ID

Facility Address

If Pump Station, Name of Pump Station:

Receiving Stream

Discharge to

SMH Sewer Manhole

89791

37 ARROWHEAD RD

MUDDY FORK

GROUND

Condition

Activity Code / Description

DISREV: RAIN EVENT DISCHARGE

WO#

Initiated 1345253 09/26/11 03:11 AM

Initiated By FIELDS

Assigned To **GRIFFITH** 

Disch Status DOCUMENTED **Event Date** 06/23/11

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

Result UNAUTHORIZED

S

Completed 09/26/11 12:25

PM

DISCHARGE-WATER

BEARGRASS CREEK

Spot inspections:

Discharge Amount	1,400 GAL	
Cause:	LACK OF SYSTEM CAPACITY-HEAVY RAIN	
Clean Up:	MSD SANITIZED AND CLEANED THE AREA	
Control Zone:	CAUTION TAPE AND TEMP SIGNS PLACED	
Impact	NO DEBRIS OBSERVED OBSERVED	
Repair:	LOCATION ICLUDED IN THE IOAP	

09/26/11 07:21 AM	DISPUB	PUBLIC NOTIFIED THROUGH DOOR HANGERS TO AVOID DISCHARGE	
09/26/11 01:00 AM	DISNOT	Email notification of unauthorized discharge sent to ireland,sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov	
09/26/11 01:00 AM		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# Facility ID **Water Quality Treatement 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 BU05091039 SSL Sewer Service Line 3303 TROUT CREEK DR SOUTH FORK GROUND **BEARGRASS CREEK Activity Code / Description** WO# Initiated Initiated By Assigned To Disch Status **Event Date** Problem Result Completed Condition DISREV: RAIN EVENT 1345441 09/26/11 05:58 AM MITCHELL GRIFFITH DOCUMENTED 02/24/11 LACK OF SYSTEM UNAUTHORIZED 09/26/11 10:31 DISCHARGE CAPACITY DISCHARGE-WATER s

Spot Inspections	::
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Discharge Amount	750 GAL
Cause:	LACK OF SYSTEM CAPACITY-HEAVY RAIN
Clean Up;	DISCLN WO# 1346325
Control Zone:	CAUTION TAPE AND TEMP SIGN PLACED
Impact	LIGHT DEBRIS OBSERVED
Repair:	LOCATION INCLUDED IN THE IOAP

09/26/11 08:50 AM	DISPUB	PUBLIC NOTIFIED THROUGH DOOR HANGERS TO AVOID DISCHARGE	_
09/26/11 01:00 AM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.,Jeffries@ky.gov	
09/26/11 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	<b>-</b> ;
			_





KPDES#

KY0022411 (Cont'd)

Facility ID MSD0278

**Water Quality Treatement Center** 

MORRIS FORMAN

Receiving Stream of Treatment Center

**OHIO RIVER** 

Region WEST

Facility Type

DISCHARGE

Facility ID

Facility Address

If Pump Station, Name of Pump Station:

Receiving Stream

Discharge to

SMH Sewer Manhole

CSO019

816 N 34TH ST

OHIO RIVER

STREAM

Activity Code / Description DISREV: RAIN EVENT

**WO#** 1335873

initiated

Initiated By 09/07/11 01:15 AM FRENCH

Assigned To Disch Status THOMPSON DOCUMENTED

Event Date 03/13/11

Problem

ELECTRICAL PROBLEMS AT MSD Result UNAUTHORIZED Completed Condition

09/07/11 02:19

AM

DISCHARGE-WATER

s

Spot Inspections:

Discharge Amount	48,000 GAL	
Cause:	STATION LOST 1 PHASE OF LGE POWER, GENERATOR CAME ON, CONTROLS CIRCUIT BREA PUMPS TO COME ONLINE.	KER TRIPPED, CONTROLS DID NOT ALLOW
Clean Up:	NO CLEANUP REQUIRED, PIPE DISCHARGE OUTLET SUBMERGED	
Control Zone:	NO CONTROL ZONE ESTABLISHED, PIPE DISCHARGE SUBMERGED, NO PUBLIC ACCESS	
Impact	NO IMPACT OBSERVED, PIPE DISCHARGE SUBMERGED	
Repair:	MSD PERSONNEL RESET CONTROL POWER, STARTED PUMPS	

09/07/11 11:32 AM	DISPUB	Permanent overflow warning signs posted along the Ohio River at points of public access.
09/07/11 01:00 AM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
09/07/11 01:00 AM		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# Facility ID **Water Quality Treatement 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 SSL Sewer Service Line KK14815019 4108 LEE AVE CAMP TAYLOR DITCH GROUND Activity Code / Description **WO#** <u>initiated</u> Initiated By Assigned To Disch Status **Problem Event Date** <u>Result</u> DISREV: RAIN EVENT Completed 1345425 09/26/11 02:13 AM Condition MITCHELL **GRIFFITH** DOCUMENTED 07/29/09 LACK OF SYSTEM UNAUTHORIZED DISCHARGE 09/28/11 11:55 CAPACITY DISCHARGE-WATER Spot inspections: Discharge Amount 925 GAL Cause: LACK OF SYSTEM CAPACITY-HEAVY RAIN Clean Up: DISCLN WO# 1346307 CAUTION TAPE AND TEMP SIGNS PLACED AROUND DISCHARGE Control Zone: Impact LIGHT DEBRIS OBSERVED Repair; LOCATION INCLUDED IN THE IOAP Notifications: 09/26/11 08:38 AM DISPUB PUBLIC NOTIFIED THROUGH DOOR HANGERS TO AVOID DISCAHRGE 09/26/11 D1:00 AM DISNOT Email notification of unauthorized discharge sent to ireland, sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov 09/26/11 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



KPDES#

KY0022411 (Cont'd)

Facility ID MSD0278

**Water Quality Treatement Center** 

MORRIS FORMAN

**Receiving Stream of Treatment Center** 

**OHIO RIVER** 

Region **WEST** 

Facility Type

DISCHARGE

Facility ID

WO #

1345239

Facility Address

If Pump Station, Name of Pump Station:

Receiving Stream

Discharge to

SLS Sewer Lift Station

**Activity Code / Description** 

DISREV: RAIN EVENT

MSD0012-PS

Initiated

09/26/11 02:03 AM

2853 HIKES LN

HIGHGATE SPRINGS

SOUTH FORK

STREAM

Initiated By MARKS JR

Assigned To Disch Status WRIGHT DOCUMENTED

**Event Date** 12/16/00

Problem LACK OF SYSTEM

CAPACITY

Result UNAUTHORIZED

s

Completed Condition

**BEARGRASS CREEK** 

09/26/11 12:48

DISCHARGE-WATER

Spot Inspections:

Discharge Amount	90,630 GAL	
Cause:	LACK OF SYSTEM CAPACITY - HEAVY RAIN IN AREA	
Clean Up:	NO CLEAN UP PERFORMED: PIPES DISCHARGE UNDERWATER, DIRECTLY INTO STREAM	
Control Zone:	PERMANENT SIGNS, - PIPE DISCHARGING UNDERWATER, DIRECTLY INTO STREAM	
Impact	NONE OBSERVED - OUTLETS SUBMERGED	
Repair:	THIS LOCATION IS IN THE INTERIM SANITARY SEWER DISCHARGE PLAN FOR ABATEMENT	

09/26/11 07:11 AM	DISPUB	msd warned the public with signs
09/26/11 01:00 AM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
09/26/11 01:00 AM		Supplemental Email notification of unauthorized discharge has been sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov



KPDES # KY0022411 (Cont'd)	Facility ID MSD0278  Facility ID MSD0042-PS			Quality Treater	nent Center Receiving Stream of OHIO RIVER		Treatment Center	Region <b>W</b> EST		
Facility Type SLS Sewer Lift Station			Facility Address 1701 SONNE AVE		If Pump Station, Name of Pump Station: SONNE AVE			Receiving Stream PADDY RUN	Discharge to GROUND	
Activity Code / Description DISREV: RAIN EVENT DISCHARGE		<u>Initiated</u> 09/26/11 02:55 AM	Initiated By SINGLETON	Assigned To SPENCER	<u>Disch Status</u> ELIMINATED	Event Date 06/30/11	Problem  LACK OF SYSTEM  CAPACITY	Result UNAUTHORIZED DISCHARGE-WATER	<u>Completed</u> 09/26/11 08:00 AM	Condition

Spot Inspections:						
Discharge Amount		6,100 GAL				
Cause;		LACK OF SYSTEM CAPACITY DUE TO RAIN EVENT IN THE AREA.				
Clean Up:	:	MSD CLEANED & SANITIZED THE AREA				
Control Zone:	:	TEMPORARY SIGNS PLACED				
Impact		SEWAGE OBSERVED				
Repair.	:	SITE FOUND DURING RAIN EVENT RECON- WILL MONITOR & EVALUATE FOR REPAIR				
Notifications:			.,			
09/26/11 02:55 AM	DISPUB	TEMPORARY SIGNS PLACED				
09/26/11 01:00 AM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov				
09/26/11 01:00 AM						

Total Facilities Printed: 26
Total Work Orders Printed: 26