

# MSD

Metropolitan Sewer District

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

November 18, 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

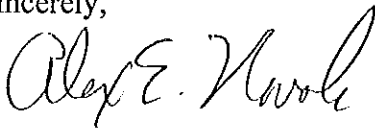
**Re: Morris Forman Water Quality Treatment Center  
KPDES Permit No. KY0022411**

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 October 1<sup>st</sup> to October 31<sup>st</sup> are enclosed. All permit requirements were met for the month of October, 2011.

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

Sincerely,



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

paw

MFDMR1011.doc

Enclosures

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



*Beneficial Use of Louisville's Biosolids*  
[www.louisvillegreen.com](http://www.louisvillegreen.com)

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

Form Approved.  
OMB No. 2040-0004

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

KY0022411	0011
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MONTH	DAY	TO	YEAR	MONTH	DAY
11	10	01		11	10	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	*****	*****	****	5.4	*****	*****	(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	9,125	11,089	(26)	*****	14	15	(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/BIOL PRCS CMPLT												
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	216,472	284,245	(26)	*****	336	442	(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 SEW/INFLUENT												
PH	SAMPLE MEASUREMENT	*****	*****	****	6.5	*****	7.1	(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	4,589	5,443	(26)	*****	7	9	(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/BIOL PRCS CMPLT												
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	253,517	320,170	(26)	*****	381	470	(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 SEW/INFLUENT												
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	10,390	10,930	(26)	*****	16.9	18.0	(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/BIOL PRCS CMPLT												
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		11-11-10	
								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	10	01		11	10	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	9256	9708	(26)	*****	14.9	15.7	(19)	0	31/31	COMPOS
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		DAILY	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 E 0 0 SEC/BIOL PRCS CMPLT	SAMPLE MEASUREMENT	76.8	213.5	(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	*****	*****	****	*****	33	61	(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	*****	*****	****	96	*****	*****	(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	*****	*****	****	99	*****	*****	(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								502 540-6000		11-11-10	
	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  
F - SECONDARY BYPASS AFTER PRIMARY TREATMENT.

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

Form Approved.  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Address if Different)  
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	TO	YEAR	MONTH	DAY
11	10	01		11	10	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	*****	*****	****	*****	173	215	(19)	0	06/31	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	*****	*****	****	*****	23	32	(19)	0	06/31	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	*****	*****	****	*****	115	142	(19)	0	06/31	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	*****	*****	****	*****	26	39	(19)	0	06/31	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	*****	*****	****	*****	16.3	17.0	(19)	0	06/31	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	*****	*****	****	*****	15.2	16.0	(19)	0	06/31	COMPOS
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 F 0 0 PRI/PRLM PRCS CMPLT	SAMPLE MEASUREMENT	19.90	32.85	(03)	*****	*****	*****	****	0	06/31	CONTIN
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	MGD	*****	*****	*****	****		WHEN DISCHG	CONTIN
NAME/TITLE PRINCIPLE EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.								Telephone		DATE
H. J. SCHARDEIN, JR. EXECUTIVE DIRECTOR									502 540-6000		11-11-10
									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				AERATION BASIN				ACTIVE		CHLORINATION			FINAL EFFLUENT		
	Final	Sec.	Bypass	raw	final	raw	final	raw	final	raw	final	raw	final	raw	final	raw	final	prim.	final	FLOW MG	TSS g/L	TVSS g/L	D.O. mg/L	MLSS g/L	MLVSS g/L	SET	SVI	Sludge Wasted MG	Primary Sludge MG	Chlorine Dosage KLBS	Resid mg/L	Fecal Coliform #/100 ml	NH3-N mg/L	Pump. Hours
	Effluent	Effluent																																
10/1	75.0	75.0	0.0	89	69	7.5	6.8	10.0	0.1	248	7	8.8	212	100	5	24.5	4.7	4.1	16.0	2.0	1.8	210	104	0.81	0.28	1.18	0.010	20	19	0.00				
10/2	67.7	67.7	0.0	88	68	7.5	6.9	16.0	0.1	272	12	9.8	188	75	5	24.6	9.8	7.9	18.5	2.8	2.3	216	78	0.75	0.28	1.29	0.010	13	18	0.00				
10/3	69.0	69.0	0.0	69	69	7.4	7.1	20.0	0.1	512	9	8.6	313	125	6	24.4	9.1	7.5	18.3	2.3	2.1	212	92	0.81	0.25	0.89	0.010	21	18	0.00				
10/4	66.7	66.7	0.0	71	71	7.4	6.8	15.0	0.1	380	7	7.8	333	145	6	24.3	8.3	6.6	18.0	2.5	2.0	220	89	0.90	0.27	1.11	0.010	1050	18	0.00				
10/5	68.1	68.1	0.0	71	71	7.1	6.7	16.0	0.1	420	11	7.0	441	242	8	24.2	8.3	6.8	15.0	2.7	2.3	186	68	0.85	0.32	1.29	0.010	12	19	0.00				
10/6	64.6	64.6	0.0	71	71	7.0	6.8	18.0	0.1	492	9	7.2	484	276	7	24.4	7.8	6.5	13.9	2.5	2.2	198	78	0.81	0.31	1.22	0.010	12	21	0.00				
10/7	65.9	65.9	0.0	73	73	6.8	6.7	17.0	0.1	568	16	5.9	582	351	14	24.8	8.3	7.1	13.5	2.7	2.3	213	78	1.00	0.34	1.28	0.010	17	21	0.00				
10/8	65.9	65.9	0.0	74	74	7.1	6.8	15.0	0.1	484	25	6.4	489	378	30	24.0	8.6	7.5	11.9	2.7	2.4	221	83	1.11	0.35	1.84	0.010	1850	14	0.00				
10/9	66.4	66.4	0.0	73	73	7.2	6.7	20.0	0.1	238	12	6.7	362	164	7	24.4	8.9	7.5	12.7	3.6	3.0	242	68	1.06	0.31	1.34	0.010	66	20	0.00				
10/10	66.9	66.9	0.0	74	74	7.3	6.8	15.0	0.1	384	8	6.8	379	198	5	24.6	8.4	7.3	13.4	2.4	2.2	249	102	1.00	0.22	1.20	0.010	2	22	0.00				
10/11	70.3	70.3	0.0	74	74	7.0	6.8	17.0	0.1	392	9	6.4	454	271	7	25.0	7.9	6.7	12.4	2.4	2.2	212	88	1.05	0.37	0.73	0.010	15	24	0.00				
10/12	69.6	69.6	0.0	75	75	7.1	6.7	22.0	0.1	620	18	5.4	596	292	20	24.7	8.9	7.7	11.1	2.8	2.4	208	75	1.03	0.26	1.49	0.010	124	16	0.00				
10/13	127.8	108.9	18.9	72	72	7.1	6.6	19.0	0.2	696	39	6.3	428	215	32	24.9	10.1	8.7	10.9	2.6	2.3	201	76	0.94	0.32	2.85	0.010	224	16	0.00				
10/14	74.7	74.7	0.0	70	70	7.7	6.8	19.0	0.1	476	8	7.1	367	162	6	24.7	9.8	8.2	13.7	2.5	2.1	223	90	0.95	0.44	1.41	0.010	13	18	0.00				
10/15	63.9	63.9	0.0	68	68	7.6	6.9	11.0	0.1	266	9	5.9	181	103	6	24.8	9.4	8.1	14.3	2.8	2.5	290	102	0.98	0.50	1.19	0.010	14	25	0.00				
10/16	63.7	63.7	0.0	72	72	7.6	6.9	9.5	0.1	244	10	7.2	141	80	4	24.5	9.1	7.8	17.2	2.6	2.3	321	126	1.02	0.47	1.11	0.010	6	25	0.00				
10/17	64.8	64.6	0.0	73	73	7.5	7.0	20.0	0.1	430	11	8.1	339	128	7	23.6	8.5	6.8	15.6	2.7	2.2	283	105	0.96	0.45	0.89	0.010	50	21	0.00				
10/18	62.3	73.1	9.2	68	68	7.4	7.0	19.0	0.4	542	30	7.9	333	168	26	24.6	7.4	6.0	15.8	2.3	1.9	203	88	0.93	0.51	1.57	0.010	88	22	0.00				
10/19	95.5	90.8	4.7	63	63	7.0	6.8	15.0	0.1	392	17	6.8	306	177	15	24.4	8.0	6.6	17.0	2.1	1.7	191	91	0.88	0.56	1.98	0.010	89	14	0.00				
10/20	146.5	125.7	20.8	62	62	6.9	6.5	10.0	0.2	332	27	5.9	151	105	17	25.0	9.2	7.6	16.8	1.9	1.6	159	83	0.84	0.22	3.84	0.010	3000	10	0.00				
10/21	74.6	74.6	0.0	65	65	7.1	6.5	9.5	0.1	292	8	7.2	279	209	8	24.4	8.9	7.2	16.8	2.3	1.9	198	86	0.86	0.18	1.19	0.010	32	12	0.00				
10/22	66.8	66.8	0.0	68	68	6.9	6.9	10.0	0.1	320	10	6.8	319	247	13	24.6	7.8	6.4	15.2	2.4	1.9	218	91	0.84	0.39	1.40	0.010	15	15	0.00				
10/23	66.6	66.8	0.0	67	67	7.4	6.6	11.0	0.1	258	7	6.7	310	189	7	24.7	8.5	6.9	15.4	2.6	2.1	229	90	0.87	0.30	1.33	0.010	11	19	0.00				
10/24	68.4	68.4	0.0	68	68	7.2	6.7	12.0	0.1	414	6	6.9	377	232	5	24.6	8.3	6.9	13.8	2.5	2.1	233	93	0.87	0.28	1.18	0.010	36	20	0.00				
10/25	66.8	68.8	0.0	69	69	7.0	6.8	18.0	0.1	498	6	7.3	415	239	5	24.3	10.4	7.4	14.5	2.3	1.9	200	86	0.88	0.33	1.48	0.010	96	19	0.00				
10/26	87.1	85.7	1.4	70	70	7.0	6.7	24.0	0.1	188	8	6.5	509	246	9	24.1	9.2	7.4	12.5	2.2	1.8	217	100	0.95	0.20	1.94	0.010	2	21	0.00				
10/27	210.0	145.7	64.3	63	63	7.2	6.5	8.0	0.4	252	35	9.5	169	125	39	25.5	10.7	9.2	13.3	2.2	2.0	174	81	0.88	0.24	6.82	0.010	370	9	0.00				
10/28	97.2	97.2	0.0	60	60	7.5	6.7	13.5	0.1	232	7	7.4	226	170	15	25.5	9.8	8.4	13.4	2.4	2.2	182	77	0.82	0.24	1.58	0.010	9	10	0.00				
10/29	79.7	79.7	0.0	65	65	7.5	6.9	13.5	0.1	336	9	9.4	268	104	9	25.1	8.6	7.4	15.1	3.1	2.9	202	66	0.76	0.21	1.03	0.010	12	15	0.00				
10/30	72.5	72.5	0.0	65	65	7.5	6.8	9.5	0.1	250	6	9.7	211	87	7	25.5	8.6	7.4	16.2	2.4	2.2	214	89	0.76	0.28	0.98	0.010	7	15	0.00				
10/31	72.0	72.0	0.0	67	67	7.4	6.8	5.5	0.1	390	7	8.9	242	114	6	25.2	8.1	7.2	19.3	2.1	2.0	213	93	0.94	0.16	0.92	0.010	8	16	0.00				
Total	2499.0	2379.7	119.3													763.9									28.090	9.850					0.00			
Average	80.6	76.8	3.8	69	69	7.3	6.8	14.7	0.1	381	13	7.3	336	184	11	24.6	8.7	7.3	14.8	2.5	2.2	217	88	0.91	0.32	1.59	0.010	33	18	0.00				

SEWER CONNECTIONS

130553 TIMES 4 = 522212 SEWER POPULATION

IND. WASTER POPULATION EQ  
 CUSTOMERS 321  
 FLOW 245530  
 BOD 807613  
 TSS 698070

Authorized Agent

Certification No. 4683

MORRIS FORMAN WASTEWATER TREATMENT PLANT

JEFFERSON COUNTY, KY

Month of **Oct-11**

Average Flow

SETTLING TANKS	Primary	Secondary		
		Battery A	Battery B	Battery C
Average Flow (MGD)	86.9	46.09	36.65	18.94
Tanks in Service	3.61	8.00	8.00	4.00
Surface Area (Ft.2)	69492.50	69200.00	69200.00	34600.00
Volume (MG)	7.52	7.09	7.09	3.54
Weir Length (Ft.)	2581.15	2868.00	2868.00	1434.00
Avg. Weir Overflow (GPD/Ft)	33655.13	16071.67	12779.96	13205.75
Avg. Settling Rate (GPD/Ft2)	1250.05	822.50	684.63	639.80
Avg. Detention Time	2.08	3.69	4.64	4.49

AERATION TANKS	Battery A	Battery B	Battery C
Volume (Gallons)	4200000	4200000	2100000
Avg. Flow (MGD)	56.92	47.38	22.14
Avg. Detention Time (Hours)	1.77	2.13	2.28

**CHLORINE CONTACT CHAMBERS**

Contact Chambers in Use	2.00
Volume (Gallons)	2340000
Avg. Detention Time (Hours)	0.65

Remarks: BY-PASS REPORTS (See Attached)



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

<b>KPDES #</b> KY0022411	<b>Facility ID</b> MSD0278	<b>Water Quality Treatment Center</b> MORRIS FORMAN	<b>Receiving Stream of Treatment Center</b> OHIO RIVER	<b>Region</b> WEST
<b>Facility Type</b> SMH Sewer Manhole	<b>Facility ID</b> 08935-SM	<b>Facility Address</b> 1001 BRECKENRIDGE LN	<b>If Pump Station, Name of Pump Station:</b> MIDDLE FORK BEARGRASS CREEK	<b>Discharge to</b> 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	1365109	10/27/11 02:52 AM	GRIFFITH	GRIFFITH	DOCUMENTED	11/29/01	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHARGE-WATER S	10/28/11 03:31 AM	

**Spot Inspections:**

Discharge Amount	3.071 GAL
Cause:	LACK OF SYSTEM CAPACITY-HEAVY RAIN
Clean Up:	NO CLEANUP REQUIRED, PIPE DISCHARGE IS SUBMERGED
Control Zone:	NONE NEEDED-MSD PROPERTY
Impact	NO IMPACT OBSERVED-PIPE SUBMERGED
Repair:	LOCATION INCLUDED IN THE INTERIM SANITARY SEWER DISCHARGE PLAN

**Notifications:**

10/27/11 01:00 AM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
10/28/11 12:44 PM	DISPUB	Permanent overflow warning signs posted to raise public awareness.
10/27/11 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 Excluding CSO Excluding LAT, Result: WUS, Act Code: DISDW, DISREV

<b>KPDES #</b> KY0022411 (Cont'd)	<b>Facility ID</b> MSD0278	<b>Water Quality Treatment Center</b> MORRIS FORMAN	<b>Receiving Stream of Treatment Center</b> OHIO RIVER	<b>Region</b> WEST
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Facility Type	Facility ID	Facility Address	If Pump Station, Name of Pump Station:	Receiving Stream	Discharge to
SV Sewer Valve	52841-V	4510 BELLS LN		OHIO RIVER	GROUND

<u>Activity Code / Description</u>	<u>WO #</u>	<u>Initiated</u>	<u>Initiated By</u>	<u>Assigned To</u>	<u>Disch Status</u>	<u>Event Date</u>	<u>Problem</u>	<u>Result</u>	<u>Completed</u>	<u>Condition</u>
DISDW: DRY WEATHER DISCHARGE	1350931	10/05/11 11:00 AM	DAVIS	COOMBS	REPAIRED - ISSUE RESOLVED	10/05/11	STRUCTURAL FAILURE	UNAUTHORIZED DISCHARGE-WATER S	10/05/11 03:15 PM	MAJN

**Spot Inspections:**

Discharge Amount:	24,000 GAL
Cause:	BROKEN AIR RELEASE VALVE FROM FORCE MAIN
Clean Up:	OPERATIONS TO CLEAN AND SANITIZE
Control Zone:	BARRICADES AND CAUTION TAPE.
Impact:	WASTEWATER ESCAPING FROM PRESSURE SYSTEM
Repair:	OPERATIONS TO REPAIR AND CLEAN AFFECTED AREA

**Notifications:**

10/05/11 11:57 AM	DISPUB	msd advised customers on site and updated Overflow Advisory on MSD website based on time sensitive notification requirements.
11/17/11 02:00 PM	DISNOT	Overflow Advisory was updated based on time sensitive notification requirements, notification of unauthorized discharge sent to state as part of monthly discharge summary.





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

<b>KPDES #</b> KY0022411 (Cont'd)	<b>Facility ID</b> MSD0278	<b>Water Quality Treatment Center</b> MORRIS FORMAN	<b>Receiving Stream of Treatment Center</b> OHIO RIVER	<b>Region</b> WEST
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<b>Facility Type</b> SMH Sewer Manhole	<b>Facility ID</b> CSO130	<b>Facility Address</b> 1400 STORY AVE	<b>If Pump Station, Name of Pump Station:</b>	<b>Receiving Stream</b> SOUTH FORK BEARGRASS CREEK	<b>Discharge to</b> STREAM
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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	1350359	10/04/11 10:37 AM	MITCHELL	GRIFFITH	REPAIRED - ISSUE RESOLVED	10/04/11	OBSTRUCTION-NOT GREASE OR ROOT	UNAUTHORIZED DISCHARGE-WATER S	10/04/11 11:25 AM	

**Spot Inspections:**

Discharge Amount:	2,291 GAL
Cause:	LINE OBSTRUCTION DUE TO BRICKS IN SEWER
Clean Up:	NONE NEEDED-MSD CREWS ARE ON LOCATION
Control Zone:	NONE NEEDED-MSD CREWS ARE ON LOCATION
Impact:	NO IMMEDIATE IMPACT OBSERVED
Repair:	LOCATION INCLUDED IN THE IOAP

**Notifications:**

10/04/11 02:11 PM	DISPUB	PUBLIC IS NOTIFIED THROUGH PERMANENT SIGNS TO AVOID CSO DISCHARGED CONTENT
10/04/11 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov

Total Facilities Printed: 3  
Total Work Orders Printed: 3