MSD
Metropolitan Sewer District

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

February 22, 2011

Crystal Thompson
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. Thompson:

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

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

Sincerely,

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

paw

MFDMR0111.doc

Enclosures

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

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

ATTN: ALEX E NOVAK, OPER DIR

KY0022411	001 1
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD

	YEAR	MONTH	DAY		YEAR	MONTH	DAY
FROM	11	01	01	TO	11	01	31

Parameter		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****	****	8.2	*****	*****	(19)	0	31/31	GRAB
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	2.0 INST MIN	*****	*****	MG/L		DAILY	GRAB
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	14,468	15,942	(26)	*****	20	25	(19)	0	31/31	COMPOS
00310 E 0 0 SEC/BIOL PRCS CMPLT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	30 MO AVG	45 MX WK AV	MG/L		DAILY	COMPOS
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	294,951	334,872	(26)	*****	403	521	(19)	0	31/31	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
PH	SAMPLE MEASUREMENT	*****	*****	****	6.3	*****	7.1	(12)	0	31/31	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	11,029	9,822	(26)	*****	16	15	(19)	0	31/31	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 WK AV	MG/L		DAILY	COMPOS
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	298,830	371,924	(26)	*****	403	469	(19)	0	31/31	COMPOS
00530 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
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	10,316	11,613	(26)	*****	14.6	16.1	(19)	0	31/31	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

NAME/TITLE PRINCIPLE EXECUTIVE OFFICER			Telephone		DATE
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	502 AREA	540-6000 NUMBER	11-02-17 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 LOCATION MSD MORRIS FORM WQTC
LOUISVILLE, KY 40211

ATTN: ALEX E NOVAK, OPER DIR

KY0022411	001 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MONTH	DAY		YEAR	MONTH	DAY
FROM	11	01	01	TO	11	01	31

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

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)	SAMPLE MEASUREMENT	10433	11107	(26)	*****	14.8	16.6	(19)	0	31/31	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	86.5	176.2	(03)	*****	*****	*****	****	0	31/31	CONTIN
50050 E 0 0 SEC/BIOL PRCS CMPLT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		CONTIN UOUS	CONTIN
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	0.010	(19)	0	31/31	GRAB
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.019 DAILY MX	MG/L		DAILY	GRAB
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****	****	*****	20	49	(13)	0	31/31	GRAB
74055 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	1000 30DA GEO	2000 7 DA GEO	#/ 100ML		DAILY	GRAB
BOD, 5-DAY PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	****	95	*****	*****	(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	*****	*****	****	97	*****	*****	(23)	0	ONCE/ MONTH	CALCTD
81011 K 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	85 MO MIN	*****	*****	PER-CENT		ONCE/ MONTH	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPLE EXECUTIVE OFFICER			Telephone		DATE
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	502	540-6000	11-02-17
			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)

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LOUISVILLE, KY 40211

ATTN: ALEX E NOVAK, OPER DIR

KY0022411	001 B
PERMIT NUMBER	DISCHARGE NUMBER

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

JEFFE

MONITORING PERIOD	YEAR	MONTH	DAY		YEAR	MONTH	DAY
FROM	11	01	01	TO	11	01	31

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	*****	*****	****	*****	160	260	(19)	0	03/31	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	*****	*****	****	*****	31	48	(19)	0	03/31	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	*****	*****	****	*****	165	256	(19)	0	03/31	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	*****	*****	****	*****	40	50	(19)	0	03/31	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	*****	*****	****	*****	11.7	16.0	(19)	0	03/31	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	*****	*****	****	*****	11.2	18.0	(19)	0	03/31	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	33.90	38.60	(03)	*****	*****	*****	****	0	03/31	CONTIN
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	MGD	*****	*****	*****	****		WHEN DISCHG	CONTIN

NAME/TITLE PRINCIPLE EXECUTIVE OFFICER			Telephone		DATE
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			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.

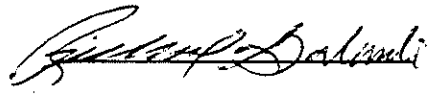
MORRIS FORMAN WATER QUALITY TREATMENT CENTER JEFFERSON COUNTY, KENTUCKY MONTH OF January 2011
KPDES PERMIT NO. KY0022411 PLANT CAPACITY - 120 MGD RECEIVING STREAM-OHIO RIVER

	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.														prim.		FLOW	TSS	TVSS	D.O	MLSS	MLVSS	SET	SVI	Sludge Wasted	Primary Sludge	Chlorine Dosage	Resid	Fecal Coliform	NH3-N	Pump.
DATE	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			MG	MG	KLBS	mg/L	#/100 ml	mg/L	Hours
1/1	214.7	142.2	72.5	59	59	7.3	7.0	6.5	0.7	252	52			9.9	272	138	32	28.1	14.8	12.1	20.0	3.2	2.7	199	62	1.12	0.38	3.84	0.010	30	6	0.00
1/2	113.9	109.2	4.7	59	59	7.5	6.9	10.0	0.1	198	19			10.0	139	81	14	27.4	11.7	9.6	20.0	3.1	2.7	189	60	1.03	0.21	1.20	0.010	14	10	0.00
1/3	98.8	98.8	0.0	55	55	7.5	7.1	14.0	0.1	256	17			9.3	224	114	10	27.3	12.2	10.1	20.0	3.0	2.5	189	63	0.89	0.22	0.98	0.010	9	16	0.00
1/4	98.9	98.9	0.0	57	57	7.5	7.0	10.0	0.1	238	18			8.7	266	176	14	26.8	10.1	8.4	19.8	2.8	2.2	162	64	0.76	0.35	0.96	0.010	9	17	14.00
1/5	98.8	98.8	0.0	58	58	7.4	7.0	17.0	0.1	362	18			9.8	344	189	13	27.1	9.6	8.1	19.8	2.9	2.5	160	56	0.72	0.39	1.35	0.010	4	17	24.00
1/6	91.9	91.9	0.0	59	59	7.5	6.8	17.0	0.1	374	21			9.2	342	227	13	27.4	10.1	8.6	20.0	3.3	2.8	178	54	0.77	0.33	1.22	0.010	6	16	14.00
1/7	82.2	82.2	0.0	59	60	7.3	6.9	14.0	0.1	328	18			9.9	376	298	17	27.5	10.7	9.4	18.3	3.3	2.9	194	61	0.83	0.30	1.09	0.010	56	17	0.00
1/8	74.9	74.9	0.0	57	57	7.2	6.8	15.0	0.1	342	22			9.2	373	260	19	27.4	11.2	9.7	19.5	3.3	2.9	206	63	0.91	0.33	1.10	0.010	172	18	0.00
1/9	72.3	72.3	0.0	57	57	7.4	6.7	15.0	0.1	330	17			9.4	323	215	14	27.5	10.4	9.2	19.8	3.4	3.1	229	67	0.89	0.36	1.11	0.010	42	19	0.00
1/10	77.2	77.2	0.0	59	59	7.3	6.7	17.0	0.1	390	19			10.7	459	244	15	27.5	10.9	9.4	16.9	3.6	3.1	217	60	1.05	0.38	1.17	0.010	40	20	0.00
1/11	79.7	79.7	0.0	59	59	7.3	6.8	18.0	0.1	432	19			10.2	543	368	14	26.9	11.2	9.8	14.7	3.7	3.2	226	61	1.07	0.48	1.43	0.010	11	19	0.00
1/12	79.5	79.5	0.0	58	58	7.2	6.8	22.0	0.1	578	35			11.1	699	387	40	27.8	11.8	10.6	9.7	4.7	4.2	287	61	1.14	0.42	1.57	0.010	590	12	14.00
1/13	79.5	79.5	0.0	58	58	7.3	6.7	25.0	0.1	612	29			8.6	690	320	25	28.2	12.2	10.6	12.5	4.0	3.5	253	63	1.16	0.39	1.64	0.010	9	13	13.00
1/14	72.7	72.7	0.0	58	58	7.3	6.7	17.5	0.2	488	23			8.3	559	473	18	27.9	13.2	11.4	12.2	4.2	3.8	269	65	1.14	0.23	1.64	0.010	9	14	0.00
1/15	73.3	73.3	0.0	60	60	7.2	6.7	18.0	0.1	544	20			8.4	411	244	15	27.2	13.0	11.3	12.7	3.9	3.3	248	63	1.09	0.20	1.52	0.010	128	18	0.00
1/16	70.0	70.0	0.0	59	59	7.4	6.9	14.5	0.1	388	20			9.4	405	181	16	27.5	11.3	9.9	18.3	3.7	3.2	229	62	1.02	0.23	1.52	0.010	22	18	0.00
1/17	74.2	74.2	0.0	59	59	7.3	6.9	18.0	0.1	408	17			9.7	328	188	15	28.0	10.9	9.5	20.0	3.7	3.2	228	61	0.91	0.27	1.19	0.010	142	22	0.00
1/18	143.8	119.3	24.5	59	59	6.9	6.6	19.0	0.3	734	50			10.3	481	280	48	28.4	11.9	10.1	18.1	3.6	3.0	214	59	0.87	0.16	2.66	0.010	590	18	0.00
1/19	94.5	94.5	0.0	59	59	7.2	6.4	19.0	0.1	412	18			10.7	427	222	16	27.5	12.9	11.1	18.4	3.5	3.1	222	63	1.00	0.31	2.66	0.010	19	10	0.00
1/20	91.9	91.9	0.0	59	59	7.4	6.3	6.5	0.1	442	14			9.8	388	261	10	28.1	13.0	11.2	17.3	3.8	3.3	232	62	1.06	0.40	1.39	0.010	4	17	0.00
1/21	83.3	83.3	0.0	58	58	7.4	6.7	10.0	0.1	374	21			10.1	502	421	32	28.4	13.5	11.8	14.9	4.3	3.7	248	59	1.03	0.25	1.69	0.010	40	14	0.00
1/22	80.1	80.1	0.0	57	57	7.3	6.7	14.0	0.1	374	21			9.6	423	278	21	28.7	14.3	12.4	14.3	4.7	4.0	286	61	1.09	0.20	1.78	0.010	15	13	0.00
1/23	79.5	79.5	0.0	57	57	7.4	6.7	15.0	0.1	310	21			8.5	296	231	14	29.0	12.3	10.5	16.7	4.1	3.5	257	63	1.12	0.10	1.58	0.010	6	16	0.00
1/24	84.8	84.8	0.0	57	57	7.3	6.7	20.0	0.1	474	36			9.8	424	293	9	29.0	12.3	10.5	17.3	3.9	3.3	274	71	1.11	0.23	1.60	0.010	2	16	0.00
1/25	88.7	88.7	0.0	59	59	7.3	6.8	20.0	0.1	414	18			9.4	426	309	16	28.2	12.3	10.8	16.5	4.1	3.6	280	68	1.14	0.24	1.66	0.010	17	18	0.00
1/26	88.8	88.8	0.0	57	57	7.2	6.7	17.0	0.1	424	18			8.2	493	335	6	29.2	13.6	11.9	11.8	3.7	3.2	267	78	1.13	0.31	1.63	0.010	20	18	0.00
1/27	86.7	86.7	0.0	58	58	7.4	6.7	17.0	0.1	384	28			8.6	490	322	32	29.4	13.9	12.3	13.6	4.5	3.9	301	67	1.16	0.35	1.64	0.010	110	13	0.00
1/28	82.3	82.3	0.0	59	59	7.3	6.7	17.5	0.1	464	57			9.5	359	315	16	30.2	15.2	13.0	14.5	4.5	3.9	306	68	1.21	0.30	1.64	0.010	5	15	0.00
1/29	76.9	76.9	0.0	66	66	7.5	6.8	19.5	0.1	400	21			10.1	395	348	16	30.3	14.4	12.4	12.5	5.5	4.7	307	59	1.26	0.28	1.60	0.010	2	17	0.00
1/30	74.4	74.4	0.0	62	62	7.3	6.8	20.0	3.0	406	82			9.7	276	354	20	30.0	13.8	11.7	14.0	4.9	4.3	377	76	1.29	0.27	1.60	0.010	8	19	0.00
1/31	78.3	78.3	0.0	59	59	7.0	6.6	21.0	0.7	412	65			10.2	371	256	38	29.9	12.6	11.1	14.4	5.7	4.9	323	64	1.34	0.30	1.55	0.010	6	22	0.00
Total	2784.5	2682.8	101.7															873.6								32.410	9.170					79.00
Average	89.8	86.5	3.3	59	59	7.3	6.8	16.3	0.2	403	27			9.6	403	267	19	28.2	12.3	10.6	16.4	3.9	3.4	244	63	1.05	0.30	1.59	0.010	20	16	0.00

SEWER CONNECTIONS 130210 TIMES 4 = 520840 SEWER POPULATION

IND. WASTER POPULATION EQ

CUSTOMERS	324
FLOW	334613
BOD	1256579
TSS	918023

Authorized Agent  Certification No. 4883

MORRIS FORMAN WASTEWATER TREATMENT PLANT JEFFERSON COUNTY, KY

Month of Jan-11

Average Flow

SETTLING TANKS	Primary	Secondary Battery A	Secondary Battery B	Secondary Battery C
Average Flow (MGD)	83.9	34.25	38.25	19.18
Tanks in Service	4.00	7.94	7.52	4.00
Surface Area (Ft.2)	77000.00	68681.00	65048.00	34600.00
Volume (MG)	8.33	7.04	6.66	3.54
Weir Length (Ft.)	2860.00	2646.49	2695.92	1434.00
Avg. Weir Overflow (GPD/Ft)	29347.92	12032.65	14186.67	13378.32
Avg. Settling Rate (GPD/Ft2)	1090.07	679.71	730.58	698.97
Avg. Detention Time	2.36	4.93	4.18	4.43

AERATION TANKS	Battery A	Battery B	Battery C
Volume (Gallons)	4200000	4200000	2100000
Avg. Flow (MGD)	46.66	49.41	24.18
Avg. Detention Time (Hours)	2.16	2.04	2.08

CHLORINE CONTACT CHAMBERS	
Contact Chambers in Use	2.00
Volume (Gallons)	2340000
Avg. Detention Time (Hours)	0.67

Remarks: BY-PASS REPORTS (See Attached)

MSD
Metropolitan Sewer District

IMSAST0004
Overflow Report
Initiated Jan 01, 2011 12:00 AM thru Jan 31, 2011 11:59 PM

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

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

Facility Type	Facility ID	Facility Address	If Pump Station, Name of Pump Station:	Receiving Stream	Discharge to
SMH Sewer Manhole	CSO206	1700 SPRING DR		MIDDLE FORK BEARGRASS CREEK	STREAM

Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Event Date	Problem	Result	Completed	Condition
DISDW: DRY WEATHER DISCHARGE	1196084	01/31/11 04:45 PM	FRENCH	GRIFFITH	REPAIRED - ISSUE RESOLVED	01/31/11	OBSTRUCTION-NOT GREASE / ROOTS	UNAUTHORIZED DISCHAGE - WATERS	01/31/11 05:15 PM	

Spot Inspections:

Discharge Amount:	12,074 GAL
Cause:	POSSIBLE OBSTRUCTION IN SIPHON.
Clean Up:	NO CLEANUP OCCURRED. OVERFLOW DISCHARGES DIRECTLY TO STREAM.
Control Zone:	NO CONTROL ZONE ESTABLISHED, PIPE DISCHARGES DIRECTLY TO STREAM. PERMANENT OVERFLOW ADVISORY SIGNS POSTED.
Impact:	NO IMPACT OVSERVED, OVERFLOW REPORTED THROUGH TELEMETRY.
Repair:	SIPHON OBSTRUCTION CLEARED ITSELF.

Notifications:

02/01/11 12:58 AM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
02/01/11 12:58 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
02/03/11 09:39 AM	DISPUB	Notification made with permanent overflow warning signs posted along Beargrass Creek

Total Facilities Printed: 1
Total Work Orders Printed: 1