



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

July 20, 2012

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

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

Dear Ms. Edwards:

In accordance with the provisions of the KPDES Permit referenced above, the monthly operating report and the monthly Discharge Monitoring Report (DMR) for the reporting period June 1st to June 30th are enclosed. All permit requirements were met for the month of June, 2012.

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

Sincerely,

A handwritten signature in black ink that reads "Alex E. Novak".

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

paw

MFDMR0612.doc

Enclosures

cc: C. Roth, DOW-Louisville S. Cochran, ORSANCO



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

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

Form Approved.
OMB No. 2040-0004

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

NAME: MSD MORRIS FORMAN WQTC
ADDRESS: C/O LOUISVILLE/JEFF CO MSD
4522 ALGONQUIN PKWY
LOUISVILLE, KY 40211-2497
FACILITY LOCATION: MSD MORRIS FORM WQTC
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 |
| 12 | 06 | 01 | | 12 | 06 | 30 |

ATTN: ALEX E NOVAK, OPER DIR

| Parameter | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|---|---------------------|--------------------|--------|--------------------------|------------------|--------------------|-------|--|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | **** | 4.2 | ***** | ***** | (19) | 0 | 30/30 | GRAB |
| | PERMIT REQUIREMENT | ***** | ***** | **** | 2.0 INST MIN | ***** | ***** | MG/L | | DAILY | GRAB |
| BOD, 5-DAY (20 DEG. C) 00310 E 0 0 SEC/BIOL PRCS CMLPT | SAMPLE MEASUREMENT | 11,768 | 15,260 | (26) | ***** | 16 | 20 | (19) | 0 | 30/30 | COMPOS |
| | 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) 00310 G 0 0 RAW SEW/INFLUENT | SAMPLE MEASUREMENT | 241,533 | 299,928 | (26) | ***** | 350 | 440 | (19) | 0 | 30/30 | COMPOS |
| | PERMIT REQUIREMENT | REPORT MO AVG | REPORT MX WK AV | LBS/DY | ***** | REPORT MO AVG | REPORT MX WK AV | MG/L | | DAILY | COMPOS |
| PH 00400 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | **** | 6.3 | ***** | 6.8 | (12) | 0 | 30/30 | GRAB |
| | PERMIT REQUIREMENT | ***** | ***** | **** | 6.0 MINIMUM | ***** | 9.0 MAXIMUM | SU | | DAILY | GRAB |
| SOLIDS, TOTAL SUSPENDED 00530 E 0 0 SEC/BIOL PRCS CMLPT | SAMPLE MEASUREMENT | 6,195 | 9,871 | (26) | ***** | 8 | 10 | (19) | 0 | 30/30 | COMPOS |
| | 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 00530 G 0 0 RAW SEW/INFLUENT | SAMPLE MEASUREMENT | 288,741 | 333,914 | (26) | ***** | 401 | 481 | (19) | 0 | 30/30 | COMPOS |
| | 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) 00610 E 0 0 SEC/BIOL PRCS CMLPT | SAMPLE MEASUREMENT | 8,052 | 9,032 | (26) | ***** | 11.9 | 13.9 | (19) | 0 | 30/30 | COMPOS |
| | 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 | 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 |
| Greg C. Heitzman, P.E. INTERIM EXECUTIVE DIRECTOR | | | | | | | | | 502 540-6000 | | 12-07-12 |
| | | | | | | | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | AREA |

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

G - INFLUENT
E - SECONDARY EFFLUENT
1 - FINAL EFFLUENT

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

Form Approved.
OMB No. 2040-0004

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

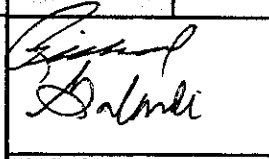
NAME MSD MORRIS FORMAN WQTC
ADDRESS C/O LOUISVILLE/JEFF CO MSD
4522 ALGONQUIN PKWY
LOUISVILLE, KY 40211-2497
FACILITY MSD MORRIS FORM WQTC
LOCATION LOUISVILLE, KY 40211

| | |
|---------------|------------------|
| 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 |
| 12 | 06 | 01 | | 12 | 06 | 30 |

ATTN: ALEX E NOVAK, OPER DIR

| Parameter | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---|---------------------|-----------------|--------|--------------------------|---------------|-----------------|----------|--|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| NITROGEN, AMMONIA TOTAL (AS N) 00610 G 0 0 RAW SEW/INFLUENT | SAMPLE MEASUREMENT | 9056 | 9702 | (26) | ***** | 13.2 | 15.7 | (19) | 0 | 30/30 | 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/BIOLOGICAL PROC COMPLT | SAMPLE MEASUREMENT | 87.3 | 194.5 | (03) | ***** | ***** | ***** | **** | 0 | 30/30 | 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 | 30/30 | GRAB |
| | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | ***** | 0.019 DAILY MX | MG/L | | DAILY | GRAB |
| COLIFORM, FECAL GENERAL 74055 1 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | **** | ***** | 22 | 100 | (13) | 0 | 30/30 | 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 | ***** | ***** | **** | 98 | ***** | ***** | (23) | 0 | ONCE/MONTH | CALCTD |
| | PERMIT REQUIREMENT | ***** | ***** | **** | 85 MO MIN | ***** | ***** | PERCENT | | ONCE/MONTH | CALCTD |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| NAME/TITLE PRINCIPLE EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | | | | | | | | Telephone | | DATE |
| Greg C. Heitzman, P.E. INTERIM EXECUTIVE DIRECTOR |  | | | | | | | | 502 540-6000 | | 12-07-12 |
| | | | | | | | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | AREA |

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)

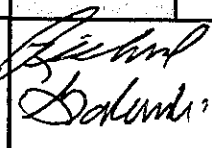
NAME: MSD MORRIS FORMAN WQTC
ADDRESS: C/O LOUISVILLE/JEFF CO MSD
4522 ALGONQUIN PKWY
LOUISVILLE, KY 40211-2497
FACILITY LOCATION: MSD MORRIS FORM WQTC
LOUISVILLE, KY 40211

| | |
|---------------|------------------|
| KY0022411 | 001 B |
| PERMIT NUMBER | DISCHARGE NUMBER |

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

ATTN: ALEX E NOVAK, OPER DIR

| MONITORING PERIOD | | | | | | |
|-------------------|-------|-----|----|------|-------|-----|
| YEAR | MONTH | DAY | TO | YEAR | MONTH | DAY |
| 12 | 06 | 01 | | 12 | 06 | 30 |

| 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 | ***** | ***** | **** | ***** | 81 | 125 | (19) | 0 | 06/30 | COMPOS |
| | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | REPORT MO AVG | REPORT MX WK AV | MG/L | | WHEN DISCHG | COMPOS |
| BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | **** | ***** | 17 | 20 | (19) | 0 | 06/30 | COMPOS |
| | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | REPORT MO AVG | REPORT MX WK AV | MG/L | | WHEN DISCHG | COMPOS |
| SOLIDS, TOTAL SUSPENDED 00530 F 0 0 PRI/PRLM PRCS CMPLT | SAMPLE MEASUREMENT | ***** | ***** | **** | ***** | 86 | 114 | (19) | 0 | 06/30 | COMPOS |
| | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | REPORT MO AVG | REPORT MX WK AV | MG/L | | WHEN DISCHG | COMPOS |
| SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | **** | ***** | 24 | 24 | (19) | 0 | 06/30 | COMPOS |
| | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | REPORT MO AVG | REPORT MX WK AV | MG/L | | WHEN DISCHG | COMPOS |
| NITROGEN, AMMONIA TOTAL (AS N) 00610 F 0 0 PRI/PRLM PRCS CMPLT | SAMPLE MEASUREMENT | ***** | ***** | **** | ***** | 10.0 | 16.0 | (19) | 0 | 06/30 | COMPOS |
| | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | REPORT MO AVG | REPORT MX WK AV | MG/L | | WHEN DISCHG | COMPOS |
| NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | **** | ***** | 8.22 | 13.0 | (19) | 0 | 06/30 | COMPOS |
| | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | REPORT MO AVG | REPORT MX WK AV | MG/L | | WHEN DISCHG | COMPOS |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 F 0 0 PRI/PRLM PRCS CMPLT | SAMPLE MEASUREMENT | 30.10 | 33.66 | (03) | ***** | ***** | ***** | **** | 0 | 06/30 | CONTIN |
| | PERMIT REQUIREMENT | REPORT MO AVG | REPORT MX WK AV | MGD | ***** | ***** | ***** | **** | | WHEN DISCHG | CONTIN |
| NAME/TITLE | 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 | |
| Greg C. Heitzman, P.E. INTERIM EXECUTIVE DIRECTOR |  | | | | | | | | 502 | 540-6000 | 12-07-12 |
| | | | | | | | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | AREA |

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)
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 LOCATION: MSD MORRIS FORM WQTC
LOUISVILLE, KY 40211

| | |
|---------------|------------------|
| KY0022411 | 001 Y |
| PERMIT NUMBER | DISCHARGE NUMBER |

MAJOR (SUBR LV)
F - FINAL JEFFE
BIOMONITORING/ONCE PER QUARTE
EFFLUENT
*** NO DISCHARGE ***

ATTN: ALEX E NOVAK, OPER DIR

| MONITORING PERIOD | | | | | | |
|-------------------|-------|-----|----|------|-------|-----|
| YEAR | MONTH | DAY | TO | YEAR | MONTH | DAY |
| 12 | 04 | 01 | | 12 | 06 | 30 |

| Parameter | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE | |
|---|-----------------------------|---|---------|-------|--------------------------|---------------|-----------------|-------|--|-----------------------|-------------|-----------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | | |
| HARDNESS, TOTAL (AS CaCO3) 00900 1 0 2 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | **** | ***** | 368 | 381 | (19) | 0 | QTRLY | GRAB-2 | |
| | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | REPORT MO AVG | REPORT DAILY MX | MG/L | | QTRLY | COMPOS | |
| CADMIUM, DISSOLVED (AS CD) 01025 1 0 2 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | **** | ***** | 0.003 | 0.003 | (19) | 0 | QTRLY | GRAB-2 | |
| | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | REPORT MO AVG | REPORT DAILY MX | MG/L | | QTRLY | COMPOS | |
| COPPER, DISSOLVED (AS CU) 01040 1 0 2 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | **** | ***** | 0.007 | 0.007 | (19) | 0 | QTRLY | GRAB-2 | |
| | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | REPORT MO AVG | REPORT DAILY MX | MG/L | | QTRLY | COMPOS | |
| LEAD, DISSOLVED (AS PB) 01049 1 0 2 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | **** | ***** | 0.008 | 0.008 | (19) | 0 | QTRLY | GRAB-2 | |
| | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | REPORT MO AVG | REPORT DAILY MX | MG/L | | QTRLY | COMPOS | |
| ZINC, DISSOLVED (AS ZN) 01090 1 0 2 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | **** | ***** | 0.070 | 0.070 | (19) | 0 | QTRLY | GRAB-2 | |
| | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | REPORT MO AVG | REPORT DAILY MX | MG/L | | QTRLY | COMPOS | |
| ZINC TOTAL RECOVERABLE 01094 1 0 2 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | **** | ***** | 0.070 | 0.070 | (19) | 0 | QTRLY | GRAB-2 | |
| | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | REPORT MO AVG | REPORT DAILY MX | MG/L | | QTRLY | COMPOS | |
| CADMIUM TOTAL RECOVERABLE 01113 1 0 2 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | **** | ***** | 0.003 | 0.003 | (19) | 0 | QTRLY | GRAB-2 | |
| | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | REPORT MO AVG | REPORT DAILY MX | MG/L | | QTRLY | COMPOS | |
| 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 | | |
| Greg C. Heitzman, P.E. INTERIM EXECUTIVE DIRECTOR | | | | | | | | | | 502 | 540-6000 | 12-07-12 |
| COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) | | | | | | | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA | NUMBER | YEAR - MO - DAY |

Greg C. Heitzman
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

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


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FACILITY LOCATION: MSD MORRIS FORM WQTC
LOUISVILLE, KY 40211

| | |
|---------------|------------------|
| KY0022411 | 001 Y |
| PERMIT NUMBER | DISCHARGE NUMBER |

MAJOR (SUBR LV)
F - FINAL JEFFE
BIOMONITORING/ONCE PER QUARTE
EFFLUENT
*** NO DISCHARGE ***

| MONITORING PERIOD | | | | | |
|-------------------|-------|-----|------|-------|-----|
| FROM | | | TO | | |
| YEAR | MONTH | DAY | YEAR | MONTH | DAY |
| 12 | 04 | 01 | 12 | 06 | 30 |

ATTN: ALEX E NOVAK, OPER DIR

| Parameter | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---|---------------------|---------|-------|--------------------------|---------------|-----------------|--------------|--|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| LEAD TOTAL RECOVERABLE 01114 1 0 2 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | **** | ***** | 0.008 | 0.008 | (19) | 0 | QTRLY | GRAB-2 |
| | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | REPORT MO AVG | REPORT MX WK AV | MG/L | | QTRLY | COMPOS |
| COPPER TOTAL RECOVERABLE 01119 1 0 2 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | **** | ***** | 0.014 | 0.017 | (19) | 0 | QTRLY | GRAB-2 |
| | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | REPORT MO AVG | REPORT MX WK AV | MG/L | | QTRLY | COMPOS |
| TOXICITY, FINAL CONC TOXICITY UNITS 61406 1 0 1 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | **** | ***** | ***** | <1.00 | (2F) | 0 | QTRLY | GRAB-2 |
| | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | ***** | 1.00 DAILY MAX | ACUTE TOXCTY | | QTRLY | GRAB-2 |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
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| | | | | | | | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | AREA |
| COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) | | | | | | | | | | | |


| DATE | WASTEWATER FLOWS (Million Gallons) | | | TEMP (DEGF) | | pH | | SETS (ML) | | TSS (mg/L) | | TS (mg/L) | | D.O. (mg/L) | 5-DAY BOD (mg/L) | | | RETURN SLUDGE FLOW TSS TVSS | | | AERATION BASIN | | | | | ACTIVE Sludge | | CHLORINATION | | | FINAL EFFLUENT | | | | |
|---------|---------------------------------------|-----------------|--------|----------------|-------|-----|-------|--------------|-------|---------------|-------|--------------|-------|----------------|---------------------|----------------|-------|--------------------------------|------|------|----------------|-------------|--------------|-----|-----|------------------|-------------------------|----------------------------|---------------|-------------------------------|-------------------|----------------|------|-----|-----|
| | Final Efluent | Sec. Efluent | Bypass | raw | final | raw | final | raw | final | raw | final | raw | final | final | raw | prim. final | final | MG | g/L | g/L | D.O. mg/L | MLSS g/L | MLVSS g/L | SET | SVI | Wasted MG | Primary Sludge MG | Chlorine Dosage KLBS | Resid mg/L | Fecal Coliform #/100 ml | NH3-N mg/L | Pump. Hours | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | mg/L | g/L | g/L |
| 6/1 | 257.9 | 148.5 | 108.4 | 66 | 66 | 7.0 | 6.8 | 4.5 | 0.8 | 140 | 47 | | | 11.8 | 72 | 62 | 31 | 25.3 | 14.4 | 11.1 | 19.7 | 2.3 | 1.7 | 143 | 62 | 0.83 | 0.30 | 5.46 | 0.010 | 280 | 4 | 0.00 | | | |
| 6/2 | 175.8 | 137.7 | 38.1 | 65 | 65 | 7.1 | 6.7 | 8.0 | 0.1 | 162 | 23 | | | 8.8 | 112 | 62 | 17 | 25.4 | 13.2 | 10.0 | 19.2 | 2.6 | 2.0 | 156 | 60 | 0.86 | 0.32 | 5.00 | 0.010 | 4200 | 8 | 0.00 | | | |
| 6/3 | 124.6 | 124.5 | 0.1 | 67 | 67 | 7.3 | 6.8 | 13.0 | 0.1 | 440 | 14 | | | 10.9 | 122 | 50 | 8 | 25.9 | 13.3 | 10.2 | 19.8 | 2.5 | 1.8 | 160 | 65 | 0.68 | 0.30 | 2.78 | 0.010 | 48 | 7 | 0.00 | | | |
| 6/4 | 142.1 | 121.5 | 20.6 | 67 | 67 | 7.3 | 6.7 | 10.0 | 0.2 | 292 | 23 | | | 6.4 | 143 | 80 | 15 | 25.1 | 12.7 | 9.4 | 19.0 | 2.3 | 1.7 | 138 | 60 | 0.71 | 0.27 | 2.56 | 0.010 | 7 | 9 | 0.00 | | | |
| 6/5 | 112.8 | 112.7 | 0.1 | 69 | 69 | 7.3 | 6.8 | 7.0 | 0.1 | 178 | 13 | | | 9.1 | 148 | 105 | 10 | 25.0 | 11.1 | 8.5 | 19.3 | 4.5 | 3.4 | 147 | 32 | 0.70 | 0.30 | 2.34 | 0.010 | 30 | 10 | 0.00 | | | |
| 6/6 | 99.3 | 99.3 | 0.0 | 70 | 70 | 7.0 | 6.6 | 15.0 | 0.1 | 382 | 10 | | | 7.3 | 382 | 188 | 13 | 24.7 | 8.3 | 5.1 | 15.6 | 2.0 | 1.5 | 148 | 78 | 0.84 | 0.41 | 1.81 | 0.010 | 72 | 10 | 0.00 | | | |
| 6/7 | 92.8 | 92.8 | 0.0 | 69 | 69 | 6.9 | 6.8 | 9.0 | 0.1 | 188 | 12 | | | 5.4 | 256 | 180 | 10 | 24.0 | 6.6 | 6.3 | 10.3 | 2.7 | 1.9 | 170 | 64 | 0.79 | 0.37 | 1.75 | 0.010 | 120 | 13 | 0.00 | | | |
| 6/8 | 86.2 | 88.2 | 0.0 | 71 | 71 | 7.1 | 6.4 | 14.0 | 0.1 | 364 | 12 | | | 6.8 | 291 | 187 | 11 | 24.2 | 10.9 | 8.5 | 10.3 | 2.4 | 1.9 | 183 | 75 | 0.85 | 0.26 | 1.87 | 0.010 | 40 | 13 | 0.00 | | | |
| 6/9 | 82.1 | 82.1 | 0.0 | 75 | 75 | 7.1 | 6.6 | 12.0 | 0.1 | 332 | 10 | | | 6.8 | 287 | 181 | 7 | 24.5 | 10.9 | 8.9 | 11.2 | 2.8 | 2.3 | 188 | 67 | 0.77 | 0.28 | 1.60 | 0.010 | 28 | 13 | 0.00 | | | |
| 6/10 | 82.2 | 82.2 | 0.0 | 73 | 73 | 7.1 | 6.4 | 14.0 | 0.1 | 292 | 8 | | | 5.8 | 279 | 165 | 7 | 24.6 | 11.8 | 9.6 | 11.9 | 2.9 | 2.4 | 200 | 69 | 0.77 | 0.26 | 1.57 | 0.010 | 8 | 12 | 0.00 | | | |
| 6/11 | 86.3 | 86.3 | 0.0 | 76 | 76 | 7.0 | 6.5 | 20.0 | 0.1 | 418 | 9 | | | 6.0 | 471 | 246 | 12 | 25.1 | 11.4 | 9.2 | 12.6 | 3.4 | 2.7 | 246 | 72 | 0.69 | 0.32 | 1.64 | 0.010 | 16 | 15 | 0.00 | | | |
| 6/12 | 82.7 | 82.7 | 0.0 | 76 | 76 | 7.0 | 6.5 | 20.0 | 0.1 | 468 | 11 | | | 4.9 | 502 | 266 | 11 | 25.1 | 11.7 | 9.5 | 9.9 | 3.2 | 2.8 | 233 | 74 | 0.98 | 0.35 | 1.79 | 0.010 | 11 | 17 | 0.00 | | | |
| 6/13 | 78.8 | 78.8 | 0.0 | 74 | 74 | 6.8 | 6.5 | 22.0 | 0.1 | 468 | 13 | | | 5.4 | 591 | 338 | 13 | 24.7 | 11.4 | 9.5 | 9.3 | 3.0 | 2.5 | 219 | 74 | 0.95 | 0.35 | 1.79 | 0.010 | 5 | 16 | 0.00 | | | |
| 6/14 | 76.8 | 76.8 | 0.0 | 75 | 75 | 6.9 | 6.5 | 22.0 | 0.1 | 680 | 11 | | | 4.8 | 662 | 348 | 13 | 25.4 | 11.5 | 9.5 | 9.8 | 3.3 | 2.8 | 223 | 67 | 0.88 | 0.37 | 1.74 | 0.010 | 6 | 15 | 0.00 | | | |
| 6/15 | 74.8 | 74.8 | 0.0 | 76 | 76 | 7.3 | 6.4 | 21.0 | 0.1 | 524 | 13 | | | 7.7 | 448 | 259 | 13 | 25.1 | 12.8 | 10.7 | 12.5 | 3.7 | 3.1 | 261 | 70 | 0.88 | 0.35 | 1.60 | 0.010 | 2 | 16 | 0.00 | | | |
| 6/16 | 76.1 | 76.1 | 0.0 | 77 | 77 | 7.0 | 6.4 | 21.0 | 0.1 | 500 | 21 | | | 8.7 | 472 | 369 | 18 | 25.2 | 12.9 | 10.9 | 12.5 | 3.7 | 3.1 | 270 | 73 | 0.91 | 0.37 | 1.58 | 0.010 | 80 | 15 | 0.00 | | | |
| 6/17 | 107.3 | 95.0 | 12.3 | 77 | 77 | 7.2 | 6.4 | 19.5 | 0.1 | 572 | 22 | | | 6.8 | 273 | 125 | 20 | 25.1 | 12.6 | 10.6 | 11.6 | 3.2 | 2.7 | 239 | 74 | 0.91 | 0.41 | 2.51 | 0.010 | 21 | 13 | 0.00 | | | |
| 6/18 | 83.1 | 83.1 | 0.0 | 77 | 77 | 7.2 | 6.5 | 17.0 | 0.1 | 288 | 10 | | | 6.7 | 260 | 110 | 10 | 26.2 | 11.4 | 9.3 | 13.8 | 3.3 | 2.7 | 273 | 81 | 0.96 | 0.39 | 2.30 | 0.010 | 4 | 15 | 0.00 | | | |
| 6/19 | 83.2 | 83.2 | 0.0 | 75 | 75 | 6.9 | 6.5 | 18.0 | 0.1 | 540 | 9 | | | 9.2 | 302 | 165 | 6 | 25.5 | 11.2 | 9.1 | 15.2 | 3.3 | 2.8 | 224 | 69 | 1.00 | 0.41 | 1.57 | 0.010 | 28 | 17 | 0.00 | | | |
| 6/20 | 77.0 | 77.0 | 0.0 | 77 | 77 | 6.9 | 6.5 | 14.0 | 0.1 | 478 | 11 | | | 7.2 | 382 | 236 | 9 | 24.9 | 10.3 | 8.4 | 11.8 | 3.1 | 2.5 | 204 | 67 | 0.94 | 0.40 | 1.44 | 0.010 | 9 | 15 | 0.00 | | | |
| 6/21 | 77.2 | 77.2 | 0.0 | 78 | 78 | 6.9 | 6.5 | 18.0 | 0.1 | 468 | 9 | | | 6.4 | 459 | 235 | 8 | 24.7 | 10.6 | 8.8 | 13.5 | 2.9 | 2.4 | 206 | 72 | 0.84 | 0.30 | 1.76 | 0.010 | 11 | 15 | 0.00 | | | |
| 6/22 | 74.5 | 74.5 | 0.0 | 79 | 78 | 6.8 | 6.4 | 14.0 | 0.1 | 514 | 9 | | | 5.4 | 514 | 241 | 10 | 24.7 | 8.5 | 7.0 | 11.0 | 2.8 | 2.4 | 216 | 78 | 0.84 | 0.22 | 1.66 | 0.010 | 96 | 17 | 0.00 | | | |
| 6/23 | 69.1 | 69.1 | 0.0 | 78 | 78 | 6.7 | 6.5 | 16.0 | 0.1 | 322 | 11 | | | 6.1 | 402 | 272 | 10 | 25.2 | 8.5 | 6.9 | 10.1 | 3.0 | 2.5 | 206 | 68 | 0.98 | 0.30 | 1.61 | 0.010 | 19 | 14 | 0.00 | | | |
| 6/24 | 66.9 | 66.9 | 0.0 | 77 | 77 | 6.7 | 6.3 | 13.0 | 0.1 | 500 | 9 | | | 6.4 | 344 | 258 | 7 | 25.0 | 10.2 | 8.7 | 8.9 | 3.2 | 2.7 | 236 | 72 | 0.92 | 0.21 | 1.67 | 0.010 | 4 | 11 | 0.00 | | | |
| 6/25 | 71.5 | 71.5 | 0.0 | 77 | 77 | 7.1 | 6.3 | 25.0 | 0.1 | 556 | 12 | | | 6.2 | 413 | 278 | 13 | 24.9 | 10.6 | 9.0 | 9.9 | 3.0 | 2.6 | 232 | 76 | 0.97 | 0.23 | 1.89 | 0.010 | 5 | 11 | 0.00 | | | |
| 6/26 | 70.6 | 70.6 | 0.0 | 77 | 77 | 6.7 | 6.6 | 19.0 | 0.1 | 308 | 11 | | | 5.1 | 395 | 259 | 10 | 24.7 | 10.6 | 9.0 | 10.9 | 3.1 | 2.6 | 231 | 75 | 0.98 | 0.22 | 1.73 | 0.010 | 17 | 15 | 0.00 | | | |
| 6/27 | 72.2 | 72.2 | 0.0 | 77 | 77 | 7.0 | 6.5 | 18.0 | 0.1 | 420 | 12 | | | 4.2 | 468 | 299 | 15 | 24.4 | 10.7 | 9.0 | 8.6 | 3.2 | 2.7 | 244 | 76 | 0.85 | 0.23 | 1.58 | 0.010 | 10 | 16 | 0.00 | | | |
| 6/28 | 72.6 | 72.6 | 0.0 | 77 | 77 | 6.8 | 6.5 | 18.0 | 0.1 | 424 | 11 | | | 5.8 | 440 | 306 | 36 | 24.6 | 10.9 | 9.2 | 11.3 | 3.2 | 2.8 | 269 | 81 | 0.94 | 0.33 | 1.48 | 0.010 | 11 | 21 | 0.00 | | | |
| 6/29 | 70.9 | 70.9 | 0.0 | 81 | 81 | 7.1 | 6.4 | 16.0 | 0.1 | 468 | 13 | | | 4.5 | 354 | 198 | 13 | 24.4 | 11.0 | 9.2 | 10.1 | 3.2 | 2.8 | 251 | 75 | 0.97 | 0.36 | 1.49 | 0.010 | 11 | 19 | 0.00 | | | |
| 6/30 | 69.7 | 69.7 | 0.0 | 77 | 77 | 7.1 | 6.5 | 13.0 | 0.1 | 340 | 12 | | | 5.8 | 248 | 151 | 10 | 23.9 | 10.0 | 8.4 | 13.6 | 3.2 | 2.7 | 241 | 74 | 0.98 | 0.37 | 1.55 | 0.010 | 152 | 21 | 0.00 | | | |
| Total | 2799.1 | 2618.5 | 180.6 | | | | | | | | | | | | | | | 747.5 | | | | | | | | | | | | | | | | | |
| Average | 93.3 | 87.3 | 6.0 | 74 | 74 | 7.0 | 6.5 | 15.7 | 0.1 | 401 | 14 | | | 6.7 | 350 | 206 | 13 | 24.9 | 11.1 | 9.0 | 12.8 | 3.0 | 2.5 | 212 | 70 | 0.86 | 0.32 | 2.03 | 0.010 | 22 | 14 | 0.00 | | | |

SEWER CONNECTIONS

131099 TIMES 4 = 524278 SEWER POPULATION

IND. WASTER POPULATION EQ
 CUSTOMERS 383
 FLOW 364327
 BOD 1076578
 TSS 960384

Authorized Agent



Certification No. 4663

MORRIS FORMAN WASTEWATER TREATMENT PLANT

JEFFERSON COUNTY, KY

Month of Jun-12

Average Flow

| SETTLING TANKS | Primary | Secondary | | |
|------------------------------|----------|-----------|-----------|-----------|
| | | Battery A | Battery B | Battery C |
| Average Flow (MGD) | 93.29 | 29.88 | 30.82 | 18.78 |
| Tanks in Service | 4.00 | 7.0 | 8.0 | 4.0 |
| Surface Area (Ft.2) | 77000.00 | 60550.00 | 69200.00 | 34600.00 |
| Volume (MG) | 8.33 | 6.20 | 7.09 | 3.54 |
| Weir Length (Ft.) | 2860.00 | 2509.50 | 2868.00 | 1434.00 |
| Avg. Weir Overflow (GPD/Ft) | 32619.95 | 11906.17 | 10744.71 | 13096.21 |
| Avg. Settling Rate (GPD/Ft2) | 1211.60 | 672.04 | 602.84 | 635.26 |
| Avg. Detention Time | 2.14 | 4.98 | 5.52 | 4.53 |

AERATION TANKS

| | Battery A | Battery B | Battery C |
|-----------------------------|-----------|-----------|-----------|
| Volume (Gallons) | 4200000 | 4200000 | 2100000 |
| Avg. Flow (MGD) | 40.69 | 41.72 | 21.98 |
| Avg. Detention Time (Hours) | 3.37 | 3.27 | 2.68 |

CHLORINE CONTACT CHAMBERS

| | |
|-----------------------------|---------|
| Contact Chambers in Use | 2.0 |
| Volume (Gallons) | 2340000 |
| Avg. Detention Time (Hours) | 0.94 |

Remarks: BY-PASS REPORTS (See Attached)



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

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

| 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 | WO # | Initiated | Initiated By | Assigned To | Disch Status | Event Date | Problem | Result | Completed | Condition |
|---------------------------------|---------|-------------------|--------------|-------------|--------------|------------|----------------------------|--------------------------------------|----------------------|-----------|
| DISREV: RAIN EVENT DISCHARGE | 1500446 | 06/01/12 05:36 PM | GRIFFITH | GRIFFITH | DOCUMENTED | 11/29/01 | LACK OF SYSTEM CAPACITY | UNAUTHORIZED DISCHARGE-WATER S | 06/01/12 06:45 PM | |

Spot Inspections:

| | |
|-------------------|---|
| Discharge Amount: | 92,118 GAL |
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN |
| Clean Up: | NO CLEANUP REQUIRED, PIPE DISCHARGE SUBMERGED |
| Control Zone: | NONE NEEDED-MSD PROPERTY |
| Impact: | NONE OBSERVED-PIPE SUBMERGED |
| Repair: | LOCATION INCLUDED IN THE IOAP |

Notifications:

| | | |
|-------------------|--------|--|
| 06/01/12 11:25 PM | DISPUB | PUBLIC NOTIFIED THROUGH PERMANENT SIGNS TO AVOID CONTACT |
| 06/01/12 01:00 PM | DISNOT | Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov, Sayre.Dennis@epamail.epa.gov and LisaA.Jeffries@ky.gov |
| 06/01/12 01:00 PM | DISSNO | Supplemental Email notification of unauthorized discharge has been sent to ireland.sean@epa.gov, eppc.ert@ky.gov, Sayre.Dennis@epamail.epa.gov and LisaA.Jeffries@ky.gov |



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

| | | | | |
|-------------------------------|------------------------|---|--|----------------|
| KPDES # KY0022411 (Cont'd) | Facility ID MSD0278 | Water Quality Treatment Center MORRIS FORMAN | Receiving Stream of Treatment Center OHIO RIVER | Region WEST |
|-------------------------------|------------------------|---|--|----------------|

| | | | | | |
|------------------------------------|----------------------|---|--|---------------------------------|------------------------|
| Facility Type SMH Sewer Manhole | Facility ID 42922 | Facility Address 3503 MOUNT RAINIER DR | If Pump Station, Name of Pump Station: | Receiving Stream GOOSE CREEK | Discharge to STREAM |
|------------------------------------|----------------------|---|--|---------------------------------|------------------------|

| Activity Code / Description | WO # | Initiated | Initiated By | Assigned To | Disch Status | Event Date | Problem | Result | Completed | Condition |
|------------------------------|---------|-------------------|--------------|-------------|---------------------------|------------|--------------------------------|--------------------------------|-------------------|-----------|
| DISDW: DRY WEATHER DISCHARGE | 1501612 | 06/05/12 12:35 PM | FRENCH | BINGHAM | REPAIRED - ISSUE RESOLVED | 06/05/12 | OBSTRUCTION-NOT GREASE OR ROOT | UNAUTHORIZED DISCHARGE-WATER S | 06/05/12 03:12 PM | |

Spot Inspections:

| | |
|-------------------|---|
| Discharge Amount: | 7,850 GAL |
| Cause: | UNKNOWN OBSTRUCTION IN MAIN SEWER |
| Clean Up: | MSD PERSONNEL WILL CLEAN AND SANITIZE THE IMPACTED AREA AROUND THE MANHOLE |
| Control Zone: | TEMPORARY SIGNS WERE PLACED IN THE IMMEDIATELY IMPACTED AREA AROUND THE MANHOLE. PERMANENT SIGNS ARE POSTED ALONG GOOSE CREEK |
| Impact: | SEWAGE, SOLIDS, DEBRIS AND DISCOLORATION OF THE STREAM WERE OBSERVED AT THE OVERFLOW LOCATION. |
| Repair: | MSD PERSONNEL FLUSHED THE MAIN SEWER TO REMOVE THE OBSTRUCTION. |

Notifications:

| | | |
|-------------------|--------|--|
| 06/05/12 03:47 PM | DISPUB | MSD WEBSITE OVERFLOW ADVISORY WAS UPDATED TO NOTIFY THE PUBLIC |
| 06/05/12 01:00 PM | DISNOT | Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov, Sayre.Dennis@epamail.epa.gov and LisaA.Jeffries@ky.gov |



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

| | | | | |
|--------------------------------------|-------------------------------|--|---|-----------------------|
| KPDES # KY0022411 (Cont'd) | Facility ID MSD0278 | Water Quality Treatment Center MORRIS FORMAN | Receiving Stream of Treatment Center OHIO RIVER | Region WEST |
|--------------------------------------|-------------------------------|--|---|-----------------------|

| | | | | | |
|---|-----------------------------|---|---|--|------------------------------------|
| Facility Type SMH Sewer Manhole | Facility ID 46161 | Facility Address 1904 EMBASSY SQUARE BLVD | If Pump Station, Name of Pump Station: | Receiving Stream SOUTH FORK BEARGRASS CREEK | Discharge to CATCH BASIN |
|---|-----------------------------|---|---|--|------------------------------------|

| <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 | 1502376 | 06/07/12 05:00 PM | FERRELL | FERRELL | REPAIRED - ISSUE RESOLVED | 06/07/12 | OBSTRUCTION-NOT GREASE OR ROOT | UNAUTHORIZED DISCHARGE-WATER S | 06/07/12 06:38 PM | MAIN |

Spot Inspections:

| | |
|-------------------------|---|
| Discharge Amount | 20 GAL |
| Cause: | OBSTRUCTION IN MAIN SEWER |
| Clean Up: | MSD PERSONNEL CLEANED AND SANITIZED THE IMPACTED AREA |
| Control Zone: | MSD PERSONNEL ADVISED CUSTOMER TO AVOID CONTACT WITH SEWAGE |
| Impact: | SEWAGE DISCHARGING FROM THE MANHOLE |
| Repair: | WORK ORDER 1502402- FLUSHED AND REMOVED OBSTRUCTION FROM MAIN SEWER |

Notifications:

| | | |
|-------------------|--------|--|
| 06/07/12 05:00 PM | DISPUB | ADVISED CUSTOMER BY SIGN |
| 06/07/12 01:00 PM | DISNOT | Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov, Sayre.Dennis@epamail.epa.gov and LisaA.Jeffries@ky.gov |



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

| | | | | |
|-------------------------------|------------------------|---|--|----------------|
| KPDES # KY0022411 (Cont'd) | Facility ID MSD0278 | Water Quality Treatment Center MORRIS FORMAN | Receiving Stream of Treatment Center OHIO RIVER | Region WEST |
|-------------------------------|------------------------|---|--|----------------|

| Facility Type | Facility ID | Facility Address | If Pump Station, Name of Pump Station: | Receiving Stream | Discharge to |
|-------------------|-------------|------------------|--|-------------------------------|--------------|
| SMH Sewer Manhole | CSO113 | 1215 ELLISON AVE | | SOUTH 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 | 1502459 | 06/08/12 09:09 AM | BRIGHT | BRIGHT | REPAIRED - ISSUE RESOLVED | 06/08/12 | OBSTRUCTION-NOT GREASE OR ROOT | UNAUTHORIZED DISCHARGE-WATER S | 06/08/12 10:22 AM | MAIN |

Spot Inspections:

| | |
|------------------|--|
| Discharge Amount | 365 GAL |
| Cause: | OBSTRUCTION IN MAIN SEWER |
| Clean Up: | NO CLEAN UP PERFORMED- PIPE DISCHARGES DIRECTLY INTO STREAM |
| Control Zone: | NO CONTROL ZONE WAS SET UP. PIPE DISCHARGES DIRECTLY INTO STREAM AND THERE ARE PERMANENT SIGNS IN PLACE THROUGHOUT CHANNEL |
| Impact | SEWAGE/WATER DISCHARGING FROM OVERFLOW PIPE/FLAPGATE |
| Repair: | FLUSHED/VACTORED THE OBSTRUCTION/DEBRIS FROM SEWER |

Notifications:

| | | |
|-------------------|--------|--|
| 06/08/12 09:26 AM | DISPUB | PERMANENT SIGNS ALONG THIS PORTION OF CHANNEL ALREADY IN PLACE |
| 06/08/12 01:00 AM | DISNOT | Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov, Sayre.Dennis@epamail.epa.gov and LisaA.Jeffries@ky.gov |



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

| | | | | |
|--------------------------------------|-------------------------------|--|---|-----------------------|
| KPDES # KY0022411 (Cont'd) | Facility ID MSD0278 | Water Quality Treatment Center MORRIS FORMAN | Receiving Stream of Treatment Center OHIO RIVER | Region WEST |
|--------------------------------------|-------------------------------|--|---|-----------------------|

| Facility Type | Facility ID | Facility Address | If Pump Station, Name of Pump Station: | Receiving Stream | Discharge to |
|-------------------|-------------|------------------|--|------------------|--------------|
| SMH Sewer Manhole | CSO200 | 1397 S 3RD ST | | OHIO RIVER | STREAM |

| Activity Code / Description | WO # | Initiated | Initiated By | Assigned To | Disch Status | Event Date | Problem | Result | Completed | Condition |
|------------------------------|---------|-------------------|--------------|-------------|---------------------------|------------|--------------------------------|--------------------------------|-------------------|-----------|
| DISDW: DRY WEATHER DISCHARGE | 1507021 | 06/21/12 07:15 PM | DICKERSON | DICKERSON | REPAIRED - ISSUE RESOLVED | 06/21/12 | OBSTRUCTION-NOT GREASE OR ROOT | UNAUTHORIZED DISCHARGE-WATER S | 06/22/12 08:15 AM | MAIN |

Spot Inspections:

| | |
|-------------------|---|
| Discharge Amount: | 1,560 GAL |
| Cause: | GRIT AND DEBRIS BUILD UP IN LINE |
| Clean Up: | NO CLEAN UP PERFORMED - DISCHARGE INTO THE CENTRAL RELIEF DRAIN |
| Control Zone: | NO CONTROL ZONE WAS SET UP - DISCHARGE DIRECTLY INTO THE CENTRAL RELIEF DRAIN |
| Impact: | SEWAGE WATER DISCHARGING INTO CENTRAL RELIEF DRAIN |
| Repair: | WORK ORDER 1507059 - VACTOR DRAIN |

Notifications:

| | | |
|-------------------|--------|--|
| 06/21/12 07:15 PM | DISPUB | COMMUNITY NOT IN ANY HARM - DISCHARGE INTO THE CENTRAL RELIEF DRAIN |
| 06/22/12 01:00 AM | DISNOT | Email notification of unauthorized discharge sent to eppc.ert@ky.gov, Sayre.Dennis@epamail.epa.gov and LisaA.Jeffries@ky.gov |

Total Facilities Printed: 5
Total Work Orders Printed: 5