



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

March 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 February 1st to February 29th are enclosed. All permit requirements were met for the month of February, 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". The signature is written in a cursive style with a large, stylized "A" and "N".

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

paw

MFDMR0212.doc

Enclosures

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



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

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved.
OMB No. 2040-0004

DISCHARGE MONITORING REPORT (DMR)

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

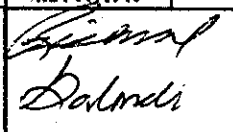
NAME MSD MORRIS FORMAN WQTC
ADDRESS C/O LOUISVILLE/JEFF CO MSD
4522 ALGONQUIN PKWY
LOUISVILLE, KY 40211-2497
FACILITY MSD MORRIS FORM WQTC
LOCATION LOUISVILLE, KY 40211

KY0022411	0011
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD					
YEAR	MONTH	DAY	YEAR	MONTH	DAY
12	02	01	12	02	29

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	SAMPLE MEASUREMENT	*****	*****	****	6.4	*****	*****	(19)	0	29/29	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	2.0 INST MIN	*****	*****	MG/L		DAILY	GRAB
BOD, 5-DAY (20 DEG. C) 00310 E 0 0	SAMPLE MEASUREMENT	17,400	20,894	(26)	*****	22	27	(19)	0	29/29	COMPOS
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) 00310 G 0 0	SAMPLE MEASUREMENT	263,451	295,041	(26)	*****	323	369	(19)	0	29/29	COMPOS
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		DAILY	COMPOS
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	****	6.3	*****	6.9	(12)	0	29/29	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 E 0 0	SAMPLE MEASUREMENT	7,759	9,727	(26)	*****	10	10	(19)	0	29/29	COMPOS
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 00530 G 0 0	SAMPLE MEASUREMENT	317,407	310,405	(26)	*****	381	415	(19)	0	29/29	COMPOS
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		DAILY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 E 0 0	SAMPLE MEASUREMENT	9,700	10,895	(26)	*****	12.9	16.9	(19)	0	29/29	COMPOS
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	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	
Greg C. Heitzman, P.E. INTERIM EXECUTIVE DIRECTOR								502	540-6000	12-03-15	

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

G - INFLUENT
E - SECONDARY EFFLUENT
1 - FINAL EFFLUENT

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved.

OMB No. 2040-0004

DISCHARGE MONITORING REPORT (DMR)

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 JEFFE
MUNICIPAL DISCHARGE
EFFLUENT
*** NO DISCHARGE *** ☐

MONITORING PERIOD					
YEAR	MONTH	DAY	YEAR	MONTH	DAY
12	02	01	12	02	29

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	9973	10330	(26)	*****	13.1	15.0	(19)	0	29/29	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 PROCESSES COMPL	SAMPLE MEASUREMENT	94.0	198.8	(03)	*****	*****	*****	****	0	29/29	CONTIN
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		CONTIN UOUS	CONTIN
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	0.010	(19)	0	29/29	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.019 DAILY MX	MG/L		DAILY	GRAB
COLIFORM, FECAL GENERAL 74055 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	37	59	(13)	0	29/29	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	1000 30DA GEO	2000 7 DA GEO	#/ 100ML		DAILY	GRAB
BOD, 5-DAY PERCENT REMOVAL 81010 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	****	94	*****	*****	(23)	0	ONCE/ MONTH	CALCTD
	PERMIT REQUIREMENT	*****	*****	****	85 MO MIN	*****	*****	PER- CENT		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	*****	*****	PER- CENT		ONCE/ MONTH	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL 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	12-03-15	
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 ADDRESS MSD MORRIS FORMAN WQTC
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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 *** ☐

MONITORING PERIOD						
YEAR	MONTH	DAY	TO	YEAR	MONTH	DAY
12	02	01		12	02	29

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	*****	*****	****	*****	198	259	(19)	0	07/29	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	52	(19)	0	07/29	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	130	(19)	0	07/29	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	*****	*****	****	*****	31	32	(19)	0	07/29	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	*****	*****	****	*****	15.1	19.5	(19)	0	07/29	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	*****	*****	****	*****	12.6	16.0	(19)	0	07/29	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	18.06	19.60	(03)	*****	*****	*****	****	0	07/29	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	
Greg C. Heitzman, P.E. INTERIM EXECUTIVE DIRECTOR								502 540-6000		12-03-15	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT						AREA	NUMBER	YEAR - MO - DAY	

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

MONITORING DURING PERIODS OF SECONDARY BYPASS IN ADDITION TO REGULAR MONITORING.

1 - FINAL EFFLUENT

F - SECONDARY BYPASS AFTER PRIMARY TREATMENT.

DATE	WASTEWATER FLOWS (Million Gallons)			TEMP (DEGF)		pH		SETS (M/L)		TSS (mg/L)		TS (mg/L)		D.O. (mg/L)		5-DAY BOD (mg/L)			RETURN SLUDGE					AERATION BASIN					ACTIVE		CHLORINATION			FINAL EFFLUENT	
	Final Sec.	Effluent	Bypass	raw	final	raw	final	raw	final	raw	final	raw	final	raw	final	prim. final	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			
2/1	123.5	123.5	0.0	58	58	7.1	6.8	14.0	0.1	324	20			12.2	208	123	11	25.2	12.2	9.5	20.0	2.6	2.1	133	51	0.23	0.22	1.35	0.010	58	12	24.00			
2/2	110.7	110.7	0.0	60	60	7.0	6.6	17.5	0.1	316	14			9.2	234	145	13	25.5	12.7	10.0	18.0	2.8	2.2	152	54	0.67	0.21	1.20	0.010	80	12	24.00			
2/3	103.0	103.0	0.0	58	59	7.0	6.5	12.5	0.1	324	16			11.0	349	192	12	25.6	12.0	10.0	20.0	3.1	2.7	183	61	0.79	0.21	1.07	0.010	10	12	24.00			
2/4	185.0	128.0	37.0	58	58	7.1	6.5	12.0	0.5	294	32			11.8	213	160	28	25.8	13.1	10.9	17.6	3.1	2.7	174	56	0.76	0.16	2.18	0.010	35	9	24.00			
2/5	117.3	117.0	0.3	57	57	7.0	6.6	11.0	0.1	278	18			10.8	192	98	15	25.8	13.6	11.3	20.0	2.9	2.5	180	56	0.72	0.14	1.24	0.010	13	9	24.00			
2/6	96.5	96.5	0.0	57	57	7.4	6.6	14.0	0.1	318	13			10.4	234	138	10	26.2	12.5	10.4	20.0	2.8	2.3	189	67	0.78	0.17	0.93	0.010	26	15	24.00			
2/7	95.2	95.2	0.0	60	60	7.2	6.5	21.0	0.1	380	18			11.1	353	193	6	26.8	11.3	9.5	20.0	3.2	2.7	170	54	0.76	0.20	0.98	0.010	121	16	13.00			
2/8	96.7	96.7	0.0	58	58	7.0	6.7	6.0	0.1	282	15			10.3	333	220	13	26.6	6.6	5.8	19.9	2.3	2.1	187	81	0.85	0.20	1.10	0.010	90	15	0.00			
2/9	80.4	80.4	0.0	57	57	7.0	6.6	21.0	0.1	482	15			9.8	528	248	17	27.1	7.3	6.6	20.0	2.5	2.2	203	86	0.86	0.21	0.91	0.010	56	16	0.00			
2/10	83.0	83.0	0.0	57	57	7.4	6.5	21.0	0.1	492	14			8.2	423	245	15	26.6	12.4	10.1	16.6	3.6	3.1	218	60	0.99	0.25	1.14	0.010	12	18	0.00			
2/11	84.7	84.7	0.0	55	55	7.3	6.8	18.0	0.1	358	12			10.4	314	140	12	26.4	12.3	10.2	19.1	3.4	2.9	202	60	1.01	0.26	1.02	0.010	11	19	0.00			
2/12	78.2	78.2	0.0	55	55	7.1	6.8	14.0	0.1	264	17			9.7	213	103	12	26.4	10.7	8.9	19.9	3.4	2.8	209	63	1.07	0.27	0.89	0.010	14	17	0.00			
2/13	85.1	85.1	0.0	55	55	7.0	6.9	23.0	0.1	464	20			10.1	353	187	11	26.6	10.6	9.1	19.4	3.1	2.6	183	59	1.00	0.28	0.96	0.010	17	18	0.00			
2/14	111.5	108.5	3.0	58	58	7.1	6.7	18.0	0.2	562	32			9.6	403	259	52	26.4	10.5	8.8	15.8	3.5	2.9	191	56	0.86	0.25	1.47	0.010	236	16	0.00			
2/15	91.2	91.2	0.0	58	58	7.0	6.4	19.0	0.1	386	25			7.8	541	265	22	27.0	6.8	6.3	17.7	2.2	2.1	179	84	0.67	0.23	1.15	0.010	290	12	0.00			
2/16	149.7	130.1	19.6	58	58	7.0	6.5	14.0	0.3	476	32			9.4	347	218	40	26.6	10.5	9.4	13.9	2.3	2.2	164	74	0.98	0.21	2.34	0.010	9500	10	0.00			
2/17	84.6	84.6	0.0	57	57	6.9	6.6	17.0	0.1	452	16			9.2	477	289	15	26.4	10.6	9.7	18.0	3.2	2.9	182	61	0.95	0.22	1.12	0.010	36	13	0.00			
2/18	86.2	86.2	0.0	59	58	6.9	6.4	12.0	0.1	350	15			8.3	358	228	13	26.4	7.5	6.9	15.9	2.3	2.2	209	89	0.89	0.24	1.17	0.010	32	14	0.00			
2/19	85.2	85.2	0.0	57	57	7.5	6.4	14.0	0.1	312	14			9.1	247	159	9	26.0	12.1	10.5	18.2	3.4	3.0	197	58	0.95	0.21	1.01	0.010	13	14	0.00			
2/20	78.4	78.4	0.0	54	54	7.2	6.5	13.0	0.1	284	13			9.3	245	187	9	26.1	11.2	9.8	18.0	3.3	2.9	194	60	0.95	0.26	0.89	0.010	7	19	0.00			
2/21	92.8	92.6	0.0	57	57	6.9	6.5	17.0	0.1	390	15			6.4	369	262	13	26.4	11.7	10.3	18.7	3.1	2.7	198	63	0.91	0.26	1.05	0.010	9	19	0.00			
2/22	86.0	84.9	1.1	58	56	7.0	6.3	17.0	0.1	420	15			8.3	386	252	13	26.0	10.6	9.0	16.6	3.4	2.9	184	55	0.90	0.30	1.04	0.010	6	17	0.00			
2/23	108.4	96.5	11.9	58	58	7.0	6.5	19.0	0.3	470	46			8.9	432	203	39	26.2	9.4	7.9	18.2	3.4	2.9	212	63	0.67	0.33	1.87	0.010	200	14	0.00			
2/24	81.1	81.1	0.0	57	57	7.3	6.5	11.0	0.1	292	16			8.5	306	212	12	26.2	12.7	10.1	17.3	3.8	3.3	222	58	0.93	0.20	1.07	0.010	17	16	0.00			
2/25	78.3	78.3	0.0	56	56	7.2	6.7	18.0	0.1	338	13			9.2	260	146	10	25.8	11.8	9.9	18.6	3.5	2.9	203	58	0.98	0.19	1.04	0.010	6	20	0.00			
2/26	73.1	73.1	0.0	55	55	7.3	6.6	13.5	0.1	252	11			8.7	173	130	9	25.5	11.0	9.1	19.8	3.5	2.9	216	61	0.93	0.24	0.97	0.010	12	20	0.00			
2/27	71.2	71.2	0.0	57	57	7.4	6.8	17.5	0.1	348	9			10.9	229	126	7	27.2	10.0	8.3	11.9	3.3	2.8	188	57	0.89	0.32	0.95	0.010	10	23	0.00			
2/28	67.7	67.7	0.0	58	58	7.2	6.8	17.5	0.1	556	11			10.5	303	182	9	28.0	10.1	8.5	13.5	3.6	3.0	186	53	0.89	0.36	0.89	0.010	12	23	0.00			
2/29	187.2	133.7	53.5	60	60	7.0	6.6	20.0	0.5	582	42			9.2	344	193	31	27.5	10.7	8.9	18.1	2.6	2.2	151	61	0.90	0.28	3.78	0.010	2950	14	0.00			
Total	2853.7	2727.3	126.4															764.1															157.00		
Average	98.4	94.0	4.4	57	57	7.1	6.6	15.9	0.1	381	19			9.6	323		189	16	26.3	10.9	8.2	18.0	3.1	2.6	188	63	0.87	0.24	1.27	0.010	37	16	0.00		

SEWER CONNECTIONS

130514 TIMES 4 = 522056 SEWER POPULATION

IND. WASTER POPULATION EQ
 CUSTOMERS 322
 FLOW 415120
 BOD 1037245
 TSS 966227

Authorized Agent

Certification No. 4663

MORRIS FORMAN WASTEWATER TREATMENT PLANT

JEFFERSON COUNTY, KY

Month of Feb-12

Average Flow

SETTLING TANKS	Primary	Secondary		
		Battery A	Battery B	Battery C
Average Flow (MGD)	98.42	33.51	33.41	17.28
Tanks in Service	4.00	7.5	8.0	4.0
Surface Area (Ft.2)	77000.00	65158.24	69200.00	34600.00
Volume (MG)	8.33	6.67	7.09	3.54
Weir Length (Ft.)	2860.00	2700.49	2868.00	1434.00
Avg. Weir Overflow (GPD/Ft)	34412.28	12409.09	11648.26	12046.73
Avg. Settling Rate (GPD/Ft2)	1278.17	700.68	641.87	591.76
Avg. Detention Time	2.03	4.78	5.09	4.92

AERATION TANKS	Battery A	Battery B	Battery C
Volume (Gallons)	4200000	4200000	2100000
Avg. Flow (MGD)	45.66	44.42	20.48
Avg. Detention Time (Hours)	3.01	3.02	2.92

CHLORINE CONTACT CHAMBERS

Contact Chambers in Use	2.0
Volume (Gallons)	2340000
Avg. Detention Time (Hours)	0.84

Remarks: BY-PASS REPORTS (See Attached)



Initiated Feb 01, 2012 12:00 AM thru Feb 29, 2012 11:59 PM

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		CSO148	1169 EASTERN PKY				SOUTH FORK BEARGRASS CREEK		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>
DISDW: DRY WEATHER DISCHARGE		1424997	02/13/12 11:16 AM	DICKERSON	DICKERSON	REPAIRED - ISSUE RESOLVED	03/18/11	OBSTRUCTION-NOT GREASE OR ROOT	UNAUTHORIZED DISCHARGE-WATER S	02/13/12 11:25 AM	

Spot Inspections:

Discharge Amount:	1,250 GAL
Cause:	BLOCKAGE IN LINE UPSTREAM OF SIPHON AND DOWNSTREAM OF CSO
Clean Up:	NO CLEAN UP OVERFLOW WENT STRIGHT TO BEARGRASS CREEK
Control Zone:	PERMANENT SIGNS AND POSTED TO WEBSITE
Impact:	MOSTLY CLEAR WATER OVERFLOWING TO BEARGRASS CREEK
Repair:	WORK ORDER 1425089 - FLUSHED THE PIPE AND REMOVED DEBRIS

Notifications:

02/13/12 01:00 AM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
03/12/12 09:58 AM	DISPUB	Permanent overflow advisory signs posted along Beargrass Creek.

Total Facilities Printed: 1
Total Work Orders Printed: 1