



700 West Liberty Street  
Louisville Kentucky 40203-1911  
502-540-6000  
[www.msdlouky.org](http://www.msdlouky.org)

September 18, 2012

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 August 1<sup>st</sup> to August 31<sup>st</sup> are enclosed. All permit requirements were met for the month of August, 2012.

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

Sincerely,

A handwritten signature in cursive script that reads "Alex E. Novak".

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

paw

MFDMR0812.doc

Enclosures

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

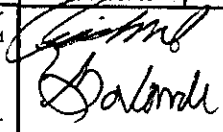
NAME: MSD MORRIS FORMAN WQTC  
ADDRESS: C/O LOUISVILLE/JEFF CO MSD  
4522 ALGONQUIN PKWY  
LOUISVILLE, KY 40211-2497  
FACILITY LOCATION: MSD MORRIS FORM WQTC  
LOUISVILLE, KY 40211

KY0022411	0011
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD					
YEAR	MONTH	DAY	YEAR	MONTH	DAY
12	08	01	12	08	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) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	4.1	*****	*****	(19)	0	31/31	GRAB
	PERMIT REQUIREMENT	*****	*****	****	2.0 INST MIN	*****	*****	MG/L		DAILY	GRAB
BOD, 5-DAY (20 DEG. C) 00310 E 0 0 SEC/BIOLOGICAL COMPLIANCE	SAMPLE MEASUREMENT	9,056	9,961	(26)	*****	15	16	(19)	0	31/31	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	261,951	279,052	(26)	*****	411	417	(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
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	6.2	*****	6.6	(12)	0	31/31	GRAB
	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 E 0 0 SEC/BIOLOGICAL COMPLIANCE	SAMPLE MEASUREMENT	4,957	6,016	(26)	*****	8	10	(19)	0	31/31	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	301,153	341,623	(26)	*****	471	515	(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
NITROGEN, AMMONIA TOTAL (AS N) 00610 E 0 0 SEC/BIOLOGICAL COMPLIANCE	SAMPLE MEASUREMENT	8,735	9,424	(26)	*****	14.2	15.6	(19)	0	31/31	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	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT								502	540-6000	12-09-07
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)									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)

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

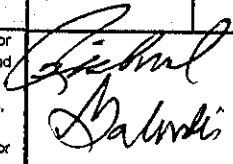
NAME: MSD MORRIS FORMAN WQTC  
ADDRESS: C/O LOUISVILLE/JEFF CO MSD  
4522 ALGONQUIN PKWY  
LOUISVILLE, KY 40211-2497  
FACILITY: MSD MORRIS FORM WQTC  
LOCATION: LOUISVILLE, KY 40211

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	08	01		12	08	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	10045	10812	( 26 )	*****	16.4	17.7	( 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/BIOLOGICAL COMPL	SAMPLE MEASUREMENT	74.5	216.2	( 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	*****	*****	****	*****	15	19	( 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	*****	*****	****	97	*****	*****	( 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
Greg C. Heitzman, P.E. INTERIM EXECUTIVE DIRECTOR	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT								502 540-6000		12-09-07
									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.

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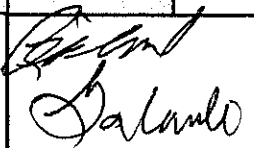
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KY0022411	001 B
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MONTH	DAY	TO	YEAR	MONTH	DAY
12	08	01		12	08	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 CMLPT	SAMPLE MEASUREMENT	*****	*****	****	*****	248	257	( 19 )	0	05/31	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	*****	*****	****	*****	21	26	( 19 )	0	05/31	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 CMLPT	SAMPLE MEASUREMENT	*****	*****	****	*****	187	209	( 19 )	0	05/31	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	*****	*****	****	*****	24	31	( 19 )	0	05/31	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 CMLPT	SAMPLE MEASUREMENT	*****	*****	****	*****	19.0	23.0	( 19 )	0	05/31	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	*****	*****	****	*****	14.94	19.0	( 19 )	0	05/31	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 CMLPT	SAMPLE MEASUREMENT	13.40	17.70	( 03 )	*****	*****	*****	****	0	05/31	CONTIN
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	MGD	*****	*****	*****	****		WHEN DISCHG	CONTIN
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Greg C. Heitzman, P.E. INTERIM EXECUTIVE DIRECTOR								502 540-6000		12-09-07	
								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA	NUMBER

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 (ML)		TSS (mg/L)		TS (mg/L)		D.O. (mg/L)	5-DAY BOD (mg/L)			RETURN SLUDGE FLOW				AERATION BASIN				ACTIVE		CHLORINATION			FINAL EFFLUENT	
	Final Sec.	Effluent	Bypass	raw	final	raw	final	raw	final	raw	final	raw	final		final	prtm.	final	final	MG	g/L	g/L	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
														Emuient																		
8/1	74.3	74.3	0.0	81	81	6.9	6.4	20.0	0.1	500	9	4.9	567	317	9	24.5	10.1	8.4	12.3	3.1	2.5	222	72	0.95	0.43	2.28	0.010	7	13	0.00		
8/2	71.3	71.3	0.0	81	81	6.7	6.4	23.0	0.1	780	9	8.2	522	306	8	24.1	10.3	8.4	12.3	3.0	2.5	247	81	0.97	0.49	2.29	0.010	4	16	0.00		
8/3	109.7	97.5	12.2	78	78	7.0	6.4	22.0	0.1	552	17	8.8	544	252	17	25.0	11.1	9.1	11.7	3.1	2.6	241	77	0.99	0.49	4.22	0.010	357	16	0.00		
8/4	78.7	78.7	0.0	80	80	7.2	6.4	17.5	0.1	408	9	5.9	288	152	8	24.8	10.9	8.8	13.0	3.1	2.5	288	87	1.02	0.43	3.87	0.010	8	15	0.00		
8/5	75.6	75.6	0.0	80	80	7.0	6.4	21.0	0.1	496	10	6.4	329	126	9	25.8	9.0	7.3	18.3	3.0	2.4	288	94	1.06	0.42	2.53	0.010	4	16	0.00		
8/6	78.1	76.1	0.0	78	78	7.6	6.6	10.0	0.1	244	10	4.8	242	176	9	24.8	8.8	7.0	16.4	2.8	2.3	227	79	1.02	0.41	2.30	0.010	5	15	0.00		
8/7	72.5	72.5	0.0	79	79	7.6	6.6	28.0	0.1	824	8	6.2	425	206	8	24.3	7.6	6.3	17.7	2.8	2.1	208	81	0.95	0.38	2.11	0.010	9	13	0.00		
8/8	79.2	79.2	0.0	80	80	6.9	6.5	22.0	0.1	960	14	5.9	585	288	15	24.0	8.5	7.0	15.6	2.5	2.0	201	83	0.91	0.36	1.49	0.010	44	16	0.00		
8/9	75.5	75.5	0.0	81	81	6.9	6.4	20.0	0.1	564	14	5.2	800	353	14	23.9	10.1	8.5	9.4	3.0	2.6	209	70	0.88	0.41	3.02	0.010	54	13	0.00		
8/10	72.8	72.8	0.0	80	80	7.1	6.4	13.0	0.1	408	30	5.3	343	313	28	25.9	11.0	9.2	9.7	3.7	3.1	246	68	0.96	0.28	2.35	0.010	60	17	0.00		
8/11	66.5	66.5	0.0	79	79	7.1	6.5	13.5	0.1	368	16	8.7	320	247	14	25.4	11.8	9.7	13.5	3.3	2.7	318	94	1.06	0.11	2.52	0.010	17	18	0.00		
8/12	63.8	63.8	0.0	79	79	7.2	6.4	13.5	0.1	268	12	5.8	264	220	10	25.5	11.1	9.1	14.6	3.8	3.1	321	83	1.08	0.17	2.22	0.010	12	20	0.00		
8/13	83.3	81.6	1.7	75	75	7.2	6.5	22.0	0.1	516	13	5.8	389	220	10	25.6	9.9	8.5	14.3	3.1	2.6	283	87	1.02	0.29	2.62	0.010	3	19	0.00		
8/14	70.9	70.9	0.0	77	77	7.0	6.4	18.0	0.1	332	9	5.8	403	323	8	25.5	10.2	8.5	12.2	3.3	2.7	252	73	1.05	0.32	1.94	0.010	6	15	0.00		
8/15	68.6	68.8	0.0	81	81	7.0	6.4	20.0	0.1	448	11	5.0	576	405	11	25.2	11.6	9.7	11.1	3.9	3.3	285	66	0.98	0.41	1.24	0.010	6	13	0.00		
8/16	80.6	77.9	12.7	80	80	6.9	6.4	20.0	0.7	496	43	4.1	597	407	39	25.2	12.0	10.3	9.7	4.3	3.7	370	81	1.00	0.47	3.57	0.010	33	16	0.00		
8/17	147.5	115.2	32.3	76	76	7.2	6.2	13.0	0.2	372	31	5.0	286	172	22	26.1	13.6	11.0	13.2	3.1	2.5	251	81	1.13	0.35	4.39	0.010	48	9	0.00		
8/18	73.0	73.0	0.0	75	75	7.0	6.4	16.0	0.1	372	11	5.2	418	238	12	26.2	11.7	9.5	13.3	4.2	3.4	368	88	1.17	0.35	1.78	0.010	42	15	0.00		
8/19	67.2	67.2	0.0	76	76	7.3	6.5	10.5	0.1	200	8	5.2	182	158	7	25.3	10.6	8.7	13.2	3.1	2.5	302	98	1.08	0.36	2.01	0.010	29	16	0.00		
8/20	69.7	69.7	0.0	77	77	7.2	6.4	12.0	0.1	272	9	5.8	281	172	8	24.7	9.4	7.8	14.7	3.2	2.7	292	90	0.98	0.38	2.10	0.010	3	16	0.00		
8/21	91.7	63.6	8.1	75	75	7.1	6.6	15.0	0.1	384	18	6.0	228	191	16	25.0	10.3	8.4	16.0	3.2	2.7	262	81	0.94	0.36	2.96	0.010	27	15	0.00		
8/22	76.2	76.2	0.0	75	75	7.0	6.4	18.0	0.1	584	10	6.1	534	274	9	25.3	10.5	8.7	13.0	3.0	2.6	238	78	0.89	0.34	2.93	0.010	200	8	0.00		
8/23	69.5	69.5	0.0	77	77	7.0	6.5	17.5	0.1	604	9	5.9	506	295	8	25.5	10.4	8.7	13.6	3.6	3.1	272	75	0.93	0.32	2.85	0.010	20	13	0.00		
8/24	69.8	69.8	0.0	79	79	6.8	6.5	18.0	0.1	436	11	4.9	483	322	13	25.2	11.0	9.1	12.9	3.7	3.1	277	74	1.02	0.35	2.46	0.010	14	17	0.00		
8/25	67.2	67.2	0.0	81	81	6.9	6.5	18.5	0.1	460	11	4.7	425	261	12	25.3	11.5	9.7	11.7	3.9	3.3	300	77	1.01	0.21	2.37	0.010	12	16	0.00		
8/26	66.5	66.5	0.0	81	81	7.3	6.4	19.0	0.1	308	10	4.6	321	201	10	25.7	10.7	8.9	12.1	3.8	3.2	286	75	1.07	0.31	1.98	0.010	4	17	0.00		
8/27	71.5	71.5	0.0	81	81	7.0	6.5	19.0	0.1	220	11	5.2	236	218	9	25.5	9.8	8.2	13.0	3.1	2.6	254	82	1.09	0.34	2.16	0.010	6	18	0.00		
8/28	70.0	70.0	0.0	80	80	7.4	6.5	23.0	0.1	524	14	5.8	411	252	10	24.8	8.7	8.2	11.5	3.2	2.8	214	68	0.95	0.33	2.25	0.010	29	16	0.00		
8/29	68.0	68.0	0.0	80	80	6.9	6.6	19.0	0.1	556	14	8.8	526	312	12	25.1	10.3	8.7	11.1	3.4	2.9	202	61	0.83	0.38	2.25	0.010	2	16	0.00		
8/30	68.2	68.2	0.0	79	79	7.1	6.4	22.0	0.1	736	13	5.2	484	290	14	24.6	11.8	9.8	12.3	3.8	3.1	236	63	0.81	0.18	2.32	0.010	13	18	0.00		
8/31	71.6	71.6	0.0	81	81	7.3	6.4	22.0	0.1	604	15	6.6	456	290	16	25.5	12.0	10.0	11.8	3.7	3.2	260	70	0.93	0.32	2.44	0.010	80	20	0.00		
Total	2375.2	2308.2	67.0													779.1								30.740	10.760					0.00		
Average	76.6	74.5	2.2	79	79	7.1	6.4	18.2	0.1	471	14	5.9	411	257	13	25.1	10.6	8.7	13.0	3.3	2.8	264	79	0.99	0.35	2.51	0.010	15	16	0.00		

SEWER CONNECTIONS      130804 TIMES 4 =      523216 SEWER POPULATION      IND. WASTER POPULATION EQ  
 CUSTOMERS      378  
 FLOW      206492  
 BOD      1021674  
 TSS      809491

Authorized Agent 

Certification No. 4663

MORRIS FORMAN WASTEWATER TREATMENT PLANT

JEFFERSON COUNTY, KY

Month of Aug-12

Average Flow

SETTLING TANKS	Primary	Secondary		
		Battery A	Battery B	Battery C
Average Flow (MGD)	76.61	29.30	26.53	14.89
Tanks in Service	4.00	8.0	8.0	4.0
Surface Area (Ft.2)	77000.00	69103.92	69007.85	34600.00
Volume (MG)	8.33	7.08	7.07	3.54
Weir Length (Ft.)	2860.00	2864.02	2860.04	1434.00
Avg. Weir Overflow (GPD/Ft)	26786.64	10229.05	9275.76	10386.19
Avg. Settling Rate (GPD/Ft2)	994.93	584.43	542.03	522.94
Avg. Detention Time	2.61	5.80	6.39	5.71

AERATION TANKS	Battery A	Battery B	Battery C
Volume (Gallons)	4200000	4200000	2100000
Avg. Flow (MGD)	40.39	37.40	18.09
Avg. Detention Time (Hours)	3.44	3.80	3.38

**CHLORINE CONTACT CHAMBERS**

Contact Chambers in Use	2.0
Volume (Gallons)	2340000
Avg. Detention Time (Hours)	0.96

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

<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
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Facility Type	Facility ID	Facility Address	If Pump Station, Name of Pump Station:	Receiving Stream	Discharge to
SMH Sewer Manhole	104231	4119 LEE AVE		CAMP TAYLOR DITCH	GROUND

<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	1535621	08/04/12 02:25 PM	GRIFFITH	GRIFFITH	DOCUMENTED	10/23/07	ROOTS	UNAUTHORIZED DISCHARGE-WATER S	08/07/12 03:49 PM	

**Spot Inspections:**

Discharge Amount	3,750 GAL
Cause:	ROOTS IN SEGMENT 44396 44397 AND CITY POOL BEING DRAINED CAUSED A DISCHARGE AT THIS LOCATION.
Clean Up:	DISCLN WO# 1535622
Control Zone:	CAUTION TAPE AND TEMP SIGNS PLACED AROUND DISCHARGE
Impact:	LIGHT DEBRIS OBSERVED
Repair:	MSD MAINTENANCE CREWS ROOT CUT AND CLEARED THE LINE.

**Notifications:**

08/04/12 09:01 PM	DISPUB	PUBLIC NOTIFIED THROUGH DOOR HANGERS AND TEMPORARY SIGNS TO AVOID DISCHARGED CONTENT
08/04/12 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to 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	13943	4119 LEE AVE		SOUTH FORK BEARGRASS CREEK	GROUND

Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Event Date	Problem	Result	Completed	Condition
DISREV: RAIN EVENT DISCHARGE	1535623	08/04/12 02:25 PM	GRIFFITH	GRIFFITH	DOCUMENTED	03/19/08	ROOTS	UNAUTHORIZED DISCHARGE-WATER S	08/07/12 03:48 PM	

**Spot Inspections:**

Discharge Amount	3,750 GAL
Cause:	ROOTS IN SEGMENT 44396 44397 AND CITY POOL BEING DRAINED CAUSED A DISCHARGE AT THIS LOCATION.
Clean Up:	DISCLN WO# 1535624
Control Zone:	CAUTION TAPE AND TEMP SIGNS PLACED
Impact:	LIGHT DEBRIS OBSERVED
Repair:	MSD MAINTENANCE CREWS ROOT CUT AND CLEARED THE LINE.

**Notifications:**

08/04/12 09:14 PM	DISPUB	PUBLIC NOTIFIED THROUGH DOOR HANGERS AND TEMP SIGNS TO AVOID CONTACT WITH DISCHARGED CONTENT
08/04/12 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to 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

<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
SMH Sewer Manhole	51594	1418 TREVILLAN WAY		SOUTH FORK BEARGRASS CREEK	DITCH

<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	1542768	08/16/12 10:05 PM	MITCHELL	GRIFFITH	DOCUMENTED	09/12/06	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHARGE-WATER S	08/17/12 12:33 AM	

**Spot Inspections:**

Discharge Amount:	6,300 GAL
Cause:	LACK OF SYSTEM CAPACITY-HEAVY RAIN
Clean Up:	DISCLN WO# 1542770
Control Zone:	CAUTION TAPE AND TEMP SIGNS PLACED
Impact:	LIGHT DEBRIS OBSERVED
Repair:	LOCATION INCLUDED IN THE IOAP

**Notifications:**

08/17/12 08:18 AM	DISPUB	PUBLIC NOTIFIED THROUGH DOOR HANGERS AND TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE
08/17/12 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: 3  
Total Work Orders Printed: 3