



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

August 21, 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 July 1st to July 31st are enclosed. All permit requirements were met for the month of July, 2012.

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

Sincerely,

A handwritten signature in black ink, reading "Alex E. Novak". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

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

paw

MFDMR0712.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 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 *** ☐

ATTN: ALEX E NOVAK, OPER DIR

MONITORING PERIOD						
YEAR	MONTH	DAY	TO	YEAR	MONTH	DAY
12	07	01		12	07	31

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****	****	5.0	*****	*****	(19)	0	31/31	GRAB
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	2.0	*****	*****	MG/L		DAILY	GRAB
EFFLUENT GROSS VALUE					INST MIN						
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	8,251	9,580	(26)	*****	12	15	(19)	0	31/31	COMPOS
00310 E 0 0	PERMIT REQUIREMENT	REPORT	REPORT	LBS/DY	*****	30	45	MG/L		DAILY	COMPOS
SEC/BIOL PRCS CMPLT		MO AVG	MX WK AV			MO AVG	MX WK AV				
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	219,580	245,925	(26)	*****	299	318	(19)	0	31/31	COMPOS
00310 G 0 0	PERMIT REQUIREMENT	REPORT	REPORT	LBS/DY	*****	REPORT	REPORT	MG/L		DAILY	COMPOS
RAW SEW/INFLUENT		MO AVG	MX WK AV			MO AVG	MX WK AV				
PH	SAMPLE MEASUREMENT	*****	*****	****	6.3	*****	6.7	(12)	0	31/31	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0	SU		DAILY	GRAB
EFFLUENT GROSS VALUE					MINIMUM		MAXIMUM				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	5,529	6,904	(26)	*****	8	11	(19)	0	31/31	COMPOS
00530 E 0 0	PERMIT REQUIREMENT	REPORT	REPORT	LBS/DY	*****	30	45	MG/L		DAILY	COMPOS
SEC/BIOL PRCS CMPLT		MO AVG	MX WK AV			MO AVG	MX WK AV				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	281,259	330,437	(26)	*****	378	395	(19)	0	31/31	COMPOS
00530 G 0 0	PERMIT REQUIREMENT	REPORT	REPORT	LBS/DY	*****	REPORT	REPORT	MG/L		DAILY	COMPOS
RAW SEW/INFLUENT		MO AVG	MX WK AV			MO AVG	MX WK AV				
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	8,529	9,952	(26)	*****	12.6	16.0	(19)	0	31/31	COMPOS
00610 E 0 0	PERMIT REQUIREMENT	REPORT	REPORT	LBS/DY	*****	20	30	MG/L		DAILY	COMPOS
SEC/BIOL PRCS CMPLT		MO AVG	MX WK AV			MO AVG	MX WK AV				
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	12-08-14	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT						AREA	NUMBER	YEAR - MO - DAY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
G - INFLUENT
E - SECONDARY EFFLUENT
1 - FINAL EFFLUENT

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

Form Approved.
OMB No. 2040-0004

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

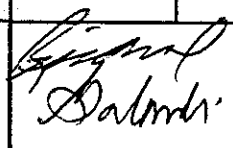
NAME MSD MORRIS FORMAN WQTC
ADDRESS C/O LOUISVILLE/JEFF CO MSD
4522 ALGONQUIN PKWY
LOUISVILLE, KY 40211-2497
FACILITY MSD MORRIS FORM WQTC
LOCATION LOUISVILLE, KY 40211

KY0022411	001 1
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MONTH	DAY	TO	YEAR	MONTH	DAY
12	07	01		12	07	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	8833	9483	(26)	*****	13.2	14.7	(19)	0	31/31	COMPOS
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		DAILY	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 E 0 0 SEC/BIOL PRCS CMPLT	SAMPLE MEASUREMENT	83.0	280.1	(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	*****	*****	****	*****	40	75	(13)	0	31/31	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	200 30DA GEO	400 7 DA GEO	#/ 100ML		DAILY	GRAB
BOD, 5-DAY PERCENT REMOVAL 81010 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	****	96	*****	*****	(23)	0	ONCE/MONTH	CALCTD
	PERMIT REQUIREMENT	*****	*****	****	85 MO MIN	*****	*****	PERCENT		ONCE/MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	****	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	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT								502 540-6000		12-08-14
									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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PERMITTEE NAME/ADDRESS (Include Facility Name/Address if Different)

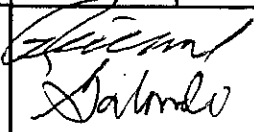
NAME MSD MORRIS FORMAN WQTC
ADDRESS C/O LOUISVILLE/JEFF CO MSD
4522 ALGONQUIN PKWY
LOUISVILLE, KY 40211-2497
FACILITY MSD MORRIS FORM WQTC
LOCATION LOUISVILLE, KY 40211

KY0022411	001 B
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD					
YEAR	MONTH	DAY	YEAR	MONTH	DAY
12	07	01	12	07	31

ATTN: ALEX E NOVAK, OPER DIR

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BOD, 5-DAY (20 DEG. C) 00310 F 0 0 PRI/PRLM PRCS CMPLT	SAMPLE MEASUREMENT	*****	*****	****	*****	164	203	(19)	0	15/31	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	*****	*****	****	*****	16	21	(19)	0	15/31	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	*****	*****	****	*****	124	137	(19)	0	15/31	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	*****	*****	****	*****	17	22	(19)	0	15/31	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	*****	*****	****	*****	14.5	18.0	(19)	0	15/31	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	*****	*****	****	*****	12.39	16.3	(19)	0	15/31	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	15.20	22.13	(03)	*****	*****	*****	****	0	15/31	CONTIN
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	MGD	*****	*****	*****	****		WHEN DISCHG	CONTIN
NAME/TITLE PRINCIPLE EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.							Telephone		DATE
Greg C. Heitzman, P.E. INTERIM EXECUTIVE DIRECTOR									 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		502

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.

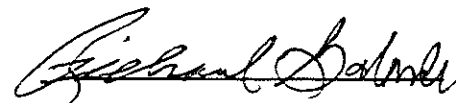
DATE	WASTEWATER FLOWS (Million Gallons)			TEMP (DEGF)		pH		SETS (M/L)		TSS (mg/L)		TS (mg/L)		D.O. (mg/L)		5-DAY BOD (mg/L)			RETURN SLUDGE							AERATION BASIN				ACTIVE		CHLORINATION			FINAL EFFLUENT	
	Final Sec.	Effluent	Effluent Bypass	raw	final	raw	final	raw	final	raw	final	raw	final	raw	final	raw	final	prim. final	FLOW MG	TSS g/L	TVSS g/L	D.O mg/L	MLSS g/L	MLVSS g/L	SET	SVI	Sludge Wasted MG	Primary Sludge MG	Chlorine Dosage KLBS	Resid mg/L	Fecal Coliform #/100 ml	NH3-N mg/L	Pump. Hours			
7/1	77.6	68.0	9.8	79	79	7.3	6.5	5.5	0.1	228	18			6.7	170	145	20	21.8	9.2	7.7	16.8	2.9	2.5	211	71	0.74	0.37	1.42	0.010	26	20	0.00				
7/2	95.6	86.2	7.4	77	77	7.1	6.5	19.0	0.1	488	23			7.5	334	121	27	23.6	10.7	8.6	17.4	2.4	2.0	198	80	0.73	0.27	2.62	0.010	160	14	0.00				
7/3	75.7	75.7	0.0	79	79	7.4	6.5	11.0	0.1	340	15			6.0	208	144	19	24.1	9.3	7.4	15.5	2.7	2.2	196	71	0.82	0.28	2.41	0.010	13	17	0.00				
7/4	70.1	70.1	0.0	80	80	7.3	6.5	13.5	0.1	244	16			7.4	238	118	14	23.8	9.6	7.6	17.7	2.7	2.1	202	76	0.80	0.34	1.74	0.010	270	18	0.00				
7/5	98.6	89.2	9.4	81	81	7.2	6.6	13.5	0.1	464	17			8.9	258	110	17	23.7	9.3	7.3	18.4	2.3	1.8	166	72	0.76	0.34	2.58	0.010	184	14	0.00				
7/6	70.4	70.4	0.0	80	80	7.3	6.8	22.5	0.1	588	16			7.3	413	150	13	23.7	8.6	6.7	17.2	2.5	1.9	176	69	0.78	0.36	2.37	0.010	80	19	0.00				
7/7	66.8	66.8	0.0	80	80	7.4	6.8	18.0	0.1	412	13			7.7	277	121	10	23.8	8.0	6.2	14.3	2.3	1.8	156	66	0.78	0.35	1.75	0.010	60	18	0.00				
7/8	103.0	85.2	17.8	79	79	7.2	6.6	16.0	0.1	224	25			8.0	187	85	17	23.5	8.6	6.7	16.3	2.1	1.6	159	76	0.76	0.35	2.98	0.010	40	13	0.00				
7/9	73.1	73.1	0.0	77	77	7.5	6.5	22.0	0.1	412	13			7.8	328	116	7	23.4	8.6	6.7	19.6	2.2	1.7	164	74	0.77	0.33	2.73	0.010	56	11	0.00				
7/10	69.5	69.5	0.0	78	78	7.5	6.6	15.0	0.1	404	13			7.2	284	120	8	23.6	7.1	5.4	18.5	2.4	1.9	183	77	0.79	0.32	1.93	0.010	10	15	0.00				
7/11	70.6	70.6	0.0	79	79	7.3	6.8	13.0	0.1	328	12			11.3	339	147	9	23.1	7.6	5.9	18.7	2.2	1.8	153	68	0.80	0.26	2.23	0.010	36	17	0.00				
7/12	87.3	84.8	2.5	79	79	7.1	6.6	14.0	0.1	396	14			7.6	362	218	14	23.6	7.6	6.1	16.2	2.2	1.8	157	69	0.71	0.34	2.85	0.010	76	18	0.00				
7/13	75.4	75.4	0.0	80	80	7.2	6.5	20.0	0.1	442	10			9.2	422	215	9	23.1	5.1	4.2	15.9	3.4	2.8	173	54	0.64	0.32	2.61	0.010	40	16	0.00				
7/14	141.6	95.5	46.1	79	79	6.9	6.6	9.0	0.1	334	28			6.2	254	167	22	22.2	9.1	7.3	15.0	2.6	2.1	186	70	0.65	0.36	3.87	0.010	6	18	0.00				
7/15	91.4	89.4	2.0	78	78	7.0	6.4	13.0	0.1	348	7			9.1	312	180	7	23.5	10.9	8.5	18.0	2.4	1.9	209	83	0.88	0.25	3.54	0.010	30	10	0.00				
7/16	77.6	77.6	0.0	78	78	7.2	6.4	12.0	0.1	416	9			7.6	290	161	6	22.9	9.4	7.4	17.0	2.8	2.0	191	73	1.04	0.27	1.47	0.010	20	14	0.00				
7/17	78.8	78.8	0.0	81	81	7.0	6.5	13.5	0.1	528	11			6.2	368	209	9	22.4	8.9	7.2	15.9	2.6	2.2	166	65	0.92	0.36	1.56	0.010	213	15	0.00				
7/18	107.1	90.7	16.4	80	80	6.9	6.5	10.0	0.1	266	17			6.8	310	240	15	23.2	8.9	7.2	15.4	2.6	2.1	180	70	0.81	0.36	2.57	0.010	34	14	0.00				
7/19	128.6	101.5	27.1	79	79	7.0	6.3	12.0	0.1	592	19			6.3	279	174	15	22.8	9.9	7.9	18.5	2.7	2.2	183	70	0.70	0.34	3.12	0.010	21	11	0.00				
7/20	165.0	127.8	37.2	79	79	7.5	6.3	7.5	0.1	192	20			7.2	154	92	17	24.2	11.5	8.9	18.5	3.2	2.5	233	75	0.82	0.39	4.35	0.010	300	8	0.00				
7/21	87.5	86.7	0.8	78	78	7.4	6.7	17.0	0.1	404	9			7.8	251	120	8	24.1	10.1	7.7	18.4	3.0	2.2	232	78	1.03	0.29	3.99	0.010	9	12	0.00				
7/22	71.6	71.6	0.0	79	79	7.3	6.5	12.0	0.1	292	8			9.2	202	95	6	23.7	8.3	6.3	19.9	2.6	2.0	181	70	0.96	0.21	1.37	0.010	78	9	0.00				
7/23	77.8	77.8	0.0	78	78	7.3	6.7	19.5	0.1	400	8			9.0	290	136	7	23.1	7.3	5.7	20.0	2.4	1.9	167	71	0.81	0.23	1.47	0.010	4	13	0.00				
7/24	95.1	84.6	10.5	81	81	7.0	6.5	14.5	0.1	336	16			7.5	302	195	15	23.4	7.0	5.6	19.3	2.9	2.3	170	66	0.82	0.29	2.20	0.010	15	13	0.00				
7/25	91.1	86.3	4.8	81	81	6.7	6.3	18.0	0.1	480	14			5.3	386	236	15	24.0	9.3	7.2	17.1	2.5	2.0	183	73	0.84	0.31	2.95	0.010	164	8	0.00				
7/26	81.8	81.6	0.0	81	81	6.9	6.4	25.0	0.1	464	8			7.6	496	266	8	24.4	10.0	7.9	14.7	3.2	2.5	236	74	0.96	0.39	2.70	0.010	29	14	0.00				
7/27	113.2	99.2	14.0	82	82	6.9	6.4	14.0	0.1	460	18			5.0	362	236	15	24.8	11.4	9.4	12.8	3.5	2.9	244	71	1.10	0.42	3.19	0.010	10	8	0.00				
7/28	130.0	108.0	22.0	77	77	7.1	6.3	8.0	0.1	258	16			7.5	185	143	11	24.8	13.0	10.5	14.6	3.1	2.5	246	79	1.16	0.31	3.80	0.010	1850	5	0.00				
7/29	75.8	75.8	0.0	77	77	7.0	6.5	13.5	0.1	294	7			5.6	274	184	6	24.8	8.0	6.3	15.5	3.3	2.6	276	84	1.18	0.33	3.48	0.010	50	15	0.00				
7/30	78.2	78.2	0.0	79	79	7.0	6.8	23.0	0.1	368	7			7.2	358	227	7	24.5	9.4	7.5	17.4	3.2	2.5	246	78	1.03	0.34	1.86	0.010	7	16	0.00				
7/31	75.6	75.6	0.0	80	80	7.0	6.4	14.0	0.1	336	7			5.6	366	203	5	24.7	9.4	7.5	16.5	3.0	2.4	212	70	0.92	0.34	2.03	0.010	5	15	0.00				
Total	2801.3	2573.7	227.6															732.1									26.490	10.020					0.00			
Average	90.4	83.0	7.3	79	79	7.2	6.5	14.8	0.1	378	14			7.4	299	163	12	23.6	9.1	7.2	17.0	2.7	2.2	195	72	0.85	0.32	2.57	0.010	40	14	0.00				

SEWER CONNECTIONS

131039 TIMES 4 = 524158 SEWER POPULATION

IND. WASTER POPULATION EQ
 CUSTOMERS 383
 FLOW 336458
 BOD 799934
 TSS 833322

Authorized Agent



Certification No. 4683



Initiated Jul 01, 2012 12:00 AM thru Jul 31, 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
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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	1521944	07/14/12 02:35 PM	MITCHELL	GRIFFITH	DOCUMENTED	10/23/07	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHARGE-WATER S	07/17/12 05:01 PM	

Spot Inspections:

Discharge Amount	6,300 GAL
Cause:	LACK OF SYSTEM CAPACITY-HEAVY RAIN
Clean Up:	DISLCN WO# 1522162
Control Zone:	CAUTION TAPE AND TEMP SIGNS PLACED
Impact:	VERY LIGHT DEBRIS OBSERVED
Repair:	LOCATION INCLUDED IN THE IOAP

Notifications:

07/14/12 09:43 PM	DISPUB	PUBLIC NOTIFIED THROUGH DOOR HANGERS AND TEMP SIGNS TO AVOID CONTACT WITH DISCHARGE
07/14/12 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
07/14/12 01:00 PM	DISSNO	Supplemental Email notification of unauthorized discharge has been sent to eppc.ert@ky.gov, Sayre.Dennis@epamail.epa.gov and LisaA.Jeffries@ky.gov

Initiated Jul 01, 2012 12:00 AM thru Jul 31, 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 (Cont'd)

 Facility ID
 MSD0278

 Water Quality Treatment Center
 MORRIS FORMAN

 Receiving Stream of Treatment Center
 OHIO RIVER

 Region
 WEST

<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	1524649	07/19/12 07:53 PM	DICKERSON	GRIFFITH	DOCUMENTED	10/23/07	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHARGE-WATER S	07/19/12 09:30 PM	

Spot Inspections:

Discharge Amount	3,000 GAL
Cause:	LACK OF SYSTEM CAPACITY-HEAVY RAIN
Clean Up:	DISCLN WO# 1524615
Control Zone:	NO MITIGATION SET UP
Impact:	MODERATE DEBRIS OBSERVED
Repair:	LOCATION INCLUDED IN THE IOAP

Notifications:

07/20/12 09:26 AM	DISPUB	PUBLIC NOTIFIED THROUGH PERMANENT SIGNS IN AREA TO AVOID CONTACT WITH DISCHARGE
07/20/12 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



Initiated Jul 01, 2012 12:00 AM thru Jul 31, 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 (Cont'd)	Facility ID MSD0278	Water Quality Treatment Center MORRIS FORMAN	Receiving Stream of Treatment Center OHIO RIVER	Region 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	13943	4119 LEE AVE		SOUTH FORK BEARGRASS CREEK	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	1521945	07/14/12 03:05 PM	MITCHELL	GRIFFITH	DOCUMENTED	03/19/08	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHARGE-WATER S	07/17/12 05:02 PM	

Spot Inspections:

Discharge Amount:	360 GAL
Cause:	LACK OF SYSTEM CAPACITY-HEAVY RAIN
Clean Up:	DISCLN WO# 1522185
Control Zone:	CAUTION TAPE AND TEMP SIGNS PLACED
Impact:	LIGHT DEBRIS OBSERVED
Repair:	LOCATION INCLUDED IN THE IOAP

Notifications:

07/14/12 09:47 PM	DISPUB	PUBLIC NOTIFIED THROUGH DOOR HANGERS AND TEMP SIGNS TO AVOID CONTACT WITH DISCHARGE
07/14/12 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
07/14/12 01:00 PM	DISSNO	Supplemental Email notification of unauthorized discharge has been sent to eppc.ert@ky.gov, Sayre.Dennis@epamail.epa.gov and LisaA.Jeffries@ky.gov



IMSAST0004
Overflow Report

Initiated Jul 01, 2012 12:00 AM thru Jul 31, 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 (Cont'd)	Facility ID MSD0278	Water Quality Treatment Center MORRIS FORMAN	Receiving Stream of Treatment Center OHIO RIVER	Region 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 TREVILIAN 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	1521947	07/14/12 02:58 PM	MITCHELL	GRIFFITH	DOCUMENTED	09/12/06	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHARGE-WATER S	07/14/12 05:48 PM	

Spot Inspections:

Discharge Amount:	2,700 GAL
Cause:	LACK OF SYSTEM CAPACITY-HEAVY RAIN
Clean Up:	DISCLN WO# 1522176
Control Zone:	CAUTION TAPE AND TEMP SIGNS PLACED
Impact:	LIGHT DEBRIS OBSERVED
Repair:	LOCATION INCLUDED IN THE IOAP

Notifications:

07/14/12 09:54 PM	DISPUB	PUBLIC NOTIFIED THROUGH DOOR HANGERS AND TEMP SIGNS TO AVOID CONTACT WITH DISCHARGE
07/14/12 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
07/14/12 01:00 PM	DISSNO	Supplemental Email notification of unauthorized discharge has been 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 #	Facility ID	Water Quality Treatment Center	Receiving Stream of Treatment Center	Region
KY0022411 (Cont'd)	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	CSO020	147 BUCHANAN ST		OHIO RIVER	STREAM

Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Event Date	Problem	Result	Completed	Condition
DISREV: RAIN EVENT DISCHARGE	1527595	07/27/12 11:15 PM	THOMPSON	OPS FLOOD PS	REPAIRED - ISSUE RESOLVED	07/28/12	POWER OUTAGE (LG&E)	UNAUTHORIZED DISCHARGE-WATER S	07/28/12 12:25 AM	

Spot Inspections:

Discharge Amount:	1,700,000 GAL
Cause:	DURING RAIN EVENT LG&E POLE INSULATOR SHORTED AND CAUSED THE STARKEY PS TO LOOSE POWER.
Clean Up:	OVERFLOW OCCURED OVER CSO 020 AND THAT PIPE IS SUBMERGED IN THE OHIO RIVER. NO CLEANUP REQUIRED.
Control Zone:	NONE REQUIRED. PIPE IS SUBMERGED IN THE OHIO RIVER
Impact:	PIPE IS SUBMERGED IN THE OHIO RIVER
Repair:	LG&E ISOLATED THE STARKEY SERVICE FROM THE DAMAGED INSULATOR AND RESTORED POWER.

Notifications:

07/27/12 11:15 AM	DISPUB	public notified via permanent signs located at the CSO 020 outfall
07/28/12 06:22 AM	DISPUB	Dischage published to the Project Win Overflow Advisory on the website.
07/28/12 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



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			
SSL Sewer Service Line	KK14815019	4108 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	1521946	07/14/12 03:09 PM	MITCHELL	GRIFFITH	DOCUMENTED	07/29/09	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHARGE-WATER S	07/17/12 05:04 PM	

Spot Inspections:

Discharge Amount	90 GAL
Cause:	LACK OF SYSTEM CAPACITY-HEAVY RAIN
Clean Up:	DISCLN WO# 1522175
Control Zone:	CAUTION TAPE AND TEMP SIGNS PLACED
Impact:	LIGHT DEBRIS OBSERVED
Repair:	LOCATION INCLUDED IN THE IOAP

Notifications:

07/14/12 09:50 PM	DISPUB	PUBLIC NOTIFIED THROUGH DOOR HANGERS AND TEMP SIGNS TO AVOID CONTACT WITH DISCHARGE
07/14/12 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
07/14/12 01:00 PM	DISSNO	Supplemental Email notification of unauthorized discharge has been sent to eppc.ert@ky.gov, Sayre.Dennis@epamail.epa.gov and LisaA.Jeffries@ky.gov



Initiated Jul 01, 2012 12:00 AM thru Jul 31, 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 (Cont'd)	Facility ID MSD0278	Water Quality Treatment Center MORRIS FORMAN			Receiving Stream of Treatment Center OHIO RIVER			Region WEST		
Facility Type SLS Sewer Lift Station	Facility ID MSD0022-PS	Facility Address 1800 NIGHTINGALE RD	If Pump Station, Name of Pump Station: NIGHTINGALE			Receiving Stream SOUTH FORK BEARGRASS CREEK		Discharge to STREAM		
<u>Activity Code / Description</u> DISREV: RAIN EVENT DISCHARGE	<u>WO #</u> 1527591	<u>Initiated</u> 07/27/12 08:30 PM	<u>Initiated By</u> GREEN	<u>Assigned To</u> OPS CSHIFT	<u>Disch Status</u> REPAIRED - ISSUE RESOLVED	<u>Event Date</u> 07/27/12	<u>Problem</u> POWER OUTAGE (LG&E)	<u>Result</u> UNAUTHORIZED DISCHARGE-WATER S	<u>Completed</u> 07/27/12 11:48 PM	<u>Condition</u>

Spot Inspections:

Discharge Amount	79,200 GAL
Cause:	STORM/RAIN EVENT CAUSED POWER OUTAGE
Clean Up:	PIPE DISCHARGE SUBMERGED-NO CLEAN UP
Control Zone:	PIPE DISCHARGE SUBMERGED-NO CLEANUP
Impact:	NONE OBSERVED BY MSD PERSONNEL
Repair:	LG&E POWER RESTORED

Notifications:

07/27/12 10:28 PM	DISPUB	Permanent overflow advisory signs are posted along Beargrass Creek.
07/27/12 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
07/27/12 01:00 PM	DISSNO	Supplemental Email notification of unauthorized discharge has been sent to eppc.ert@ky.gov, Sayre.Dennis@epamail.epa.gov and LisaA.Jeffries@ky.gov

Total Facilities Printed: 6
Total Work Orders Printed: 7