



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

October 17, 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 September 1<sup>st</sup> to September 30<sup>th</sup> are enclosed. All permit requirements were met for the month of September, 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

MFDMR0912.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	001 1
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD					
YEAR	MONTH	DAY	YEAR	MONTH	DAY
12	9	01	12	9	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	*****	*****	****	4.3	*****	*****	(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	9,475	11,923	(26)	*****	13	15	(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	254,378	282,948	(26)	*****	330	413	(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	*****	*****	****	6.1	*****	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	6,709	8,007	(26)	*****	9	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	346,431	414,386	(26)	*****	433	519	(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	8,767	11,106	(26)	*****	13.0	16.3	(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		12-10-08
		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)

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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	YEAR	MONTH	DAY
12	9	01	12	9	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	8740	9631	( 26 )	*****	12.8	15.9	( 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 PROCESSES	SAMPLE MEASUREMENT	87.5	225.1	( 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	*****	*****	****	*****	24	44	( 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	*****	*****	****	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	*****	*****	****	98	*****	*****	( 23 )	0	ONCE/MONTH	CALCTD
	PERMIT REQUIREMENT	*****	*****	****	85 MO MIN	*****	*****	PERCENT		ONCE/MONTH	CALCTD
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		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.

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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	YEAR	MONTH	DAY
12	09	01	12	09	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
BOD, 5-DAY (20 DEG. C) 00310 F 0 0 PRI/PRLM PRCS CMPLT	SAMPLE MEASUREMENT	*****	*****	****	*****	177	203	( 19 )	0	10/30	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	*****	*****	****	*****	49	62	( 19 )	0	10/30	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	*****	*****	****	*****	225	281	( 19 )	0	10/30	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	*****	*****	****	*****	85	121	( 19 )	0	10/30	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	*****	*****	****	*****	12.1	13.9	( 19 )	0	10/30	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	*****	*****	****	*****	9.890	11.5	( 19 )	0	10/30	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	40.18	52.27	( 03 )	*****	*****	*****	*****	0	10/30	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		12-10-08	
							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.

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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					
YEAR	MONTH	DAY	YEAR	MONTH	DAY
12	07	01	12	09	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
HARDNESS, TOTAL (AS CaCO3) 00900 1 0 2 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	382	408	(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
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA	NUMBER	YEAR - MO - DAY	

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FACILITY LOCATION: MSD MORRIS FORM WQTC  
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KY0022411	001 Y
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD					
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		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	*****	*****	****	*****	0.007	0.007	( 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										
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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*  
*DaLunde*

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					AERATION BASIN					ACTIVE		CHLORINATION			FINAL EFFLUENT	
	Final Sec.	Effluent	Bypass	raw	final	raw	final	raw	final	raw	final	raw	final		final	raw	prim. final	final	FLOW MG	TSS g/L	TVSS g/L	D.O. mg/L	MLSS g/L	MLVSS g/L	SET SVI	SVI	Sludge Wasted MG	Primary Sludge MG	Chlorine Dosage KLBS	Resid mg/L	Fecal Coliform #/100 ml	NH3-N mg/L	Pump. Hours	
																																		9/1
9/1	126.8	90.4	38.4	80	80	7.2	6.4	12.0	1.0	372	111			5.8	241	254	58	25.7	11.2	9.4	12.6	4.1	3.4	291	71	0.98	0.45	4.31	0.010	8	22	0.00		
9/2	160.7	108.6	52.1	79	79	7.0	6.1	14.0	0.1	476	37			7.2	237	102	29	28.3	15.1	12.0	15.2	4.3	3.4	299	70	1.08	0.43	5.71	0.010	9	9	0.00		
9/3	140.0	118.5	21.5	79	78	7.2	6.3	18.0	0.2	460	21			8.5	189	82	13	28.2	12.9	10.4	16.3	3.5	2.8	256	74	1.05	0.16	3.55	0.010	11	7	0.00		
9/4	86.7	86.7	0.0	78	78	7.2	6.4	10.5	0.1	260	11			8.6	195	131	7	28.4	12.1	9.7	19.1	3.6	2.9	260	72	0.97	0.10	1.80	0.010	13	10	0.00		
9/5	138.2	99.5	38.7	79	79	7.1	6.4	15.0	3.5	380	148			7.4	430	274	102	25.9	11.7	9.3	16.3	3.7	3.1	254	68	1.08	0.09	4.33	0.010	60	11	0.00		
9/6	106.1	101.1	5.0	78	78	7.0	6.4	13.0	0.1	344	15			7.4	344	202	13	25.9	14.5	11.2	13.2	3.9	3.0	253	65	1.04	0.15	4.39	0.010	12	7	0.00		
9/7	86.8	86.8	0.0	79	79	7.1	6.4	19.0	0.1	556	11			5.8	341	220	9	25.5	11.5	8.8	10.6	3.6	2.8	318	87	0.92	0.28	2.40	0.010	4	2	0.00		
9/8	231.7	140.9	90.8	76	76	7.2	6.4	6.0	5.5	232	230			6.5	142	129	82	25.3	14.0	10.5	14.7	3.5	2.6	232	67	1.01	0.32	6.93	0.010	840	1	0.00		
9/9	100.8	100.3	0.5	73	73	7.2	6.6	10.5	0.1	244	11			5.0	184	117	7	25.7	15.6	11.8	15.5	3.8	2.8	280	68	0.96	0.42	6.12	0.010	36	8	0.00		
9/10	88.1	88.1	0.0	73	73	7.1	6.7	14.0	0.1	320	10			7.8	278	160	7	25.9	13.3	9.9	14.6	3.9	3.0	284	68	0.98	0.38	1.98	0.010	12	12	0.00		
9/11	81.8	81.6	0.0	74	74	7.0	6.7	12.5	0.1	388	9			5.8	322	208	7	26.8	13.8	10.5	13.0	3.8	3.0	257	67	1.03	0.36	1.78	0.010	21	13	0.00		
9/12	77.5	77.5	0.0	75	75	6.9	6.8	14.0	0.1	418	9			4.9	394	245	8	26.8	19.7	10.7	10.0	3.7	3.0	254	69	0.98	0.36	2.05	0.010	19	13	0.00		
9/13	75.2	75.2	0.0	77	77	6.9	6.5	20.0	0.1	732	11			5.4	578	265	9	25.8	12.7	9.9	9.8	3.6	3.0	244	69	0.95	0.33	1.99	0.010	5	15	0.00		
9/14	76.1	78.1	0.0	79	79	7.1	6.5	16.0	0.1	544	11			4.8	501	277	8	25.5	12.1	9.7	13.5	3.6	3.0	250	69	0.96	0.25	2.01	0.010	10	16	0.00		
9/15	69.3	69.3	0.0	77	77	7.1	6.5	21.0	0.1	420	11			5.4	378	199	8	25.5	13.2	10.4	12.3	4.4	3.5	312	73	0.95	0.30	1.78	0.010	6	20	0.00		
9/16	65.9	65.9	0.0	77	77	7.1	6.5	15.0	0.1	344	11			5.1	201	147	8	25.5	12.4	9.7	13.7	3.6	2.8	336	94	0.99	0.49	1.42	0.010	6	20	0.00		
9/17	79.6	79.6	0.0	75	75	7.1	6.4	16.0	0.1	536	13			6.8	316	184	7	25.2	11.4	9.0	14.1	3.6	2.7	289	79	1.01	0.30	1.47	0.010	6	20	0.00		
9/18	73.5	73.5	0.0	75	75	7.0	6.4	14.0	0.1	532	17			5.6	389	239	13	25.4	10.3	8.2	14.5	3.1	2.5	223	72	1.04	0.28	1.55	0.010	120	19	0.00		
9/19	67.2	67.2	0.0	72	72	6.8	6.5	23.0	0.1	588	20			5.8	447	289	18	25.1	10.4	8.3	13.3	3.4	2.8	220	66	0.87	0.21	2.04	0.010	400	17	0.00		
9/20	70.4	70.4	0.0	74	74	6.7	6.5	21.5	0.1	684	14			4.6	610	346	19	24.8	10.9	9.0	12.1	3.1	2.7	221	72	0.86	0.37	2.08	0.010	42	18	0.00		
9/21	71.2	71.2	0.0	76	76	6.6	6.3	16.0	0.1	528	16			5.0	555	370	17	24.6	11.0	8.9	10.0	3.8	3.0	211	58	0.92	0.33	2.29	0.010	72	17	0.00		
9/22	65.5	65.5	0.0	76	76	6.9	6.5	20.0	0.1	458	17			4.6	438	343	15	24.7	10.3	8.4	11.3	3.6	2.9	267	74	0.95	0.35	2.14	0.010	28	21	0.00		
9/23	59.1	59.1	0.0	71	71	6.9	6.6	17.0	0.1	296	11			5.2	317	249	8	24.9	12.1	10.1	9.5	4.2	3.5	302	72	0.98	0.37	1.79	0.010	2	25	0.00		
9/24	61.6	61.6	0.0	70	70	7.0	6.5	22.0	0.1	516	15			5.4	406	345	10	25.7	11.7	9.6	10.1	4.5	3.7	263	72	1.08	0.35	1.63	0.010	3	25	0.00		
9/25	124.9	94.3	30.6	73	73	7.1	6.8	23.0	4.5	488	114			4.3	347	326	82	25.5	14.7	11.7	9.8	5.4	4.3	278	52	1.15	0.11	4.28	0.010	440	18	0.00		
9/26	195.3	129.1	66.2	70	70	6.9	6.4	11.0	0.7	420	70			5.7	248	176	53	25.8	16.6	13.7	16.0	4.0	3.4	256	64	1.15	0.12	6.18	0.010	1300	8	0.00		
9/27	190.2	130.2	60.0	71	71	7.0	6.5	8.0	2.0	222	96			5.9	156	105	51	25.7	16.5	13.2	14.6	3.8	3.1	264	70	1.21	0.39	4.63	0.010	41	9	0.00		
9/28	101.1	101.1	0.0	77	77	7.6	6.6	15.0	0.1	512	12			8.2	280	134	9	25.4	14.4	11.6	12.6	4.1	3.3	249	81	1.24	0.36	2.24	0.010	85	15	0.00		
9/29	82.6	82.6	0.0	76	76	7.3	6.5	18.0	0.1	384	7			5.3	253	120	6	25.0	12.5	9.7	13.4	3.2	2.5	244	76	0.98	0.40	0.89	0.010	12	16	0.00		
9/30	73.5	73.5	0.0	77	77	7.4	6.8	19.0	0.1	336	9			5.2	200	84	6	24.8	12.2	9.8	14.6	3.4	2.8	229	67	0.79	0.41	1.11	0.010	6	18	0.00		
Total	3027.2	2625.4	401.8															767.2								30.160	9.220					0.00		
Average	100.9	87.5	13.4	76	76	7.1	6.5	15.9	0.7	433	37			5.9	330	211	23	25.6	12.8	10.2	13.2	3.8	3.0	262	70	1.01	0.31	2.90	0.010	24	14	0.00		

SEWER CONNECTIONS

131031 TIMES 4 = 524124 SEWER POPULATION

IND. WASTER POPULATION EQ  
 CUSTOMERS 379  
 FLOW 436892  
 BOD 1111641  
 TSS 1210829

Authorized Agent

Certification No. 4663

MORRIS FORMAN WASTEWATER TREATMENT PLANT

JEFFERSON COUNTY, KY

Month of Sep-12

Average Flow

SETTLING TANKS	Primary	Secondary		
		Battery A	Battery B	Battery C
Average Flow (MGD)	100.96	38.46	27.12	15.86
Tanks in Service	4.00	7.6	8.0	4.0
Surface Area (Ft.2)	77000.00	65886.09	69200.00	34503.63
Volume (MG)	8.33	6.75	7.09	3.53
Weir Length (Ft.)	2860.00	2730.65	2868.00	1430.01
Avg. Weir Overflow (GPD/Ft)	35301.93	14085.59	9457.79	11091.22
Avg. Settling Rate (GPD/Ft2)	1311.21	759.83	547.51	552.42
Avg. Detention Time	1.98	4.21	6.27	5.35

**AERATION TANKS**

Battery A	Battery B	Battery C
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Volume (Gallons)	4200000	4200000	2100000
Avg. Flow (MGD)	50.06	37.89	19.06
Avg. Detention Time (Hours)	2.62	3.72	3.18

**CHLORINE CONTACT CHAMBERS**

Contact Chambers in Use	2.0
Volume (Gallons)	2340000
Avg. Detention Time (Hours)	0.73

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 (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	CSO148	1169 EASTERN PKY		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	1556636	09/12/12 01:25 PM	BRIGHT	BRIGHT	REPAIRED - ISSUE RESOLVED	09/12/12	OBSTRUCTION-NOT GREASE OR ROOT	UNAUTHORIZED DISCHARGE-WATER S	09/12/12 01:43 PM	

**Spot Inspections:**

Discharge Amount:	180 GAL
Cause:	BLOCKAGE IN LINE UPSTREAM OF SIPHON AND DOWNSTREAM OF CSO
Clean Up:	NO CLEAN UP OVERFLOW WENT STRAIGHT TO BEARGRASS CREEK
Control Zone:	PERMANENT SIGNS ARE POSTED IN IMPROVED CHANNEL AT POINT OF DISCHARGE AND DOWNSTREAM TO RIVER.
Impact:	MOSTLY CLEAR WATER OVERFLOWING TO BEARGRASS CREEK WITH SOME EVIDENCE OF SEWAGE
Repair:	LINE WAS FLUSHED AND CLEARED BLOCKAGE

**Notifications:**

09/12/12 01:43 PM	DISPUB	ADVISED CUSTOMERS ON SITE
09/12/12 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

Total Facilities Printed: 2  
Total Work Orders Printed: 4



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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<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	1564339	09/26/12 10:30 PM	MITCHELL	GRIFFITH	DOCUMENTED	09/12/06	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHARGE-WATER S	09/29/12 11:15 AM	

**Spot Inspections:**

Discharge Amount:	4,500 GAL
Cause:	LACK OF SYSTEM CAPACITY-HEAVY RAIN
Clean Up:	DISCLN WO# 1565819
Control Zone:	CAUTION TAPE AND TEMP SIGNS PLACED AROUND DISCHARGE
Impact:	LIGHT DEBRIS OBSERVED
Repair:	LOCATION INCLUDED IN THE IOAP

**Notifications:**

09/27/12 07:02 AM	DISPUB	PUBLIC NOTIFIED THROUGH DOOR HANGERS AND TEMPORARY SIGNS PLACED TO AVOID DISCHARGE
09/27/12 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
09/27/12 01:00 AM	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

<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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<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	1553399	09/08/12 12:49 AM	MITCHELL	GRIFFITH	DOCUMENTED	09/12/06	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHARGE-WATER S	09/08/12 01:59 AM	

**Spot Inspections:**

Discharge Amount:	100 GAL
Cause:	LACK OF SYSTEM CAPACITY-HEAVY RAIN
Clean Up:	DISCLN WD# 1553400
Control Zone:	CAUTION TAPE AND TEMP SIGNS
Impact:	LIGHT DEBRIS OBSERVED
Repair:	LOCATION INCLUDED IN THE IOAP

**Notifications:**

09/08/12 09:00 PM	DISPUB	PUBLIC NOTIFIED THROUGH DOOR HANGERS AND TEMP SIGNS TO AVOID DISCHARGE
10/02/12 10:29 AM	DISNOT	Manual email notification of unauthorized discharge sent to sayre.dennis@epamail.epa.gov, eppc.ert@ky.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	<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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<b>Facility Type</b> SMH Sewer Manhole	<b>Facility ID</b> 51594	<b>Facility Address</b> 1418 TREVILIAN WAY	<b>If Pump Station, Name of Pump Station:</b>	<b>Receiving Stream</b> SOUTH FORK BEARGRASS CREEK	<b>Discharge to</b> DITCH
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<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	1550108	09/02/12 01:57 PM	MITCHELL	GRIFFITH	DOCUMENTED	09/12/06	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHARGE-WATER S	09/02/12 03:59 PM	

**Spot Inspections:**

Discharge Amount:	100 GAL
Cause:	LACK OF SYSTEM CAPACITY-HEAVY RAIN
Clean Up:	NONE NEEDED - MSD CLEANED AREA
Control Zone:	CAUTION TAPE AND TEMP SIGNS
Impact:	VERY LIGHT DEBRIS OBSERVED
Repair:	LOCATION INCLUDED IN THE IOAP

**Notifications:**

09/03/12 11:23 AM	DISPUB	PUBLIC NOTIFIED THROUGH DOOR HANGERS TO AVOID DISCHARGE
09/03/12 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