



January 22, 2013

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

Please be advised that this is the last DMR for the MFWQTC to be submitted as a paper copy through the mail. Starting with January 2013 the DMR, the submittal letter, as well as the bypass reports will be transmitted and available through NETDMR. The MOR information will not be included as an attachment to the NETDMR as per discussion with the DOW. We will however continue to send the MOR by e-mail to Mr.Roth per his request.

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

Sincerely,

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

paw

MFDMR1212.doc

Enclosures

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



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

Form Approved. OMB No. 2040-0004

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

FROM

NAME **ADDRESS**  MSD MORRIS FORMAN WQTC C/O LOUISVILLE/JEFF CO MSD

4522 ALGONQUIN PKWY LOUISVILLE, KY 40211-2497

KY0022411 PERMIT NUMBER DISCHARGE NUMBER MAJOR (SUBR LV) JEFFE F-FINAL MUNICIPAL DISCHARGE

**FACILITY** LOCATION

ATTN: ALEX E NOVAK, OPER DIR

MSD MORRIS FORM WOTC LOUISVILLE, KY 40211

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

EFFLUENT \*\*\* NO DISCHARGE \*\*

Parameter		QUANT	FITY OR LOADIN	G	Q	QUALITY OR CONCENTRATION				FREQUENCY OF	SAMPLE	
i arameter	.	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	ANALYSIS	TYPE	
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	***	****	****	5.0	****	şiraleşiyekek	(19)	0	31/31	GRAB	
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	****	******	****	2.0 INST MIN	******		MG/L		DAILY	GRAB	
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	8,207	9,578	(26)	****	10	10	(19)	0	31/31	COMPOS	
00310 E 0 0 SEC/BIOL PRCS CMPLT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY		30 MO AVG	45 MX WK AV	MG/L	7 y 3 '	DAILY	COMPOS	
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	215,122	266,690	(26)	****	227	340	(19)	0	31/31	COMPOS	
00310 G 0 0 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	SAMPLE MEASUREMENT	****	*****	***	6.5	****	6.8	(12)	0	31/31	GRAB	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	****	****	6.0 MINIMUM		9.0 MAXIMUM	SU	1 (3.47)	DAILY	GRAB	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	9,982	12,794	(26)	****	12	14	(19)	0	31/31	COMPOS	
00530 E 0 0 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	SAMPLE MEASUREMENT	316,009	391,653	(26)	****	327	452	(19)	0	31/31	COMPOS	
00530 G 0 0 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	SAMPLE	8,284	11,707	(26)	****	10.6	17.4	(19)	0	31/31	COMPOS	

Greg C. Heitzman, P.E.

SEC/BIOL PRCS CMPLT

NAME/TITLE PRINCIPLE EXECUTIVE OFFICER

INTERIM EXECUTIVE DIRECTOR

MEASUREMENT

PERMIT

REQUIREMENT

REPORT

MO AVG

MO AVG 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 gether 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.

LBS/DY

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20

30

MX WK AV

REPORT

MX WK AV

502 540-6000 13-01-10 SIGNATURE OF PRINCIPAL EXECUTIVE

OFFICER OR AUTHORIZED AGENT AREA NUMBER

MG/L

YEAR - MO - DAY

DAILY

Telephone

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) **G - INFLUENT** 

TOTAL (AS N) 00610 E 0 0

E - SECONDARY EFFLUENT

1 - FINAL EFFLUENT

COMPOS

DATE

Form Approved. OMB No. 2040-0004

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

ADDRESS C/O LOUISVIL 4522 ALGONO LOUISVILLE, I	CY 40211-2497			PERI	Y0022411 MIT NUMBER	DISCHARG	01 1 SE NUMBER	3	F-F	R LV)	JEFFE GE
FACILITY MSD MORRIS LOCATION LOUISVILLE, I		YEAR	MONTH		DNITORING PER					UENT	
LOCATION LOUISVILLE, I	FROM		12	DAY 01	то	YEAR 12	MONTH 12	DAY 31	*** N(	D DISCHARGE ***	` Ц
ATTN: ALEX E NOVAK, OPER	RDIR			<u> </u>	,	12	1 12	J 01	J		
Parameter		QUANT	TTY OR LOADIN	G	QI	UALITY OR CON	CENTRATION		NO	FREQUENCY OF	SAMPLE
Parameter		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	ANALYSIS	TYPE
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	8747	9931	(26)	****	11.1	15.4	(19)	0	31/31	COMPOS
00610 G 0 0 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
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	101.9	366.8	(03)	****	****	*****	***	0	31/31	CONTIN
50050 E 0 0 SEC/BIOL PRCS CMPLT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD				****		CONTIN	CONTIN
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	****	No Alexandra Marchania	****	****	****	< 0.010	(19)	0	31/31	GRAB
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			****			0.019 DAILY MX	MG/L		DAILY	GRAB
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	****	****	****	****	113	244	(13)	0	31/31	GRAB
74055 1 2 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			****		1000 30DA GEO	2000 7 DA GEO	#/ 100ML	7. 1. 3. 3. 3. 3.	DAILY	GRAB
BOD, 5-DAY PERCENT REMOVAL	SAMPLE MEASUREMENT	****	****	****	96	Mindestrate	<b>表出版表</b> 版	(23)	0	ONCE/ MONTH	CALCTD
81010 K 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	*****		***	85 MO MIN			PER- CENT		ONCE/ MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	有效水体	****	****	97	****	****	(23)	0	ONCE/ MONTH	CALCTD
81011 K 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT			श्रेषात्रक	85 MO MIN			PER- CENT		ONCE/ MONTH	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPLE EXEC	UTIVE OFFICER	I certify under penalty of	of law that this docume	nt and all attac	hments were prepared	under my direction or	1/~1	/		Telephone	DATE
Greg C. Heitzman, P.E. INTERIM EXECUTIIVE DIRECT	OR	evaluate the informatio system, or those person to the best of my knowle	n submitted. Based or as directly responsible ledge and belief, true, a	n my inquiry of for gathering to accurate, and o		who manage the mation submitted is, nat there are	SUGNATURE OF PRINCIP	dv	502	540-6000	13-01-10

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

E - SECONDARY EFFLUENT

F - SECONDARY BYPASS AFTER PRIMARY TREATMENT.

YEAR - MO - DAY

OFFICER OR AUTHORIZED AGENT

AREA NUMBER

Form Approved. OMB No. 2040-0004

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

ADDRESS C/O LOUISVILLI	FORMAN WQTC E/JEFF CO MSD			- KY	70022411	OC	11 B	1	MAJC (SUB		
4522 ALGONQU					III NUMBER		SE NUMBER	1	F - FI		JEFFE
LOUISVILLE, K										NDARY BYPASS	
FACILITY MSD MORRIS F LOCATION LOUISVILLE KY		YEAR	MONTH		DNITORING PERI				]EFFL		_
LOCATION LOUISVILLE, K	FROM		12	DAY 01		YEAR 12	MONTH	DAY	**** NC	DISCHARGE ***	Ш
ATTN: ALEX E NOVAK, OPER	DIR	12	3,44	1 01	то[	12	12	31	ļ		
	i	QUANT	ITY OR LOADIN	G	OI	JALITY OR CON	CENTRATION		NO	FREQUENCY OF	SAMPLE
Parameter		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX		TYPE
BOD, 5-DAY	SAMPLE	****	****	****	*****	148	215	(19)	5	ANALYSIS 18/31	COMPOS
(20 DEG. C)	MEASUREMENT			<u> </u>							
00310 F 0 0	PERMIT	****	***	***	****	REPORT	REPORT	MG/L		WHEN	COMPOS
PRI/PRLM PRCS CMPLT	REQUIREMENT					MO AVG	MX WK AV			DISCHG	Teach and the second
BOD, 5-DAY (20 DEG. C)	SAMPLE MÉASUREMENT	****	****	***	****	37	53	(19)	0	18/31	COMPOS
00310 1 0 0	PERMIT	- <del></del>	****	***	****	REPORT	REPORT	MG/L		WHEN	COMPOS
EFFLUENT GROSS VALUE	REQUIREMENT					MO AVG	MX WK AV	IVIG/L		DISCHG	COMPOS
SOLIDS, TOTAL	SAMPLE	****	****	****	****	182	317	(19)	0	18/31	COMPOS
SUSPENDED	MEASUREMENT					102	"	(13)	ľ	10/31	COMPOS
00530 F 0 0	PERMIT	****	****	****	****	REPORT	REPORT	MG/L		WHEN	COMPOS
PRI/PRLM PRCS CMPLT	REQUIREMENT					MO AVG	MX WK AV			DISCHG	OOM OO
SOLIDS, TOTAL	SAMPLE	****	****	****	****	71	96	(19)	0	18/31	COMPOS
SUSPENDED	MEASUREMENT			,				[	•		00
00530 1 0 0	PERMIT	****	****	***	****	REPORT	REPORT	MG/L		WHEN	COMPOS
EFFLUENT GROSS VALUE	REQUIREMENT					MO AVG	MX WK AV			DISCHG	
NITROGEN, AMMONIA	SAMPLE	****	****	***	****	11.6	17.0	(19)	0	18/31	COMPOS
TOTAL (AS N)	MEASUREMENT			] [				, ,			
00610 F 0 0	PERMIT	20 40 40 40 40 40 40 40 40 40 40 40 40 40	*****	****	www.drak	REPORT	REPORT	MG/L		WHEN	COMPOS
PRI/PRLM PRCS CMPLT	REQUIREMENT					MO AVG	MX WK AV			DISCHG	
NITROGEN, AMMONIA	SAMPLE MEASUREMENT	***	****	****	****	10.96	17.3	(19)	0	18/31	COMPOS
TOTAL (AS N)		****									
00610 1 0 0	PERMIT REQUIREMENT		*****	****	****	REPORT	REPORT	MG/L		WHEN	COMPOS
EFFLUENT GROSS VALUE						MO AVG	MX WK AV		14 P 15	DISCHG	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	40.77	53.20	(03)	strikesterkester	****	****	***	0	18/31	CONTIN
50050 F 0 0	PERMIT	REPORT	REPORT	MGD	****	name a	****	****		WHEN	CONTIN
PRI/PRLM PRCS CMPLT	REQUIREMENT	MO AVG	MX WK AV			존대가 하고 있었				DISCHG	00.11,111
NAME/TITLE PRINCIPLE EXECU	TIVE OFFICER	I certify under penalty of	of law that this docume	nt and all attact	ments were prepared u	ınder my direction or	//	.1		Telephone	DATE
Greg C. Heitzman, P.E.		supervision in accordar evaluate the information	nce with a system design submitted. Besed on	gned to assure	that qualified personnel he person or persons w	properly gather and	Tipler	raf			
INTERIM EXECUTIVE DIRECTOR	₹				ne information, the infor			,			
					omplete. I am aware th		2 Dalino		502	540-6000	13-01-10
		significant penalties for knowing violations.	SUDMITTING Talse infom	nation, includin	g the possibility of fine a	and imprisonment for			502	S-10-0000	13-01-10
							SIGNATURE OF PRINCIPA		L		
COMMENTS AND EXPLANATION OF ANY V	IOLATIONS (Reference	all attachments here)					OFFICER OR AUTHORIZE	D AGENT	AREA	NUMBER	YEAR - MO - DAY

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

1 - FINAL EFFLUENT

F - SECONDARY BYPASS AFTER PRIMARY TREATMENT.

Form Approved.
OMB No. 2040-0004

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

NAME MSD MORRIS FORMAN WOTC MAJOR ADDRESS C/O LOUISVILLE/JEFF CO MSD KY0022411 001 Y (SUBR LV) 4522 ALGONQUIN PKWY PERMIT NUMBER DISCHARGE NUMBER **JEFFE** F - FINAL LOUISVILLE, KY 40211-2497 **BIOMONITORING/ONCE PER QUARTE FACILITY** MSD MORRIS FORM WOTC MONITORING PERIOD **EFFLUENT** LOCATION YEAR LOUISVILLE, KY 40211 MONTH DAY YEAR MONTH DAY \*\*\* NO DISCHARGE \*\*\* FROM 01 TO 12 31 ATTN: ALEX E NOVAK, OPER DIR QUANTITY OR LOADING QUALITY OR CONCENTRATION NO FREQUENCY OF SAMPLE Parameter **AVERAGE** MAXIMUM UNITS MINIMUM **AVERAGE** MAXIMUM UNITS EX ANALYSIS **TYPE** HARDNESS, TOTAL SAMPLE 408 422 (19)0 QTRLY GRAB-2 MEASUREMENT (AS CACO3) 00900 1 0 2 \*\*\*\* \*\*\* **PERMIT** REPORT REPORT MG/L **QTRLY** COMPOS REQUIREMENT EFFLUENT GROSS VALUE MO AVG DAILY MX CADMIUM, DISSOLVED \*\*\* \*\*\* SAMPLE 0.003 0.003 (19)0 OTRLY GRAB-2 MEASUREMENT (AS CD) 01025 1 0 2 \*\*\*\* \*\*\*\* PERMIT REPORT REPORT MG/L **QTRLY** COMPOS REQUIREMENT EFFLUENT GROSS VALUE MO AVG DAILY MX COPPER, DISSOLVED SAMPLE \*\*\* \*\*\*\* 0.007 0.007 (19)0 **QTRLY** GRAB-2 MEASUREMENT (AS CU) 01040 1 0 2 \*\*\* PERMIT REPORT REPORT MG/L QTRLY COMPOS REQUIREMENT EFFLUENT GROSS VALUE MO AVG DAILY MX LEAD, DISSOLVED SAMPLE \*\*\*\* 0.008 0.008 (19)0 **QTRLY** GRAB-2 MEASUREMENT (AS PB) 101049 1 0 2 PERMIT REPORT REPORT MG/L QTRLY COMPOS REQUIREMENT **EFFLUENT GROSS VALUE** MO AVG DAILY MX ZINC, DISSOLVED \*\*\*\* \*\*\* SAMPLE 0.070 0.070 (19)0 QTRLY GRAB-2 MEASUREMENT (AS ZN) 01090 1 0 2 \*\*\* PERMIT REPORT REPORT MG/L **QTRLY** COMPOS **EFFLUENT GROSS VALUE** REQUIREMENT MO AVG DAILY MX ZINC \*\*\* SAMPLE 0.070 0.070 (19)0 QTRLY GRAB-2 TOTAL RECOVERABLE MEASUREMENT 01094 1 0 2 \*\*\* PERMIT REPORT REPORT MG/L **QTRLY** COMPOS REQUIREMENT EFFLUENT GROSS VALUE MO AVG DAILY MX CADMIUM SAMPLE \*\*\*\* \*\*\* 0.003 0.003 (19)0 **QTRLY** GRAB-2 MEASUREMENT TOTAL RECOVERABLE 01113 1 0 2 \*\*\*\* \*\*\* PERMIT REPORT REPORT MG/L QTRLY COMPOS EFFLUENT GROSS VALUE REQUIREMENT MO AVG DAILY MX NAME/TITLE PRINCIPLE EXECUTIVE OFFICER certify under penalty of law that this document and all attachments were prepared under my direction or Telephone DATE supervision in accordance with a system designed to assure that qualified personnel properly gather and Greg C. Heitzman, P.E. evaluate the information submitted. Based on my inquiry of the person or persons who manage the INTERIM EXECUTIVE DIRECTOR system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and beilef, true, accurate, and complete. I am aware that there are 502 540-6000 significant penalties for submitting false information, including the possibility of fine and imprisonment for 13-01-10 knowing violations. SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT AREA NUMBER YEAR - MO - DAY COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved. OMB No. 2040-0004

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

NAME MSD MORRIS F ADDRESS C/O LOUISVILLI					Y0022411		01 Y	-	MAJO		
4522 ALGONQU					MIT NUMBER		GE NUMBER	_	(SUB	R LV)	JEFFE
LOUISVILLE, KY								J			CE PER QUARTE
FACILITY MSD MORRIS F LOCATION LOUISVILLE, KY		YEAR	6.87.5K( ) L.		DNITORING PER				EFFLUENT		
LOCATION LOUISVILLE, K	FROM		MONTH 10	DAY 01	то	YEAR 12	MONTH 12	DAY 31	*** N(	O DISCHARGE **	* 📙
ATTN: ALEX E NOVAK, OPER					10	12	12	31	1		
Parameter		QUANT	ITY OR LOADING	3	QI	UALITY OR CON	ICENTRATION		NO	FREQUENCY OF	SAMPLE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	ANALYSIS	TYPE
LEAD	SAMPLE	****	****	****	****	0.008	0.008	(19)	0	QTRLY	GRAB-2
TOTAL RECOVERABLE	MEASUREMENT										
01114 1 0 2	PERMIT	****		****	<b>中央中央</b>	REPORT	REPORT	MG/L		QTRLY	COMPOS
EFFLUENT GROSS VALUE	REQUIREMENT					MO AVG	MXWKAV		. 11.55		
COPPER	SAMPLE MEASUREMENT	****	ARRES	****	****	0.007	0.007	(19)	0	QTRLY	GRAB-2
TOTAL RECOVERABLE		****						]			
01119 1 0 2 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT		Webber	****	**************************************	REPORT	REPORT	MG/L		QTRLY	COMPOS
TOXICITY, FINAL CONC		*****	****	***	****	MO AVG	MX WK AV				
TOXICITY UNITS	SAMPLE MEASUREMENT		*****	****	WANA	****	<1.00	(2F)	0	QTRLY	GRAB-2
61406 1 0 1		***	*****	***	weeks	****					
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT						1.00	ACUTE		QTRLY	GRAB-2
LITEOLITY CROSS VALUE	SAMPLE		ter kattige biglere karlının		Situit expects Miss	e seatherful and suit feet	DAILY MAX	TOXCTY	Asimi.		
	MEASUREMENT										
	PERMIT REQUIREMENT							1	400		
	SAMPLE	. I sa Terra serie du e	A ROSE SECTIONS CONTRACTOR		Ling Ferriga (C. Data Att. Mg. 11		Ellipsi para Mara se esti		1 1 1		
	MEASUREMENT									•	
	PERMIT REQUIREMENT							1	e e e e e e e e e e e e e e e e e e e		
	SAMPLE	Augusta Majar III and Albandes			j gardine inda alliatenti				11/4/17		
	MEASUREMENT						1				
	PERMIT REQUIREMENT										
	SAMPLE					a saturation of	a Milanghad i gad		the j		A A Sept. But the second
	MEASUREMENT										
	PERMIT		n englese bigger		Talendari Gala	aeta espleis	A South a feet as			war and a facility	
NAME/TITLE PRINCIPLE EXECU	REQUIREMENT										
TANAL TITLE PRINCIPLE EXECU	TIVE OFFICER	supervision in accordan			hments were prepared that gualified personne					Telephone	DATE
Greg C. Heitzman, P.E.		evaluate the information	submitted, Based on	my inquiry of t	the person or persons v	vho manage the	1846	eas	<u> </u>		
INTERIM EXECUTIVE DIRECTOR	₹	system, or those persor to the best of my knowle	us directly responsible t	for gathering ti	ne information, the infor	mation submitted is,	1 1	/			
		significant penalties for	suge and beliet, true, a submitting false inform	ecurate, and c ation. includin	omplete. I am aware the	nat there are and imprisonment for	Nakon	Nev	502	540-6000	13-01-10
		knowing violations,		,	• <b>,</b>		SIGNATURE OF PRINCIP	AL EXTOLEM	l	Ì	
							OFFICER OR AUTHORIZE		AREA	NUMBER	YEAR - MO - DAY
COMMENTS AND EXPLANATION OF ANY VI	OLATIONS (Reference	all attachments here)									

MORRIS FORMAN WATER QUALITY TREATMENT CENTER KPDE8 PERMIT NO. KY0022411

PLANT CAPACITY - 120 MGD RECEIVING STREAM-OHIO RIVER

JEFFERSON COUNTY, KENTUCKY MONTH OF

2012 December

TEMP pН SETS D.O. 5-DAY BOD WASTEWATER FLOWS (DEGF) (M/L) (mg/L) (mg/L) (mg/L) (mg/L) ACTIVE CHLORINATION FINAL (Million Gallons) RETURN SLUDGE **AERATION BASIN** Studge Primary Chlorine Fecal **EFFLUENT** Final Sec. prim. FLOW TSS TVSS D.O MLSS MLVSS SET SVI Wasted Sludge Dosage Resid Collform NH3-N Pump. DATE Effluent Effluent Bypass raw final raw final raw final raw final final final raw final finad MG g/L g/L mg/L g/L g/L MG MG KLBS mg/L #/100 ml mg/L Hours 12/1 57.1 57.1 0.0 67 67 6.9 17.0 0.1 508 5.5 486 315 10 25.0 11.5 9.3 15.1 4.7 3.7 394 83 1,03 0.32 0.93 0.010 186 26 0.00 12/2 89.7 80.6 9.1 68 68 7.0 6.6 20.0 3.3 580 90 5.2 506 308 53 24.8 14.3 11.8 12.7 4.8 3.9 398 82 1.12 0.22 2.14 0.010 118 24 0.00 12/3 67.9 67.9 0.0 68 68 7.4 6.5 16.1 0.1 424 12 6.0 320 151 10 16.5 24.6 13.8 14.1 5.3 4.4 454 86 1.25 0.19 1.20 0.010 19 0.00 48 12/4 121.5 88.4 33.1 68 68 7.0 6.6 19.6 4.7 532 128 6.3 269 248 81 23.7 14.0 11.6 14.8 4.3 3.5 432 100 1.24 0.28 4.07 0.010 0.00 98 24 12/5 94.7 87.3 82 7.4 62 7.0 6,6 11.3 0.1 328 20 6.8 316 162 11 24.6 16.4 13.3 15.6 5.7 4.4 351 62 1.12 0.32 3.80 0.010 12 0.00 44 12/6 76.0 78.0 0.0 62 62 7.1 6.5 20.0 0.1 500 10 24.8 15.8 5.0 384 180 12.8 14.0 4.8 3.8 384 80 1.13 0.36 2.48 0.010 22 19 0.00 12/7 226.1 131.3 96.8 61 61 6.9 6.6 292 9.8 4.6 144 6.6 120 142 66 l 25.9 17.2 13.9 17.6 4.5 3.5 299 67 1.12 0.33 9.30 0.010 880 0.00 9 12/8 225.7 130.4 95.3 61 7.1 61 6.5 6.1 1.9 184 104 8.6 124 106 45 23.2 15.9 12.8 17.0 4.0 3.2 306 76 1.12 0.36 7.10 0.010 1600 0.00 5 12/9 189.8 130.2 59.6 62 62 7,1 6.6 5,6 0.4 50 188 9.1 207 156 52 23.8 14,6 11.8 18.6 3,6 3.1 269 74 1.13 0.36 4.62 0.010 600 0.00 6 12/10 210.7 131.1 79.6 61 61 7.1 6.7 4.5 1.3 112 40 7.4 124 103 36 26.8 12.9 9.9 20.9 3.0 82 2.5 247 1.03 0.30 5.27 0.010 405 5 15.00 12/11 161.0 134.1 26.9 56 58 7.1 6.7 7.8 0.1 224 30 222 184 30 21.7 15.8 12.4 17.7 3.5 64 29 226 1.01 0,26 3.50 0.010 174 8 24.00 12/12 115.8 111.2 4.6 61 61 7.0 6.6 15.2 0.1 298 28 5,8 325 189 12 25.4 16.8 13.7 11.4 37 3.0 259 71 1.02 0.25 2.29 0,010 120 10 24.00 12/13 95.3 95.3 0.0 60 60 7.0 6.5 12,1 0.1 296 16 7.8 310 174 13 24.1 15.2 12.2 15.5 38 3.0 290 77 1.00 0.29 1.71 0.010 11 24.00 12/14 88.2 88.2 0.0 61 61 7.0 6.6 15,0 0.1 348 17 312 178 12 22.1 10.5 8.5 14.0 33 2.6 326 98 0.79 0.38 1.35 0.010 94 14 24.00 12/15 120.7 96.1 24.6 60 60 7.1 6.6 19.0 5.0 442 140 331 229 70l 25.6 16.6 13.6 10.6 3.8 3.1 255 68 0.69 0.41 3.35 0.010 13 24.00 12/16 86.0 86.0 0.0 62 62 7.0 6.7 15.1 0.1 380 15 6.2 156 99 26.4 18.6 14.7 11.8 4.9 3.1 267 55 0.75 0.37 1.65 0.010 18 11 24.00 12/17 129.0 107.0 22.0 65 65 7.3 6.6 15.9 0.2 568 30 6.8 120 90 19 23.4 16.9 14.1 14.8 3.8 3.2 238 63 0.81 0.31 3.53 0,010 208 12 13.00 12/18 97.3 98.4 0.9 61 61 7.2 6.7 16.9 0.1 368 21 6.2 157 87 21.5 16.4 13.4 12.6 3.8 3.2 228 61 0.81 0.26 3.48 0.010 23 12 0,00 12/19 83.5 83.5 0.0 63 63 7.1 6.7 16.1 0,1 340 6.8 202 152 21.8 18.5 15.5 13.2 42 3.7 280 67 0.81 0,28 1.74 0.010 29 15 0.00 12/20 177.6 107.4 70.2 61 61 7.2 9.7 6.6 4.6 260 144 5.2 126 127 45 21.4 17.6 14,5 15.2 3.4 258 67 3.9 0.80 0.23 6.95 0.010 6200 11 14.00 12/21 133.0 117.0 16.0 56 56 7.1 6.7 17.0 0.1 25 444 10.1 381 210 14 20.0 18.0 14.7 19.7 3.7 2.9 207 57 0.84 0.25 5.33 0.010 1000l 24.00 9 12/22 98.0 98.0 0.0 56 58 7.3 6.6 11.0 0,1 304 18 11.1 192 96 21.5 19.0 15.5 19.5 3.8 3.3 235 62 0.25 0.86 2.03 0.010 10 24.00 12/23 91.0 91.0 0.0 59 59 7.3 6.8 12.0 0.1 256 14 10.6 130 72 21.5 18.2 15.1 18.9 3.1 253 59 4.3 0.27 0.82 1.52 0,010 13 12 24.00 12/24 97.8 97.8 0.0 80 60 7.2 6.7 17.0 296 0.1 11 8.8 167 60 6 22.4 13.1 11.7 19.6 3.4 1.1 230 69 0.75 0.28 1.28 0.010 19 14 24.00 12/25 79.6 79.6 0.0 59 59 7.1 6.8 7.6 0.1 192 21 9.8 84 60 22.4 14.6 11.9 13.8 3.7 3.0 280 80 0.75 0.29 0.91 0.010 32 17 24.00 12/26 218.1 117.0 101.1 55 55 6.9 6.8 7.9 7.9 224 180 11.0 76 56 59 21.2 14.3 11.7 20.0 4.0 3.1 293 74 0.77 0.24 7.39 0.010 605 24.00 9 12/27 170.6 121.2 49.4 54 54 7.0 6.8 8.3 0.5 22.2 16.7 13.1 168 44 11.9 81 44 13 20.0 3.3 2.3 232 70 0.79 0.32 2.93 0.010 435 R 24.00 12/28 121,6 118.6 3.2 60 ഭവ 7.2 6.8 9.0 0.1 280 28 12.3 173 73 12 22.8 15,6 12.5 20.0 3.2 2.6 220 70 0.86 0.36 1.44 0.010 24 14 24.00 12/29 156.5 122.4 34.1 57 57 7.2 6.6 10.0 0.1 238 28 10.2 300 173 43 21.7 12.7 10.1 20.0 2.6 2.1 193 76 0.78 0.36 1.79 0.010 565 7 24.00 12/30 104.4 104.4 0.0 60 £Ω 7.2 6.6 6.5 0.1 308 15 10.7 21.6 16.3 13.1 136 79 19.7 3.7 2.5 207 56 0.71 0.29 1.25 0.010 53 7 24.00 12/31 103.8 103.8 0.0 59 59 7.3 6.8 10.0 0.1 254 13 12,6 21.9 13.9 11.3 214 86 20.0 2.3 200 72 0.66 0.22 1.14 0.010 18 12 24.00 Total 3892.2 3158.3 733.9 719.8 28.370 9.210 450.00 Average 125.6 101.9 23.7 61 61 7.1 6.6 12.6 1.2 327 47 8.1 227 140 25 23.2 15.6 12.7 16.4 3.9 3.1 281 72 0.92 0.30 3.14 0.010 113 0.00 12

SEWER CONNECTIONS

130864 TIMES 4 = 523456 SEWER POPULATION

IND. WASTER POPULATION EQ.

CUSTOMERS 378 FLOW 672304 BOD

TSS

873575 1106588

Authorized Agent Authorized Agent

Certification No. 4663

# MORRIS FORMAN WASTEWATER TREATMENT PLANT

JEFFERSON COUNTY, KY

111011111111111111111111111111111111111	· · · · · · · · · · · · · · · · · · ·	
Month of	Dec-12	
Average Flow		

	Battery A	Battery B	Battery C
			Dallely C
127.49	32.00	38.70	4.17
3.00	7.5	7.9	1.8
57750.00	65048.00	68681.00	15570.00
6.25	6.66	7.04	1.59
2145.00	2695.92	2846.49	645.30
59437.67	11869.30	13593.96	6457.02
2207.68	672.16	698.06	411.98
1.18	5.00	4.36	9.19
ļ	Battery A	Battery B	Battery C
	3.00 57750.00 6.25 2145.00 59437.67 2207.68 1.18	3.00 7.5 57750.00 65048.00 6.25 6.66 2145.00 2695.92 59437.67 11869.30 2207.68 672.16	3.00 7.5 7.9 57750.00 65048.00 68681.00 6.25 6.66 7.04 2145.00 2695.92 2846.49 59437.67 11869.30 13593.96 2207.68 672.16 698.06 1.18 5.00 4.36

ALIMITON TANKO	Dattery	Dakery D	Dalloly C
Volume (Gallons)	4200000	4200000	2100000
Avg. Flow (MGD)	43.72	47.94	6.41
Avg. Detention Time (Hours)	3.15	2.60	12.10

# CHLORINE CONTACT CHAMBERS

Contact Chambers in Use 2.0
Volume (Gallons) 2340000
Avg. Detention Time (Hours) 0.88

Remarks: BY-PASS REPORTS (See Attached)



KPDES# KY0022411

Facility ID MSD0278

**Water Quality Treatement 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

Condition

SMH Sewer Manhole

08717

3726 FINCASTLE RD

SOUTH FORK

GROUND

**Activity Code / Description** 

WO#

Initiated

Initiated By

Assigned To

Disch Status

**Event Date** 

Problem CAPACITY Result

Completed

DISREV: RAIN EVENT DISCHARGE

1608648

12/09/12 11:50 PM

MITCHELL GRIFFITH DOCUMENTED

12/15/07

LACK OF SYSTEM

UNAUTHORIZED

BEARGRASS CREEK

12/11/12 03:00

PM

DISCHARGE-WATER

Spot Inspections:

Discharge Amount:	21,600 GAL
Cause:	LACK OF SYSTEM CAPACITY-HEAVY RAIN
Clean Up:	DISCLN WO# 1608712
Control Zone:	CAUTION TAPE AND TEMP SIGNS PLACED
Impact;	LIGHT DEBRIS OBSERVED
Repair:	LOCATION INCLUDED IN THE IOAP

12/10/12 08:32 AM	DISPUB	PUBLIC NOTIFIED THROUGH DOOR HANGERS AND TEMPORARY SIGNS TO AVOID DIRECT CONTACT WITH DISCHARGE
12/10/12 01:00 AM	DISNOT	Email notification of unauthorized discharge sent to eppc.ert@ky.gov, Sayre.Dennis@epamail.epa.gov, Charlie.Roth@ky.gov and LisaA.Jeffries@ky.gov





KPDES# KY0022411 (Cont'd) Facility ID MSD0278

**Water Quality Treatement Center MORRIS FORMAN** 

**Receiving Stream of Treatment Center OHIO RIVER** 

Region WEST

Facility Type

DISCHARGE

Facility ID

Facility Address

If Pump Station, Name of Pump Station:

Receiving Stream

BEARGRASS CREEK

Discharge to

SMH Sewer Manhole

08935-SM

1001 BRECKENRIDGE LN

MIDDLE FORK

STREAM

**Activity Code / Description** 

Initiated

Initiated By

**Assigned To** 

Disch Status

**Event Date** 

<u>Problem</u>

Result

Completed

Condition

DISREV: RAIN EVENT

WO # 1608577

12/09/12 11:56 PM GRIFF!TH **GRIFFITH** 

DOCUMENTED

11/29/01

LACK OF SYSTEM UNAUTHORIZED CAPACITY

12/10/12 10:01

DISCHARGE-WATER

s

#### Spot inspections:

Discharge Amount:	464,270 GAL
Cause:	LACK OF SYSTEM CAPACITY- HEAVY RAIN
Clean Up:	NO CLEANUP REQUIRED, PIPE DISCHARGE SUBMERGED.
Control Zone:	CAUTION TAPE AND TEMP SIGNS PLACED
Impact:	LIGHT DEBRIS OBSERVED
Repair:	LOCATION INCLUDED IN THE IOAP

12/10/12 07:33 AM	DISPUB	PUBLIC NOTIFIED THROUGH DOOR HANGERS AND TEMPORARY SIGNS TO AVOID DIRECT CONTACT WITH DISCHARGE
12/10/12 01:00 AM	DISNOT	Email notification of unauthorized discharge sent to eppc.ert@ky.gov, Sayre.Dennis@epamail.epa.gov, Charlie.Roth@ky.gov and LisaA.Jeffries@ky.gov
12/10/12 01:00 AM	DISSNO	Supplemental Email notification of unauthorized discharge has been sent to eppc.ert@ky.gov, Sayre.Dennis@epamail.epa.gov, Charlie.Roth@ky.gov and LisaA.Jeffries@ky.gov



KPDES#

KY0022411 (Cont'd)

Facility ID MSD0278 **Water Quality Treatement Center** 

MORRIS FORMAN

Receiving Stream of Treatment Center

OHIO RIVER

Region WEST

Activity Code / Description

DISREV: RAIN EVENT DISCHARGE <u>WO#</u> 1616457

Initiated 12/26/12 09:20 AM

Initiated By FISHER Assigned To GRIFFITH Disch Status

DOCUMENTED

11/29/01 I

Problem

LACK OF SYSTEM

CAPACITY

Result
UNAUTHORIZED

Completed 12/26/12 09:36

Condition

IMSAST0004

DISCHARGE-WATER A

S

Spot Inspections:

Discharge Amount:	901 GAL
Cause:	LACK OF SYSTEM CAPACITY-HEAVY RAIN
Clean Up:	NO CLEANUP REQUIRED, PIPE DISCHARGE SUBMERGED
Control Zone:	CAUTION TAPE AND TEMP SIGNS PLACED
Impact	NONE OBSERVED-REMOTE DISCHARGE ALARM
Repair.	LOCATION INCLUDED IN THE IOAP

12/26/12 10:19 AM	DISPUB	PUBLIC NOTIFIED THROUGH DOOR HANGERS TO AVOID DISCHARGED CONTENT
12/26/12 01:00 AM	DISNOT	Email notification of unauthorized discharge sent to eppc.ert@ky.gov, Sayre.Dennis@epamail.epa.gov, Charlie.Roth@ky.gov and LisaA.Jeffries@ky.gov
12/26/12 01:00 AM	DISSNO	Supplemental Email notification of unauthorized discharge has been sent to eppc.ert@ky.gov, Sayre.Dennis@epamail.epa.gov, Charlie.Roth@ky.gov and LisaA.Jeffries@ky.gov



KPDES#

KY0022411 (Cont'd)

Facility ID MSD0278

**Water Quality Treatement Center** 

**MORRIS FORMAN** 

Receiving Stream of Treatment Center

OHIO RIVER

Region WEST

**Facility Type** 

DISCHARGE

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

**Activity Code / Description** DISREV: RAIN EVENT

WO# 1608401

Initiated 12/08/12 09:30 AM

Initiated By MITCHELL

Assigned To GRIFFITH

Disch Status DOCUMENTED **Event Date** 10/23/07

**Problem** CAPACITY

Result. LACK OF SYSTEM

Completed 12/08/12 12:12

Condition

UNAUTHORIZED

DISCHARGE-WATER

# Spot inspections:

Discharge Amount	900 GAL
Cause:	LACK OF SYSTEM CAPACITY-HEAVY RAIN
Clean Up:	NONE NEEDED, WILL CLEAN UP AFTER RAIN EVENT 12-10-12
Control Zone:	CAUTION TAPE AND TEMP SIGNS PLACED
Impact	LIGHT DEBRIS OBSERVED
Repair;	LOCATION INCLUDED IN THE IOAP

12/08/12 03:00 PM	DISPUB	PUBLIC NOTIFIED THROUGH DOOR HANGERS TO AVOID DISCHARGE	_
12/08/12 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to eppc.ert@ky.gov, Sayre.Dennis@epamail.epa.gov, Charlie.Roth@ky.gov and LisaA.Jeffries@ky.gov	
12/08/12 01:00 PM	DISSNO	Supplemental Email notification of unauthorized discharge has been sent to eppc.ert@ky.gov, Sayre.Dennis@epamail.epa.gov, Charlie.Roth@ky.gov and LisaA.Jeffries@ky.gov	



KPDES#

KY0022411 (Cont'd)

Facility ID MSD0278

Water Quality Treatement Center

MORRIS FORMAN

**Receiving Stream of Treatment Center** 

OHIO RIVER

Region WEST

Activity Code / Description

DISREV: RAIN EVENT DISCHARGE

<u>WO#</u> 1608622

initiated

12/09/12 11:10 PM

Initiated By MITCHELL

Assigned To GRIFFITH

Disch Status DOCUMENTED **Event Date** 10/23/07

Problem LACK OF SYSTEM CAPACITY

Result UNAUTHORIZED Completed 12/10/12 05:00 Condition

DISCHARGE-WATER AM

# Spot Inspections:

Discharge Amount	21,000 GAL
Cause:	LACK OF SYSTEM CAPACITY-HEAVY RAIN
Clean Up:	DISCLN WO# 1608690
Control Zone:	CAUTION TAPE AND TEMP SIGNS
Impact	LIGHT DEBRIS OBSERVED
Repair.	LOCATION INCLUDED IN THE IOAP

12/10/12 08:22 AM	DISPUB	PUBLIC NOTIFIED THROUGH DOOR HANGERS AND TEMPORARY SIGNS TO AVOID DIRECT CONTACT WITH DISCHARGE	600
12/10/12 01:00 AM	DISNOT	Email notification of unauthorized discharge sent to eppc.ert@ky.gov, Sayre.Dennis@epamail.epa.gov, Charlie.Roth@ky.gov and LisaA.Jeffries@ky.gov	and the second second



KPDES#

KY0022411 (Cont'd)

Facility ID MSD0278

**Water Quality Treatement 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

GROUND

BEARGRASS CREEK

**Activity Code / Description** 

Initiated

Initiated By

Assigned To

Disch Status

**Event Date** 

<u>Problem</u>

UNAUTHORIZED

Completed

Condition

DISREV: RAIN EVENT

DISCHARGE

WO#

1608402 12/08/12 09:30 AM

MITCHELL

GRIFFITH

DOCUMENTED

03/19/08

LACK OF SYSTEM CAPACITY

Result

12/08/12 11:53

DISCHARGE-WATER

## Spot inspections:

Discharge Amount:	180 GAL
Cause:	LACK OF SYSTEM CAPACITY-HEAVY RAIN
Clean Up;	NONE NEEDED. WILL CLEAN UP AFTER RAIN EVENT 12-10-12
Control Zone;	CAUTION TAPE AND TEMP SIGN PLACED
Impact:	LIGHT DEBRIS OBSERVED
Repair:	LOCATION INCLUDED IN THE IOAP

12/08/12 03:03 PM	DISPUB	PUBLIC NOTIFIED THROUGH DOOR HANGERS AND TEMP SIGNS	-
12/08/12 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to eppc.ert@ky.gov, Sayre.Dennis@epamail.epa.gov, Charlie.Roth@ky.gov and LisaA.Jeffries@ky.gov	
12/08/12 01:00 PM	DISSNO	Supplemental Email notification of unauthorized discharge has been sent to eppc.ert@ky.gov, Sayre.Dennis@eparnail.epa.gov, Charlie.Roth@ky.gov and LisaA,Jeffries@ky.gov	



KPDES# KY0022411 (Cont'd)

DISCHARGE

Facility ID MSD0278

**Water Quality Treatement Center MORRIS FORMAN** 

**Receiving Stream of Treatment Center** OHIO RIVER

Region **WEST** 

Activity Code / Description DISREV: RAIN EVENT

<u>WO#</u> 1608639

initiated 12/09/12 11:11 PM Initiated By MITCHELL

Assigned To **GRIFFITH** 

Disch Status DOCUMENTED Event Date 03/19/08

**Problem** LACK OF SYSTEM

CAPACITY

Result UNAUTHORIZED

Completed Condition 12/11/12 03:00

DISCHARGE-WATER

# Spot Inspections:

Discharge Amount:	1,500 GAL
Cause:	LACK OF SYSTEM CAPACITY-HEAVY RAIN
Clean Up:	DISCLN WO# 1608698
Control Zone:	CAUTION TAPE AND TEMP SIGNS PLACED
Impact	LIGHT DEBRIS OBSERVED
Repair.	LOCATION INCLUDED IN THE IOAP

12/10/12 08:25 AM	DISPUB	PUBLIC NOTIFIED THROUGH DOOR HANGERS AND TEMPORARY SIGNS TO AVOID DIRECT CONTACT WITH DISCHARGE
12/10/12 01:00 AM	DISNOT	Email notification of unauthorized discharge sent to eppc.ent@ky.gov, Sayre.Dennis@epamail.epa.gov, Charlie.Roth@ky.gov and
		LisaA.Jeffries@ky.gov





KPDES #

KY0022411 (Cont'd)

Facility ID MSD0278

**Water Quality Treatement 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

BEARGRASS CREEK

Discharge to

SMH Sewer Manhole

26752

3317 BROWNSBORO RD

MUDDY FORK

UNAUTHORIZED

DITCH

**Activity Code / Description** 

DISREV: RAIN EVENT **DISCHARGE** 

<u>WO#</u> 1608575

Initiated 12/09/12 10:25 PM

Initiated By GRIFFITH

Assigned To GRIFFITH

Disch Status DOCUMENTED **Event Date** 04/04/08

<u>Problem</u>

LACK OF SYSTEM CAPACITY

Result

s

Completed 12/09/12 10:45

Condition

DISCHARGE-WATER

PM

Spot inspections:

Discharge Amount:	32,000 GAL
Cause:	LACK OF SYSTEM CAPACITY-HEAVY RAIN
Clean Up:	DISCLN WO# 1610566
Control Zone:	CAUTION TAPE AND TEMP SIGNS PLACED
Impact:	LIGHT DEBRIS OBSERVED
Repair.	LOCATION INCLUDED IN THE IOAP

12/10/12 07;31 AM	DISPUB	PUBLIC NOTIFIED THROUGH DOOR HANGERS AND TEMPORARY SIGNS TO AVOID DIRECT CONTACT WITH DISCHARGE
12/10/12 01:00 AM	DISNOT	Email notification of unauthorized discharge sent to eppc.ert@ky.gov, Sayre.Dennis@epamail.epa.gov, Charlie.Roth@ky.gov and LisaA.Jeffries@ky.gov
12/10/12 01:00 AM	DISSNO	Supplemental Email notification of unauthorized discharge has been sent to eppc.ert@ky.gov, Sayre.Dennis@epamail.epa.gov, Charlie.Roth@ky.gov and LisaA.Jeffries@ky.gov



KPDES# KY0022411 (Cont'd) Facility ID MSD0278

**Water Quality Treatement Center** 

**MORRIS FORMAN** OHIO RIVER

**Receiving Stream of Treatment Center** 

Region **WEST** 

Facility Type

DISCHARGE

Facility ID

**Facility Address** 

If Pump Station, Name of Pump Station:

Receiving Stream

BEARGRASS CREEK

Discharge to

SMH Sewer Manhole

27005

1012 ALTA CIR

MIDDLE FORK

GROUND

Activity Code / Description

WO#

Initiated

Initiated By

**Assigned To** GRIFFITH

Disch Status

**Event Date** 

**Problem** 

Result

Completed

IMSAST0004

DISREV: RAIN EVENT

1608561

12/09/12 11:53 PM

FIELDS

DOCUMENTED

09/02/03

LACK OF SYSTEM CAPACITY

UNAUTHORIZED

12/11/12 03:00

Condition

DISCHARGE-WATER PM

#### Spot Inspections:

Discharge Amount:	90,000 GAL
Cause:	LACK OF SYSTEM CAPACITY-HEAVY RAIN
Clean Up:	DISCLN WO# 1608720
Control Zone;	CAUTION TAPE AND TEMP SIGNS PLACED
Impact	LIGHT DEBRIS OBSERVED
Repair:	LOCATION INCLUDED IN THE IOAP

12/10/12 06:54 AM	DISPUB	PUBLIC NOTIFIED THROUGH DOOR HANGERS AND TEMPORARY SIGNS TO AVOID DIRECT CONTACT WITH DISCHARGE
12/10/12 01:00 AM	DISNOT	Email notification of unauthorized discharge sent to eppc.ert@ky.gov, Sayre.Dennis@epamail.epa.gov, Charlie.Roth@ky.gov and
<u> </u>		LisaA.Jeffries@ky.gov



KPDES#

KY0022411 (Cont'd)

Facility ID MSD0278

**Water Quality Treatement 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

Condition

SMH Sewer Manhole

40559

1012 ALTA CIR

MIDDLE FORK BEARGRASS CREEK

S

STREAM

Activity Code / Description

DISREV: RAIN EVENT DISCHARGE

<u>WO#</u> 1608568 Initiated

12/09/12 11:47 PM

**Initiated By** FIELDS

Assigned To GRIFFITH

Disch Status DOCUMENTED **Event Date** 01/26/12

Problem LACK OF SYSTEM CAPACITY

Result

**UNAUTHORIZED** 

Completed 12/11/12 03:00

DISCHARGE-WATER PM

Spot Inspections:

Discharge Amount:	15,000 GAL	
Cause:	LACK OF SYSTEM CAPACITY-HEAVY RAIN	
Clean Up:	DISCLN WO# 1608723	
Control Zone;	CAUTION TAPE AND TEMP SIGNS PLACED	
Impact	LIGHT DEBRIS OBSERVED	
Repair.	LOCATION INCLUDED IN THE IOAP	

,	<del></del>		
12/10/12 07:15 AM	DISPUB	PUBLIC NOTIFIED THROUGH DOOR HANGERS AND TEMPORARY SIGNS TO AVOID DIRECT CONTACT WITH DISCHARGE	-
12/10/12 01:00 AM	DISNOT	Email notification of unauthorized discharge sent to eppc.ert@ky.gov, Sayre.Dennis@epamail.epa.gov, Charlie,Roth@ky.gov and	
<u></u>		LisaA.Jeffries@ky.gov	



KPDE\$#	
KY0022411	(Cont'd)

Facility ID MSD0278 Water Quality Treatement 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

43472

8409 SABERDEE DR

GOOSE CREEK

DITCH

Activity Code / Oescription DISREV: RAIN EVENT DISCHARGE WO # 1608584 Initiated 12/10/12 12:00 AM Initiated By SINGLETON Assigned To OPS ASHIFT Disch Status

DOCUMENTED

03/04/08

Problem

LACK OF SYSTEM

CAPACITY

Result UNAUTHORIZED Completed 12/10/12 05:32

ted Condition

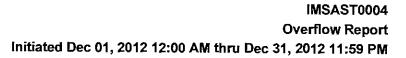
DISCHARGE-WATER AM

:

Spot inspections:

Discharge Amount	1,660 GAL	····
Cause:	LACK OF SYSTEM CAPACITY DUE TO RAIN EVENT IN THE AREA	······································
Clean Up:	MSD CLEANED & SANITIZED THE AREA	
Control Zone:	TEMPORARY SIGNS POSTED	
Impact:	SEWAGE OBSERVED	
Repair.	SITE FOUND DURING RAIN EVENT RECON- WILL MONITOR & EVALUATE FOR REPAIR	

12/10/12 12:00 AM	DISPUB	TEMPORARY SIGNS POSTED AROUND THE AFFECTED AREA	Present
12/10/12 01:00 AM	DISNOT	Email notification of unauthorized discharge sent to eppc.ert@ky.gov, Sayre.Dennis@epamail.epa.gov, Charlie.Roth@ky.gov and	No manage of
 		LisaA.Jeffries@ky.gov	į





KPDES # KY0022411 (Cont'd)	Facility ID MSD0278		· Quality Treater RIS FORMAN	ment Center		Receiving Stream of DHIO RIVER	Treatment Center	Regio	
Facility Type SMH Sewer Manhole	Facility ID 45835	Facility Add	iress REVOR CIR	If Pump :	Station, Name	of Pump Station:	Receiving Stream MIDDLE FORK BEARGRASS CREE	<b>Discha</b> GROUI	_
Activity Code / Description DISREV: RAIN EVENT DISCHARGE	WO# Initiated 1608560 12/10/12 12:01 AM	Initiated By FIELDS	<u>Assigned To</u> GRIFFITH	<u>Disch Status</u> DOCUMENTED	Event Date 09/02/03	Problem  LACK OF SYSTEM  CAPACITY	Result UNAUTHORIZED DISCHARGE-WATER S	<u>Completed</u> 12/11/12 03:00 PM	Condition

# Spot inspections:

Discharge Amount:	9,000 GAL
Cause:	LACK OF SYSTEM CAPACITY-HEAVY RAIN
Clean Up:	DISCLN WO# 1608718
Control Zone;	CAUTION TAPE AND TEMP SIGNS
Impact	LIGHT DEBRIS OBSERVED
Repair,	LOCATION INCLUDED IN THE IOAP

12/10/12 06:49 AM	DISPUB	PUBLIC NOTISED THROUGH DOOR HANGERS TO AVOID CONTACT WITH DISCHARGE
12/10/12 01:00 AM	DISNOT	Email notification of unauthorized discharge sent to eppc.ert@ky.gov, Sayre.Dennis@epamail.epa.gov, Charlie.Roth@ky.gov and
		LisaA.Jeffries@ky.gov



KPDES#

KY0022411 (Cont'd)

Facility ID MSD0278

**Water Quality Treatement 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

51594

1418 TREVILIAN WAY

SOUTH FORK BEARGRASS CREEK DITCH

**Activity Code / Description** 

DISREV: RAIN EVENT DISCHARGE

WO# 1607915

Initiated 12/07/12 08:50 AM

Initiated By MITCHELL

Assigned To **GRIFFITH** 

Disch Status DOCUMENTED **Event Date** 09/12/06

**Problem** CAPACITY

LACK OF SYSTEM

Result UNAUTHORIZED Completed Condition 12/08/12 02:50

DISCHARGE-WATER PM

Spot Inspections:

Discharge Amount:	15,000 GAL	
Cause:	LACK OF SYSTEM CAPACITY-HEAVY RAIN	
Clean Up:	NONE NEEDED. WILL CLEAN UP RAIN EVENT 12/10/12	
Control Zone:	CAUTION TAPE AND TEMP SIGNS PLACED	
Impact	LIGHT DEBRIS OBSERVED	
Repair:	LOCATION INCLUDED IN THE IOAP	

12/07/12 10:18 AM	DISPUB	PUBLIC NOTIFIED THROUGH DOOR HANGERS TO AVOID DISCHARGED CONTENT
12/07/12 01:00 AM	DISNOT	Email notification of unauthorized discharge sent to eppc.ert@ky.gov, Sayre.Dennis@epamail.epa.gov, Charlie.Roth@ky.gov and LisaA.Jeffries@ky.gov
12/07/12 01:00 AM	DISSNO	Supplemental Email notification of unauthorized discharge has been sent to eppc.ert@ky.gov, Sayre.Dennis@epamail.epa.gov, Charlie.Roth@ky.gov and LisaA.Jeffries@ky.gov



KPDES#

DISCHARGE

KY0022411 (Cont'd)

Facility ID MSD0278

**Water Quality Treatement Center** 

**MORRIS FORMAN** 

Receiving Stream of Treatment Center

**OHIO RIVER** 

Region **WEST** 

Activity Code / Description DISREV: RAIN EVENT

WO# 1608652

Initiated 12/09/12 12:09 AM Initiated By MITCHELL

Assigned To GRIFFITH

Disch Status DOCUMENTED Event Date Problem 09/12/06

LACK OF SYSTEM

CAPACITY

Result Completed **UNAUTHORIZED** 

Condition

12/11/12 03:00 DISCHARGE-WATER PM

# Spot Inspections:

Discharge Amount:	6,000 GAL
Cause:	LACK OF SYSTEM CAPACITY-HEAVY RAIN
Clean Up:	DISCLN WO# 1608716
Control Zone;	CAUTION TAPE AND TEMP SIGNS PLACED
Impact	LIGHT DEBRIS OBSERVED
Repair:	LOCATION INCLUDED IN THE IOAP

12/10/12 08:35 AM	DISPUB	PUBLIC NOTIFIED THROUGH DOOR HANGERS AND TEMPORARY SIGNS TO AVOID DIRECT CONTACT WITH DISCHARGE
12/11/12 10:58 AM	DISNOT	Manual email notification of unauthorized discharge sent to eppc.ert@ky.gov, Sayre.Dennis@epamail.epa.gov, Charlie.Roth@ky.gov and
<u> </u>	6 9	LisaA.Jeffries@ky.gov



KPDES #

KY0022411 (Cont'd)

Facility ID MSD0278

Water Quality Treatement Center MORRIS FORMAN

Receiving Stream of Treatment Center OHIO RIVER Region WEST

Facility Type

DISCHARGE

Facility ID

Facility Address

If Pump Station, Name of Pump Station:

Receiving Stream

Discharge to

Condition

SMH Sewer Manhole

66349

3726 FINCASTLE RD

CAMP TAYLOR DITCH

GROUND

Activity Code / Description
DISREV: RAIN EVENT

<u>WO #</u> 1608645 Initiated 12/09/12 11:51 PM Initiated By MITCHELL

Assigned To GRIFFITH Disch Status

DOCUMENTED

03/04/08

<u>Problem</u> LACK OF SYSTEM CAPACITY Result
UNAUTHORIZED

Completed

12/11/12 03:00

12/1/

DISCHARGE-WATER PM

Spot Inspections:

Discharge Amount	2,400 GAL	
Cause:	LACK OF SYSTEM CAPACITY-HEAVY RAIN	
Clean Up:	DISCLN WO# 1608707	
Control Zone:	CAUTION TAPE AND TEMP SIGNS	
Impact;	LIGHT DEBRIS OBSERVED	
Repair:	LOCATION INCLUDED IN THE IOAP	

	12/10/12 08:30 AM	DISPUB	PUBLIC NOTIFIED THROUGH DOOR HANGERS AND TEMPORARY SIGNS TO AVOID DIRECT CONTACT WITH DISCHARGE
	12/10/12 01:00 AM	DISNOT	Email notification of unauthorized discharge sent to eppc.ert@ky.gov, Sayre.Dennis@eparnail.epa.gov, Charlie.Roth@ky.gov and
- 1	I		LisaA.Jeffries@ky.gov





KPDES#

KY0022411 (Cont'd)

Facility ID MSD0278

Water Quality Treatement Center

**MORRIS FORMAN** 

**Receiving Stream of Treatment Center** 

OHIO RIVER

Region **WEST** 

Facility Type

DISCHARGE

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 DISREV: RAIN EVENT

WO# 1608535

Initiated

12/09/12 09:01 PM

Initiated By WITTEN

Assigned To **FLYNN** 

Disch Status REPAIRED -ISSUE

RESOLVED

Event Date 12/09/12

**Problem** POWER OUTAGE

(LG&E)

Result UNAUTHORIZED Completed Condition 12/09/12 09:51

DISCHARGE-WATER

S

Spot inspections:

Discharge Amount	2,600,000 GAL	
Cause:	LG&E POWER OUTAGE	
Clean Up:	DISCHARGES DIRECTLY TO OHIO RIVER NO CLEANUP POSSIBLE	
Control Zone:	DISCHARGES DIRECTLY TO OHIO RIVER NO CONTROL ZONE POSSIBLE .	
Impact	DISCHARGES DIRECTLY TO OHIO RIVER NO VISION POSSIBLE	<del></del>
Repair;	REQUESTING STATION RESET REMOTE BUTTON BE PLACED ON SCADA SYSTEM	

12/09/12 10:38 PM	DISPUB	CSO20 SIGNS WERE POSTED BY THE OHIO RIVER
12/09/12 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to eppc.ert@ky.gov, Sayre.Dennis@eparnail.epa.gov, Charlie.Roth@ky.gov and LisaA.Jeffries@ky.gov



Report Selections:	Treatment Plant: MSD0278	MORRIS FORMAN, Excluding PP	l, CSO, Excluding LAT and SSL,	Result: WUS,	Act Code: DISDW, DISREV
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KPDES# KY0022411 (Cont'd) Facility ID MSD0278

**Water Quality Treatement 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

Condition

SMH Sewer Manhole

CSO153

1201 LEXINGTON RD

SOUTH FORK

STREAM

Activity Code / Description

Initiated

Initiated By

Assigned To **BRIGHT** 

Disch Status REPAIRED -

**Event Date** 12/19/12

Problem OBSTRUCTION-NOT Result

Completed 12/19/12 10:00

UNAUTHORIZED

BEARGRASS CREEK

DISDW: DRY WEATHER DISCHARGE

WO# 1613108

12/19/12 09:05 AM

**BRIGHT** 

ISSUE RESOLVED GREASE OR ROOT

DISCHARGE-WATER AM

Spot Inspections:

Discharge Amount	1,375 GAL
Cause:	BLOCKAGE WAS LOCATED IN SIPHON IS009-SI
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

12/19/12 09:52 AM	DISPUB	ADVISED CUSTOMERS ON SITE
12/19/12 01:00 AM	DISNOT	Email notification of unauthorized discharge sent to eppc.ert@ky.gov, Sayre.Dennis@epamail.epa.gov, Charlie.Roth@ky.gov and LisaA.Jeffries@ky.gov



KPDES # KY0022411 (Cont'd) Facility ID MSD0278 Water Quality Treatement Center MORRIS FORMAN

Receiving Stream of Treatment Center OHIO RIVER

Region WEST

Facility Type

DISCHARGE

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

Activity Code / Description
DISREV: RAIN EVENT

<u>WO #</u> 1608406 Initiated 12/08/12 09:30 AM Initiated By MITCHELL Assigned To GRIFFITH Disch Status

DOCUMENTED

07/29/09

Problem

LACK OF SYSTEM

CAPACITY

<u>Result</u> UNAUTHORIZED <u>Completed</u> <u>Condition</u>

NAUTHORIZED 12/08/12 11:54

DISCHARGE-WATER AM

S

### Spot inspections:

Discharge Amount	180 GAL
Cause:	LACK OF SYSTEM CAPACITY-HEAVY RAIN
Clean Up:	NONE NEEDED. WILL CLEAN UP AFTER RAIN EVENT 12-10-12
Control Zone:	CAUTION TAPE AND TEMP SIGNS
1mpact:	LIGHT DEBRIS OBSERVED
Repair.	LOCATION INCLUDED IN THE IOAP

12/08/12 03:12 PM	DISPUB	PUBLIC NOTIFIED THROUGH DOOR HANGERS AND TEMP SIGNS
12/08/12 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to eppc.ert@ky.gov, Sayre.Dennis@epamail.epa.gov, Charlie.Roth@ky.gov and LisaA.Jeffries@ky.gov
12/08/12 01:00 PM	DISSNO	Supplemental Email notification of unauthorized discharge has been sent to eppc.ert@ky.gov, Sayre.Dennis@epamail.epa.gov, Charlie.Roth@ky.gov and LisaA.Jeffries@ky.gov





KPDES#

KY0022411 (Cont'd)

Facility ID MSD0278 **Water Quality Treatement Center** 

MORRIS FORMAN

**Receiving Stream of Treatment Center** 

OHIO RIVER

Region WEST

Activity Code / Description

DISREV: RAIN EVENT DISCHARGE WO# 1608643

<u>In</u>

Initiated 12/09/12 11:12 PM Initiated By MITCHELL Assigned To GRIFFITH Disch Status
DOCUMENTED

Event Date 07/29/09

Problem

LACK OF SYSTEM

CAPACITY

Result
UNAUTHORIZED

Completed 12/11/12 03:00 Condition

DISCHARGE-WATER PM

S

# Spot Inspections:

Discharge Amount:	1,500 GAL
Cause:	LACK OF SYSTEM CAPACITY-HEAVY RAIN
Clean Up:	DISCLN WO# 1608701
Control Zone:	CAUTION TAPE AND TEMP SIGNS PLACED
Impact	LIGHT DEBRIS OBSERVED
Repair.	LOCATION INCLUDED IN THE IOAP

12/10/12 08:27 AM	DISPUB	PUBLIC NOTIFIED THROUGH DOOR HANGERS AND TEMPORARY SIGNS TO AVOID DIRECT CONTACT WITH DISCHARGE
12/10/12 01:00 AM	DISNOT	Email notification of unauthorized discharge sent to eppc.ert@ky.gov, Sayre.Dennis@epamail.epa.gov, Charlie.Roth@ky.gov and
	ļ.	LisaA.Jeffries@ky.gov





KPDES# KY0022411 (Cont'd)

Facility ID MSD0278

**Water Quality Treatement 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

BEARGRASS CREEK

Discharge to

SLS Sewer Lift Station

MSD0057-LS

806 PINE WAY

ANCHOR ESTATES #2

MIDDLE FORK

STREAM

**Activity Code / Description** 

DISREV: RAIN EVENT DISCHARGE

WO # 1608370

**Initiated** 12/08/12 08;40 AM Initiated By SINGLETON

Assigned To **OPS BSHIFT** CENTRAL

Disch Status DOCUMENTED **Event Date** 12/16/00

Problem LACK OF SYSTEM CAPACITY

Result UNAUTHORIZED Completed Condition 12/08/12 09:30

DISCHARGE-WATER

Spot Inspections:

Discharge Amount	250 GAL	
Cause:	LACK OF SYSTEM CAPACITY DUE TO RAIN EVENT IN THE AREA	
Clean Up:	MSD CLEANED & SANITIZED THE AREA	Į
Control Zone:	TEMPORARY SIGNS POSTED	
Impact:	SEWAGE OBSERVED	
Repair.	SITE FOUND DURING RAIN EVENT RECON- WILL MONITOR & OBSERVE FOR REPAIR	

# Notifications:

12/08/12 08:40 AM	DISPUB	TEMPORARY SIGNS POSTED AROUND THE AFFECTED AREA
12/08/12 01:00 AM	DISNOT	Email notification of unauthorized discharge sent to eppc.ert@ky.gov, Sayre.Dennis@eparnail.epa.gov, Charlie.Roth@ky.gov and
<u> </u>		LisaA.Jeffries@ky.gov

Total Facilities Printed: 15 Total Work Orders Printed: 20