

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

May 26, 2015

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 Discharge Monitoring Report (DMR) and monthly Discharge (overflow) Reports for the reporting period April 1st to April 30th are provided through NetDMR.

On April 8, 2015 at approximately 9:40PM the Morris Forman Water Quality Treatment Center experienced a total plant power failure while the final effluent pump station was in service and the plant was receiving elevated flow from a rain event. Morris Forman was without power for approximately eight hours which caused flooding of the facility. Due to the extent of the flooding, Morris Forman was unable to complete a full sampling regimen for the month of April. As a result, we did not meet the 7-Day Fecal coliform limits and the monthly TSS effluent limits.

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

Sincerely, Youh

Alex E. Novak, P.E. Treatment Facilities Director

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

| | A | В | С | D | E | F | G | н | 1 | J | К | L | М | N | 0 | Р | Q | R | S | T | U | V | W | Х | Y |
|------|------------|----------|-------------|----------|--------------|--------|--------------------|-----------|-------------------------|--------|--------------------|---|------------|---------|---------|-------|--------|--------|---|----------------|---|--------------|---|-----------|---|
| 1 | | | | | | | Мо | rris Form | an Water Quality Data - | | April-15 | | | | | | | April | | 2015 | | | | | |
| 2 | | Influent | Plant Efflu | Sec/Biol | Sec. Bypass | Infl. | Plant Effl. Bypass | Infl. | Plant Effl, Bypass | Infl. | Plant Effl, Bypass | | | Infi. | Effl. | Effl. | Effl. | Inf. | | Eff. | | Cadmium | | Eff | |
| 3 | DATE | Flow | Flow | Flow | Flow | BOD | BOD | TSS | TSS | NH3 | NH3 | < | FECAL | T-Phos. | T-Phos. | pH | DO | TKN | < | Total Res. Cl2 | < | Total Recov. | < | Cr+6 | < |
| 4 | | (MGD) | (MGD) | (MGD) | (MGD) | (ma/L) | (ma/L) | (mg/L) | (ma/L) | (ma/L) | (ma/L) | > | (Colonies) | (ma/L) | (mg/L) | | (ma/L) | (ma/L) | > | (ma/L) | > | Monthly | > | (Hex, Cr) | > |
| 5 | 1/1/2015 | | 80 | 80 | | 612 | | 392 | | 14.8 | | | 214 | | | 6.6 | 5.4 | | < | 0.015 < | 1 | | < | | < |
| 6 | 1/2/2015 | | 176.16 | 108.79 | 67.37 | 392 | 203 | 630 | 344 | 8.6 | 11.3 | | 63 | | | 6.4 | 6.7 | | < | 0.015 < | < | | < | | < |
| | 1/3/2015 | | 268.57 | 138.18 | 130.39 | 56 | 124 | 190 | 342 | 2.1 | 2.6 | | 485 | | | 6.2 | 5.2 | | < | 0.015 < | < | | < | | < |
| 8 . | 1/4/2015 | | 205.82 | 131.88 | 73.94 | 105 | 54 | 94 | 102 | 1.4 | 1.7 | | 204 | | | 6.7 | 8.4 | | < | 0.015 < | < | | < | | < |
| 9 | \$1/5/2015 | | 193.49 | 130.85 | 62.64 | 53 | 24 | 58 | 37 | 3.2 | 2.7 | | 1220 | | | 6.6 | 9.6 | | < | 0.015 < | < | | < | | < |
| 10 | 4/6/2015 | | 185.33 | 133.62 | 51.71 | 231 | 72 | 122 | 35 | 4.3 | 4.5 | | 595 | | | 6.7 | 8.4 | | < | 0.015 < | < | | < | | < |
| 11 | \$/7/2015 | | 232.46 | 133.51 | 98.95 | 106 | 50 | 136 | 77 | 4.4 | 6.2 | | 1700 | | | 6.7 | 8.8 | | < | 0.015 < | < | | < | | < |
| 12 | \$/8/2015 | | 202.64 | 127.8 | 74.84 | | | | | | | | 1520 | | | 6.5 | 10.1 | | < | 0.015 < | < | | < | | < |
| | 4/9/2015 | | 62.17 | | 62.17 | | | | | | | < | | | | | 5.8 | | < | < | < | | < | | < |
| | /10/2015 | | 81.9 | | 81.9 | 134 | 24 | 154 | 40 | 7.0 | 4.2 | | 7200 | | | 6.9 | 4.6 | | < | 0.015 < | < | | < | | < |
| | /11/2015 | | 146.06 | | 146.06 | 227 | 72 | 306 | 53 | 7.2 | 6.3 | | 16000 | | | 7.1 | 3.3 | | < | 0.015 < | | | < | | < |
| | /12/2015 | | 130.5 | 4 | 126.5 | 171 | 106 | 196 | 54 | 6.3 | 6.1 | | 1200 | | | 7.2 | 4.6 | | < | 0.015 < | < | | < | | < |
| | /13/2015 | | 141.33 | 8 | 133.33 | 263 | 141 | 352 | 76 | 7.3 | 7.3 | | 276 | | | 6.9 | 4.1 | | < | 0.015 < | < | | < | | < |
| | /14/2015 | | 181.76 | 12 | 169.76 | 190 | 102 | 286 | 74 | 4.9 | 8.3 | | 1190 | | | 6.9 | 4.4 | | < | 0.015 < | < | | < | | < |
| | /15/2015 | | 150.29 | 12 | 138.29 | 295 | 163 | 302 | 62 | 7.3 | 13.9 | | 310 | | | 6.9 | 4.5 | | v | 0.015 < | | | < | | < |
| | /16/2015 | | 125.99 | 16 | 109.99 | 249 | 137 | 320 | 89 | 7.2 | 12.0 | | 485 | | | 6.8 | 5.3 | | < | 0.015 < | | | < | | < |
| | /17/2015 | | 109.2 | 20 | 89.2 | 281 | 136 | 248 | 74 | 9.0 | 12.3 | | 124 | | | 6.8 | 5.8 | | < | 0.015 < | | | < | | < |
| | /18/2015 | | 104.09 | 32.62 | 71.47 | 259 | 104 | 276 | 59 | 6.6 | 10.6 | | 1550 | | | 6.9 | 6.1 | | < | 0.015 < | | | < | | < |
| | /19/2015 | | 158.13 | 36 | 122.13 | 199 | 147 | 574 | 84 | 5.8 | 10.8 | | 535 | | | 7.1 | 6.0 | | < | 0.015 < | < | | < | | < |
| | /20/2015 | | 173.51 | 39.6 | 133.91 | 198 | 140 | 210 | 150 | 5.8 | 8.6 | | 21000 | | | 7.0 | 5.4 | | < | 0.015 < | < | | < | | < |
| | /21/2015 | | 110.89 | 31.8 | 79.09 | 298 | 156 | 394 | 82 | 8.7 | 13.3 | | 20 | | | 6.7 | 5.8 | | < | 0.015 < | | | < | | < |
| | /22/2015 | | 107.87 | 31.94 | 75.93 | 358 | 151 | 328 | 77 | 9.5 | 14.0 | | 198 | | | 6.8 | 5.1 | | < | 0.015 < | | | < | | < |
| | /23/2015 | | 95.39 | 35.31 | 60.08 | 393 | 136 | 312 | 81 | 11.2 | 16.4 | | 370 | | | 7.0 | 4.9 | | < | 0.015 < | < | | < | | < |
| | /24/2015 | | 93.21 | 46.39 | 46.82 | 325 | 124 | 364 | 71 | 10.8 | 18.1 | | 4700 | | | 7.2 | 5.2 | | < | 0.015 < | < | | < | | < |
| | /25/2015 | | 115.08 | 47.43 | 67.65 | 373 | 179 | 475 | 113 | 7.5 | 14.6 | | 19200 | | | 6.8 | 4.2 | | < | 0.015 < | < | | < | | < |
| | /26/2015 | | 93.98 | 51.75 | 42.23 | 222 | 83 | 252 | 48 | 7.7 | 10.9 | | 210 | | | 6.7 | 5.1 | | < | 0.015 < | < | | < | | < |
| | /27/2015 | | 80.45 | 55.82 | 24.63 | 308 | 54 | 290 | 34 | 11.7 | 13.1 | | 60000 | | | 6.7 | 5.4 | | < | 0.015 < | < | | < | | < |
| | /28/2015 | | 76.01 | 66.78 | 9.23 | 430 | 38 | 376 | 30 | 13.0 | 14.8 | | 104 | | | 6.6 | 6.5 | | < | 0.015 < | < | | < | | < |
| | /29/2015 | | 74.67 | 63.1 | 11.57 | 495 | 78 | 426 | 48 | 11.8 | 15.7 | | 130 | | | 6.7 | 5.5 | | < | 0.015 < | < | | < | | < |
| | /30/2015 | | 77.74 | 72.04 | 5.7 | 692 | 78 | 470 | 44 | 15.1 | 11.2 | | 105 | | | 6.7 | 6.3 | | < | 0.015 < | < | | < | | < |
| | | 0.000 | 100.1 7 | 4007.0 | 0007.5 | | | | | | | < | | | | | | | < | < | < | | < | | < |
| | TOTAL | 0.000 | 4034.7 | 1667.2 | 2367.5 | | 107 | 0.05 | | | | | 70.4 | 0.00 | 0.00 | | 5.0 | | | 0.045 | | | | | |
| | /ERAGE* | 0.000 | 134.49 | 61.75 | 81.64 | 283 | 107 | 305 | 88 | 7.9 | 10.1 | | 724 | 0.00 | 0.00 | 6.8 | 5.9 | | < | 0.015 | < | 0.0 | < | 0.0 | < |
| | INIMUM | 0.000 | 62.2 | 4.0 | 5.7 | 53 | 24 | 58 | 30 | 1.4 | 1.7 | | 20 | 0.00 | 0.00 | 6.2 | 3.3 | | < | 0.015 | < | 0.0 | < | 0.0 | < |
| | AXIMUM | 0.000 | 268.6 | 138.18 | 169.76 | 692 | 203 | 630 | 344 | 15.1 | 18.1 | | 60000 | 0.00 | 0.00 | 7.2 | 10.1 | | < | 0.015 | < | 0.0 | < | 0.0 | < |
| | | | for Geometr | | ot Average). | | + | | | | | | 0007 | | - | | | | | ├ ───┤ | | | | | |
| 41 M | | 0.000 | 191.69 | 122.40 | 113.51 | 344 | | 342 | 156 | 10.2 | 14.6 | | 2025 | 0 | 0 | | | | | ├ ───┤ | | | | | |
| | iys Bypass | | | | 29 | | 27 | | 27 | | 27 | | | | | | | | | | | | | | |
| 43 | | | 1 | | | | | | | | | | | | | | | | | | | | | | 1 |

| _ | | AA | AB | AC | AD | AF | AF | AG | AH | | A.I | | AI | AM | | 10 | AP | AQ | AR | 10 | | AU | AV | AW | | |
|----------|------------|----------|----------|-----------|----------|--------------|---------------|--------------|----------------------|----------|--------------------------|----------|----------------------|--------|--------|--------|--------|-------------------------|------------------------|-----------------------|--------------|-----------------------|--------------------------|-------------------------|----------|----|
| | Z | AA | AB | AC | AD | AE | AF | AG | AH | AI | AJ | AK | AL | AM | AN | AO | AP | AQ | AR | AS | AT | AU | AV | AVV | AX | AY |
| 1 | | | | | | | | | | | | | | | | | | | | | | | | | | i |
| 2 | Eff | Effi. | Sec.Eff. | Sec Eff. | Sec Eff. | Pri.Effluent | Pri. Effluent | Pri.Effluent | Influent | Effluent | Influent | Effluent | Influent | Eff | Inf | Eff. | Inf. | Sec.Eff. | Sec.Eff. | Sec.Eff. | Pri.Effluent | Pri.Effluent | Pri.Effluent | % Remov | % Remov | |
| 3 | Cyanide | Hardness | BOD | TSS | NH3 | BOD | TSS | NH3 | BOD | BOD | TSS | TSS | NH3 | NH3 | Phos. | Phos. | TKN | BOD | TSS | NH3 | BOD | TSS | NH3 | BOD | TSS | < |
| | free amen. | (mg/L) | (mg/L) | (mg/L) | (mg/L) | (mg/L) | (mg/L) | (mg/L) | pounds | pounds | pounds | pounds | pounds | pounds | pounds | pounds | pounds | pounds | pounds | pounds | pounds | pounds | pounds | 0.040040405 | 0.00000 | |
| 5 | | | 31 56 | 29 132 | 11.1 | 519 317 | | 19.6 | 408326.4 575916.4 | | 261542.4 925579.872 | | 9874.56 12634.9 | | | | | 20683.2 50809.2816 | 19348.8 119764.7352 | 7405.92 | 346276.8 | 231518.4 | | 0.949346405 | 0.92602 | |
| 7 | | | 20 | 44 | 0.3 | 60 | | 3.9 | 125432.9 | | 425576.022 | | 4703.735 | | | | | 23048.424 | 50706.5328 | 391.823208 | 69145.272 | | 4494.44268 | 0.816249023 | 0.880852 | |
| 8 | | | 20 | 11 | 0.5 | 91 | | 3.6 | 180236.6 | | 161354.6472 | | 2403.154 | | | | | 5499.396 | 12098.6712 | 494.94564 | 100089.0072 | 123186.4704 | | 0.969487902 | 0.925018 | |
| 9 | | | 14 | 19 | 2.1 | 56 | | 4.6 | | | 93594.9828 | | 5163.861 | | | | | 15278.046 | 20734.491 | 2291.7069 | 61112.184 | 94942.143 | 5019.9294 | 0.821364665 | 0.778466 | |
| 10 | | | 25 | 32 | 4.3 | 160 | | 7.0 | | | 188569.5684 | | 6646.304 | | | | | 27859.77 | 35660.5056 | 4791.88044 | 178302.528 | 111439.08 | 7800.7356 | | 0.810889 | |
| 11 | | | 6 | 11 | 1.4 | 104 | 148 | 5.8 | 205503.9 | | 263665.4304 | | 8530.352 | | | | | 6680.8404 | 12248.2074 | 1558.86276 | 115801.2336 | 164794.0632 | 6458.14572 | 0.967490451 | 0.953546 | < |
| 12 | | | | | | | | | | | | | | | | | | | | | | | | | | < |
| 13 | | | | | | | | | | | | | | | | | | | | | | | | | | < |
| 14 | | | 19 | 18 | 5.8 | 76 | | | 91528.16 | | 105189.084 | | 4781.322 | | | | | | | | | | | 1 | | < |
| 15 16 | | | 30 59 | 32 47 | 5.2 | 101 | | 7.0 | 276517.9 | | 372750.9624 | | 8770.611 | | | | | 4000.04 | 4507.00 | 000.40 | 4000.0 | 0000.0 | 0.40.004 | 1 | 1 | |
| 16 | | | 59 | 47 | 6.0 | 200 | | 6.2 | | | 213320.52 414899.6544 | | 6856.731 8604.453 | | | | | 1968.24 3202.56 | 1567.92 3202.56 | 200.16 | 4003.2 | 3302.64 | 246.864 | 0.989424391 0.98966903 | 0.99265 | |
| 17 | | | 46 | 40 | 6.1 | 131 | | | 288016.9 | | 414699.6544 | | 7427.804 | | | | | 4603.68 | 4803.84 | 610,488 | | 12143.04 | | 0.98906903 | 0.98892 | |
| 19 | | | 34 | 40 | 10.0 | 212 | | | 369758.5 | | 378532.4172 | | 9149.956 | | | | | 3402.72 | 6204.96 | 1000.8 | 21216.96 | 17614.08 | 1050.84 | 0.990797453 | 0.983608 | |
| 20 | | | 19 | 28 | 9.6 | 193 | | | 261638.4 | | 336242.112 | | 7565,448 | | | | | 2535.36 | 3736.32 | 1281.024 | 25753.92 | 36829.44 | | 0.990309679 | 0.988888 | |
| 21 | | | 24 | 29 | 8.5 | 180 | | 11.0 | 255914.6 | | 225860.544 | | 8196.552 | | | | | 4003.2 | 4837.2 | 1417.8 | 30024 | 24019.2 | 1834.8 | 0.98435728 | 0.978583 | |
| 22 | | | 18 | 22 | 6.8 | 163 | 100 | 8.5 | 224840.6 | | 239598.5256 | | 5729.53 | | | | | 4896.9144 | 5985.1176 | 1849.94544 | 44344.2804 | 27205.08 | 2312.4318 | 0.978220511 | 0.97502 | < |
| 23 | | | 19 | 35 | 7.0 | 153 | 180 | 8.5 | 262442 | | 756993.6108 | | 7649.064 | | | | | 5704.56 | 10508.4 | 2101.68 | 45936.72 | 54043.2 | 2552.04 | 0.978263543 | 0.986118 | < |
| 24 | | | 60 | 108 | 6.6 | 205 | | 7.9 | | | 303885.414 | | 8393.026 | | | | | 19815.84 | 35668.512 | 2179.7424 | 67704.12 | 78602.832 | 2609.0856 | | 0.882625 | |
| 25 | | | 9 | 14 | 6.8 | 173 | | | 275597.1 | | 364380.1044 | | 8045.957 | | | | | 2386.908 | 3712.968 | 1803.4416 | 45881.676 | 38720.952 | 3288.6288 | 0.991339141 | 0.98981 | |
| 26 | | | 10 | 12 | 9.2 | 172 | | 12.4 | 322069.6 | | 295080.5424 | | 8546.54 | | | | | 2663.796 | | 2450.69232 | 45817.2912 | 37825.9032 | | 0.99172913 | 0.989167 | |
| 27 28 | | | 12 24 | 16 25 | 11.7 | 148 | | 14.2 | 312652.2 | | 248212.4112 282963.1896 | | 8910.189 8395.611 | | | | | 3533.8248 | 4711.7664 | 3445.47918 5687.32122 | 43583.8392 | 36516.1896 | | 0.988697265 | 0.981017 | |
| 28 | | | 24 | 25 44 | 14.7 | 220 | | 16.4 | 252645.7 357993.2 | | 282963.1896 455889.42 | | 7198.254 | | | | | 9285.4224 12262.5522 | 9672.315 | 4825.90764 | 87024.564 | 35594.1192 90189.0936 | 6345.03864 4588.56792 | 0.963247258 0.965746407 | 0.965818 | |
| 30 | | | 31 | 44 19 | 7.2 | 139 | | | | | 455669.42 | | 6035.208 | | | | | 5610.735 | 8200.305 | 3107.484 | 59991.705 | 41864.715 | | 0.965746407 | 0.958483 | |
| 31 | | | 13 | 19 | 11.1 | 164 | | 17.6 | | | 194576.37 | | 7850.15 | | | | | 6052.0044 | 6517.5432 | | 76348.3632 | 42829.5696 | 8193.48288 | 0.970714245 | | |
| 32 | | 1 | 14 | 22 | 13.8 | 191 | | | 272587.1 | | 238355.1984 | | 8241.004 | | | | | 7797.2328 | | 7685.84376 | 106376.5332 | 60150.0816 | | 0.971395441 | 0.948594 | |
| 33 | | | 31 | 47 | 14.4 | 241 | | 18.7 | 308260.2 | | 265290.5628 | | 7348.424 | | | | | 16313.874 | 24733.938 | 7578.0576 | 126827.214 | 63150.48 | | 0.947077579 | 0.906767 | < |
| 34 | | | 40 | 43 | 10.6 | 330 | 156 | 18.7 | 448659.3 | | 304725.252 | | 9790.109 | | | | | 24032.544 | 25834.9848 | 6368.62416 | 198268.488 | 93726.9216 | 11235.21432 | 0.946434759 | 0.915219 | < |
| 35 | | | | | | | | | | | | | | | | | | | | | | | | | | < |
| 36 | | | | | | | | | 7682393 | 0.00 | | 0.00 | 213442.8 | 0 | 0.0 | | | | 463314.86 | 77861.35 | | | | | | |
| 37 | 0.0 | 0.0 | 26 | 36 | 7.6 | 178 | 161 | 10.7 | 274371 | 0 | 319560 | 0 | 7623 | 0 | 0 | 0 | ů v | 11151 | 17820 | 2995 | | | | 96% | 95% | |
| 38 | 0.0 | 0.0 | 5 | 11 | 0.3 | 56 | 83 | 3.6 | 85526 | 0 | 93595 | 0 | | 0 | 0.0 | | | | 1567.9 | 200.2 | | | | 81.6% | 77.8% | |
| 39 | 0.0 | 0.0 | 60 | 132 | 14.7 | 519 | 496 | 19.6 | 575916 | 0 | 925580 | 0 | 12634.9 | 0 | 0.0 | | | 00000.0 | 119764.7 | 7685.8 | 346276.8 | 450025.1 | | | | < |
| 40 | | | | | | | | | 28 | 0 | 28 | 0 | | 0 | 0 | 0 | 0 | 26 | 26 | 26 | | | | | L | t |
| 41 | | | 40 | 43 | 11.4 | 187 | 203 | 14.7 | 276855 | 0 | 372213 | 0 | 7882 | 0 | 0 | 0 | 0 | 21408 | 38652 | 4624 | 165478 | 189718 | 7632 | 1 | 1 | + |
| 42 | | | | | | | | | | | | | | | | | | ├ ───┤ | | | | | l | | \vdash | + |
| 43 | | | | | | | | | | | | | | | | | 1 | | | | 1 | 1 | 1 | | | 1 |

| _ | | | | 50 | | 05 | BF | 50 | 511 | 51 | BJ | DI/ | | BM | BN | BO | BP | | BR | | BT | | 814 | BW | 57 | BY |
|----------|----------|----|-------------|-----|--------------|----------|--------------|----|--------------|-----|--------------|----------|-----|-----------|----|-----------|----|-----------|----|-----------|------------|----------|---------|-----------------|--------------|----------|
| | AZ | BA | BB | BC | BD | BE | | BG | BH | BI | ВJ | BK | BL | BM | BN | BO | BP | BQ | BK | BS | ы | BU | BV | BW | BX | BY |
| 1 | | | | | Biomor | nitoring | Data | | | | | | | | | | | | | | | | | | | |
| 2 | Toxicity | | Zinc, | | Lead, | | Copper, | | Mercury, | | Cadmium, | Total | | Cadmium, | | Copper, | | Lead | | | ECOLI | | | Pri. Eff.Bypass | | <u> </u> |
| 3 | Units | < | Total Recov | < | Total Recov. | < | Total Recov. | < | Total Recov. | < | Total Recov. | Hardness | < | Dissolved | < | Dissolved | | Dissolved | < | Dissolved | | Nitrogen | BOD | TSS | NH3N | <u> </u> |
| | | > | (mg/L) | > | (mg/L) | > | (mg/L) | > | (mg/L) | > | (mg/L) | (mg/L) | > | (mg/L) | > | (mg/L) | > | (mg/L) | > | (mg/L) | (Colonies) | (mg/L) | (mg/L) | (mg/L) | (mg/L) | 4 |
| 5 | | < | | < | | < | | < | | < | | | < | | < | | < | | < | | | | 317 | 496 | 13.9 | |
| 7 | | < | | < | | < | | < | | < < | | | < | | < | | < | | < | | | | 60 | | 3.9 | |
| 8 | | ~ | | - | | ~ | | < | | < | | | < | | ~ | | 2 | | ~ | | | | 91 | | 3. | |
| 9 | | < | | è | | < | | < | | 2 | | | < | | è. | | 2 | | è | | | | 56 | | 4.0 | |
| 10 | | < | | < | | < | | < | | < | | | < | | < | | < | | < | | | | 160 | 100 | 7. | |
| 11 | | < | | < | | v | | < | | < | | | < | | < | | < | | < | | | | 104 | 148 | 5.0 | 8 |
| 12 | | < | | < | | < | | < | | < | | | < | | < | | < | | < | | | | | | | |
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| 15 16 | | < | | < | | < | | < | | < | + | | < | | < | | < | | < | | | | 101 | | 7. | |
| 16 | | < | | < | | < | | < | | < | | | < | | < | | < | | < | | | | 200 | 99 182 | 7.4 | |
| 18 | | < | | < _ | | < | | < | | < | | | < < | | < | | < | - | < | | | | 131 | | 6.0 | |
| 19 | | 2 | | ~ | | ~ | | ~ | | < | | | < | | ~ | | 2 | | ~ | | | | 212 | 176 | 10. | |
| 20 | | è. | | è | | < | | < | | < | | | < | | ~ | | è. | | 2 | | | | 193 | | 9. | |
| 21 | | < | | < | | < | | < | | < | | | < | | < | | < | | < | | | | 180 | 144 | 11.0 | |
| 22 | | < | | < | | v | | < | | < | | | < | | < | | < | | < | | | | 163 | 100 | 8. | 5 |
| 23 | | < | | < | | < | | < | | < | | | < | | < | | < | | < | | | | 153 | | 8. | 5 |
| 24 | | < | | < | | < | | < | | < | | | < | | < | | < | | < | | | | 205 | | 7.9 | |
| 25 | | < | | < | | < | | < | | < | | | < | | < | | < | | < | | | | 173 | | 12.4 | |
| 26 | | < | | < | | < | | < | | < | | | < | | < | | < | | < | | | | 172 | | 12.4 | 4 |
| 27 28 | | < | | < | | < | | < | | < | | | < | | < | | < | | < | | | | 148 | 124 | 14.: | |
| 28 | | < | | < | | < | | < | | < | | | < | | < | | < | | < | | | | 220 | 92 | 16.4 11.0 | |
| 30 | | 2 | | ~ | | ~ | 1 | 2 | | < | + | | < < | | ~ | | 2 | + | ~ | | | | 139 | 228 | 11.0 | |
| 31 | | 2 | | 2 | | ~ | | < | | < | | | < | | ~ | | 2 | 1 | ~ | | | | 164 | 92 | 17.0 | |
| 32 | | < | | < | 1 | < | 1 | < | | < | 1 | | < | | < | | < | | < | 1 | 1 | | 191 | 108 | 19. | |
| 33 | | < | | < | | < | | < | | < | | | < | | < | | < | | < | | | | 241 | 120 | 18. | |
| 34 | | < | | < | | < | | < | | < | | | < | | < | | < | | < | | | | 330 | 156 | 18. | 7 |
| 35 | | < | | < | | < | | < | | < | | | < | | < | | < | | < | | | | | | | |
| 36 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 37 | 0.00 | < | 0.000 | < | 0.000 | < | 0.000 | < | 0 | | 0.000 | | < | 0.000 | | 0.000 | | 0.000 | | 0.000 | | 0.0 | | | 10.: | |
| 38 | 0.00 | < | 0.000 | < | 0.000 | < | 0.000 | < | 0 | | 0.000 | 0 | | 0.000 | | 0.000 | | 0.000 | | 0.000 | | | | | 3. | |
| 39 | 0.00 | < | 0.000 | < | 0.000 | < | 0.000 | < | 0 | < | 0.000 | 0 | < | 0.000 | < | 0.000 | < | 0.000 | < | 0.000 | 0 | 0.0 | 330 | 496 | 19.3 | 4 |
| 40 41 | | | 0 | | 0 | | 0 | | 0 | | 0 | 0 | | 0 | | | | - | | 0 | 0 | 0 | 183 | 180 | 14. | - |
| 41 | | , | 0 | | 0 | | 0 | | 0 | | U | U | | 0 | | 0 | 1 | 0 | | 0 | 0 | U | 183 | | 14. 2 | |
| 42 | | 1 | 1 | | 1 | | 1 | | | | 1 | | | | | | 1 | + | | | | | 21 | 21 | 2 | 4 |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |

PERMITTEE NAME/ADDRESS (Include

Facility Name/Location if different)

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM (KPDES) DISCHARGE MONITORING REPORT (DMR)

| NAME MSD MORRIS FOR | MAN WOTC | | | | - (| / | | | | | | |
|---|---------------------------|--|--------------------------|--------------------------|--------------------|--------|----------------------|-------------------|---------|-------|--------------|---------|
| ADDRESS C/O LOUISVILLE/J | | | KY0022 | 2411 | | | 001 Y | MAJOR | | | | |
| 4522 ALGONQUIN | | | PERMIT NU | | | DISCHA | ARGE NUMBER | (SUBR LV) | | | | |
| LOUISVILLE KY | | | | | | | | F - FINAL | JEF | FF | | |
| FACILITY MSD MORRIS FOR | | | | MONITO | RING PER | | | BIOMONITOR | | | | TFR |
| | | | YEAR | MO DAY | | YEAR | MO DAY | EFFLUENT | | | | |
| LOCATION LOUISVILLE | KY 40211 | | FROM 15 | 04 01 | то | 15 | | [] No Discharg | е | | | |
| ATTN: ALEX NOVAK | OPER DIR | | | | | _ | | TE: Read instruct | | e com | pleting this | s form |
| PARAMETER | | | QUANTITY OR LOADING | 3 | | OLIALI | ITY OR CONCENTRATION | | | NO | FREQUENCY | SAMPLE |
| | | | QUANTITI ON LUADING | 5 | | QUAL | | • | | EX | OF | TYPE |
| | | AVERAGE | MAXIMUM | UNITS | MINIMU | JM | AVERAGE | MAXIMUM | UNITS | | ANALYSIS | |
| LEAD | SAMPLE | ***** | ***** | **** | ***** | - | NO DATA | NO DATA | | 0 | QTRLY | CP |
| | | ***** | ***** | **** | ***** | | NODATA | NODATA | (19) | 0 | QIKLI | CP |
| TOTAL RECOVERABLE | MEASUREMENT | ***** | ***** | **** | ***** | | DEDODT | DEDODT | MG/L | | OTDUX | 0.5 |
| 01114 1 0 2 | PERMIT | ***** | ***** | **** | **** | | REPORT | REPORT | (19) | | QTRLY | CP |
| EFFLUENT GROSS VALUE | MEASUREMENT | ***** | ***** | **** | **** | | MO AVG | MX WK AV | MG/L | | 075.116 | |
| COPPER | SAMPLE | ***** | | **** | **** | | NO DATA | NO DATA | (19) | 0 | QTRLY | CP |
| TOTAL RECOVERABLE | MEASUREMENT | ***** | ***** | | **** | | | | MG/L | | | |
| 01119 1 0 2 | PERMIT | | ***** | **** | | | REPORT | REPORT | (19) | | QTRLY | CP |
| EFFLUENT GROSS VALUE | MEASUREMENT | ***** | ***** | **** | **** | | MO AVG | MX WK AV | MG/L | | | |
| TOXICITY, FINAL CONC | SAMPLE | ***** | ***** | **** | **** | | ***** | NO DATA | (2F) | 0 | QTRLY | G2 |
| TOXICITY UNITS | MEASUREMENT | ***** | ***** | **** | ***** | | ***** | | TOXCT | | | |
| 61406 1 0 1 | PERMIT | ***** | ***** | **** | ***** | ** | ***** | 1.00 | (2F) | | QTRLY | G2 |
| EFFLUENT GROSS VALUE | MEASUREMENT | ***** | ***** | **** | ***** | ** | ***** | DAILY MX | TOXCT | | | |
| | SAMPLE | | | | | | | | | | | l |
| | MEASUREMENT | | | | | | | | | | | i |
| | PERMIT | | | | | | | | | | | |
| | MEASUREMENT | | | | | | | | | | | 1 |
| | SAMPLE | | | | | | | | | | | (|
| | MEASUREMENT | | | | | | | | | | | |
| | PERMIT | | | | | | | | | | | |
| | MEASUREMENT | | | | | | | | | | | 1 |
| | SAMPLE | | | | | | | | | | | |
| | MEASUREMENT | | | | | | | | | | | |
| | PERMIT | | | 1 | | | | | 1 | | | |
| | MEASUREMENT | | | | | | | | | | | |
| | SAMPLE | | | | | | | | | | | |
| | MEASUREMENT | | | | | | | | | | | |
| | PERMIT | | | 1 | | | | | - | | | |
| | MEASUREMENT | | | | | | | | | | | |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I CERTIEY UNDER PENAL | TY FO LAW THAT I HAVE PER | SONALLY EXAMINED AMD A | M FAMILIAR WITH THE | INFORMATION | | | | LEPHONE | | DA | TE |
| GREG HEITZMAN | SUBMITTED HEREIN AND | BASED ON MY INQUIRY OF T EVE THE SUBMITTED INFORI | HOSE INDIVIDALS IMMEDIA | TELY RESPONSIBLE FO | OR OBTAINING | | | | | | | <u></u> |
| EXECUTIVE DIRECTOR | THERE ARE SIGNIFICANT | PENALTIES FRO SUBMITTING 18 U.S.C 1001 AND 33 U.S.C | G FALSE INFORMATION, INC | LUDING THE POSSIBIL | ITY OF FINE | | | 502 | 540-60 | 000 | 15 0 | 5 21 |
| | | ent of between 6 months and 5 | | statutes may include lif | ies up to \$10,000 | SIGNAT | URE OF PRINCIPAL E | | NUMBE | | 1 1 | |
| TYPED OR PRINTED | | | | | | OFFIC | CER OR AUTHORIZED | AGENT CODE | | | YEAR MO | DAY |
| COMMENT AND EXPLANTION OF ANY VIOLATION | IS (Poforonco all attachr | onte horo) | | | | | | | | | | |

COMMENT AND EXPLANTION OF ANY VIOLATIONS (Reference all attachments here)

Press (Ctrl r) to recalculate spreadsheet.

MORRIS FORMAN WATER QUALITY TREATMENT CENTER KPDE8 PERMIT NO. KY0022411 PLANT CAPACITY -JEFFERSON COUNTY, KENTUCKY MONTH OF April 2015 D RECEIVING STREAM-OHIO RIVER PLANT CAPACITY - 120 MGD

| | | | | TEM | | pH | T | SE | rs | TSS | 1 | D.O. | 5 | -DAY BOD | | | | | | | | | | | | | | | | |
|-----------|------------------|----------------|------------------|----------|----------|------------|------------|----------------|-------|------------|------|--------|-----|----------|-----|---------------|---------|------|------|----------|-----------|---------|---------|----------|---------|--------|-------------|----------|----------|-------|
| | | NATER FI | | (DEG | F) | | (| (M/L |) | (mg/L) | | (mg/L) | | (mg/L) | 1 | | | | | | | | 1 | ACTIN | /E | r | HLORINATION | 1 | FINAL | 7 |
| | | ion Gallon | <u>s)</u> | | - | | | | | | T | | | | 1 | RETU | IRN SLU | DGE | | AER | ATION BAS | SIN | ******* | Sludge | Primary | | | Fecal | EFFLUEN | NT |
| | | Sec. | . | | | | 1 | | | | | | | prim. | | FLOW | TSS | TVSS | 0.0 | MLSS | MLVSS | SET | SVI | Wasted | Sludge | Dosage | Resid | | NH3-N Pu | |
| DATE | | | - Chamman da | | | aw fi | nai | | final | raw fin | al 🕴 | final | raw | | nal | MG | 0/L | g/L | mg/L | g/L | a/L | | | MG | MG | KLBS | ma/L | #/100 mi | | ours |
| 4/1 | 80.00 | 80.00 | 0.00 | 60 | 60 | 7.1 | 6.6 | 20.0 | 0.1 | 392 | 401 | 5.4 | 612 | 519 | 66 | 29.5 | 16.6 | 14.5 | 11.4 | 4.9 | 4.3 | 387 | 79 | 1.27 | 0.22 | 2.91 | 0.015 | 214 | | 0.00 |
| 4/2 | 176.16 | 108.79 | 67.37 | 59 | 59 | 7.1 | 6.4 | 17.0 | 11.0 | 630 | 344 | 6.7 | 392 | 317 | 203 | 28.7 | 17.4 | 15.2 | 10.7 | 5.7 | 5.0 | 437 | 76 | 1.33 | 0.30 | 10.79 | 0.015 | 63 | | 0.00 |
| 4/3 | 268.57 | 138,18 | 130,39 | 60 | 60 | 7.0 | 6,2 | 4.0 | 11.0 | 190 | 342 | 5.2 | 56 | 60 | 124 | 27.7 | 16.5 | 13.9 | | 3.6 | 3.1 | 261 | 72 | 1.44 | 0.30 | 10.00 | 0.015 | 485 | | 6.61 |
| 4/4 | 205.82 | 131.88 | 73.94 | 60 | 60 | 7.2 | 6.7 | 2.8 | 2.2 | 94 | 102 | 8.4 | 105 | 91 | 54 | 27.4 | 15.0 | 12.0 | 17.2 | 3.0 | 2.5 | 228 | 75 | 1.13 | 0.33 | 9.67 | 0.015 | 204 | | 4.00 |
| 4/5 | 193.49 | 130.85 | 62.64 | 57 | 57 | 7.4 | 6.6 | 2.5 | 0.1 | 58 | 37 | 9,6 | 53 | 56 | 24 | 27.4 | 16.8 | 13.1 | 17.2 | 3.2 | 2.5 | 222 | 79 | 1.18 | 0.20 | 5.59 | 0.015 | 1220 | | 4.00 |
| 4/0 | 185.33 | 133.62 | 51.71 | 58 | 58 | 7.3 | 6.7 | 5.0 | 0.4 | 122 | 35 | 8.4 | 231 | 160 | 72 | 27.2 | 16.2 | 13.0 | 15.7 | 3.2 | 2.6 | 211 | 66 | 1.18 | 0.17 | 3.78 | 0.015 | 595 | | 4.00 |
| 4/7 | 232.46 | 133.51 | 98.95 | 60 | 60 | 7.1 | 6.7 | 5,5 | 1.2 | 136 | 77 | 8.8 | 106 | 104 | 50 | 27.1 | 15.6 | 12.1 | 17.5 | 3.5 | 2.9 | 199 | 57 | 1.13 | 0.27 | 7.72 | 0.015 | 1700 | | 4.00 |
| 4/8 | 202.64 | 127.80 | 74.84 | 60 | 60 | | 6.5 | | | | 1 | 10.1 | | | | 12.4 | | | | | | | | 1.08 | 0.32 | 6.10 | 0.015 | 1520 | | 4.00 |
| 4/9 | 62.17 | | 62.17 | | | | | | | | 1 | 5.8 | | | | | | 1 | | [-11059] | No Good | Data Fo | or Cal | culation | | 3.15 | | | | 4.00 |
| 4/10 | 81.90 | | 81.90 | 61 | 61 | 7.2 | 6.9 | 5.5 | 0.3 | 154 | 40 | 4.6 | 134 | 76 | 24 | | | 1 | | [-11059] | No Good | Data Fo | or Cal | culation | | 2.74 | 0.015 | 7200 | | 4.00 |
| 4/11 | 146.06 | | 146.06 | 51 | 61 | 7.2 | 7.1 | 14.0 | 0.3 | 306 | 53 | 3.3 | 227 | 101 | 72 | | 11.4 | 8.9 | | 1.9 | 1.5 | | 68 | culation | 0.07 | 4.81 | 0.015 | 16000 | 6 24 | 4.00 |
| 4/12 | 130.50 | 4.00 | 126.50 | 62 | 62 | 7.3 | 7.2 | 12.5 | 0.1 | 196 | 54 | 4.6 | 171 | 120 | 106 | | 9.8 | 7.6 | 20.0 | 6.7 | 5.3 | 503 | 75 | culation | 0.20 | 4.67 | 0.015 | 1200 | | 4.00 |
| 4/13 | 141.33 | 8.00 | 133.33 | 60 | 60 | 7.3 | 6.9 | 13.0 | 0.6 | 352 | 76 | 4.1 | 263 | 200 | 141 | | 12.4 | 9.4 | 20.0 | 5.4 | 4.2 | 420 | 78 | culation | 0.13 | 5.01 | 0.015 | 276 | | 4.00 |
| 4/14 | 181.76 | 12.00 | 169.76 | 62 | 62 | 7.2 | 6.9 | 10.0 | 1.0 | 286 | 74 | 4.4 | 190 | 131 | 102 | 3.6 | 14.7 | 11.0 | 20.0 | 4.8 | 3.6 | 367 | 77 | 2,33 | 0.11 | 6.66 | 0.015 | 1190 | | 4.00 |
| 4/10 | 150.29 | 12.00 | 138.29 | 59 | 59 | 7.2 | 6.9 | 11.0 | 0.9 | 302 | 62 | 4.5 | 295 | 212 | 163 | 7.8 | 18.0 | 13.8 | 20,0 | 4.5 | 3.5 | 257 | 57 | 2.97 | 0.27 | 5.84 | 0.015 | 310 | 14 24 | 4.00 |
| 4/10 | 125.99 | 16.00 | 109.99 | 60 | 60 | 7.1 | 6.8 | 10.0 | 0.7 | 320 | 89 | 5.3 | 249 | 193 | 137 | 12.7 | 12.2 | 10.3 | 14.1 | 5.9 | 4.5 | 233 | 83 | 2.97 | 0.40 | 5.13 | 0.015 | 485 | 12 24 | 4.00 |
| 4/1/ | 109.20 | 20.00 | 89.20 | 62 | 62 | 7.2 | 6.8 | 9.5 | 0.6 | 248 | 74 | 5.8 | 281 | 180 | 136 | 17.5 | 14.3 | 10.9 | 13.0 | 5.2 | 4.0 | 417 | - 77 | 2.97 | 0.45 | 5.55 | 0.015 | 124 | 12 24 | 4.00 |
| 4/18 | 104.09 158.13 | 32.62 36.00 | 71.47 | 62 62 | 62 | 7.1 | 6.9 | 13.0 | 0.5 | 276 | 59 | 6.1 | 259 | 163 | 104 | 18.0 | 14.4 | 11.4 | 12.7 | 5.8 | 4.5 | 462 | 73 | 2,97 | 0.38 | 5.36 | 0.015 | 1550 | 11 24 | 4.00 |
| 4/20 | 173.51 | 39.60 | 122.13 133.91 | | 62 60 | 7.3 | 7.1 | 9.5 | 1.5 | 574 | 84 | 6.0 | 199 | 153 | 147 | 18.1 | 17.1 | 13.4 | 13.3 | 6.2 | 4.8 | 522 | 80 | 2.97 | 0.15 | 7.61 | 0.015 | 535 | 11 24 | 4.00 |
| 4/20 | 110.89 | 39.60 | | 60 60 | 60 | 7.2 | 7.0 | 10.5 | 3.0 | 210 | 150 | 5.4 | 198 | 205 | 140 | 18.3 | | 11.4 | 12.6 | 4.8 | 3.2 | 462 | 104 | 2.97 | 0.23 | 9.05 | 0.015 | 21000 | 9 24 | 4.00 |
| 4/21 | 107.87 | 31.00 | 79.09 75.93 | 59 | 59 | 7.2 | 6.7 | 14.0 | 0.7 | 394 | 82 | 5.8 | 298 | 173 | 156 | 18.4 | 15.9 | 12.3 | 14.0 | 5.7 | 4.4 | 450 | 76 | 2.97 | 0.36 | 6.94 | 0.015 | 20 | 13 24 | 4.00 |
| 4/23 | 95.39 | 35,31 | 60.08 | | | 7.4 | 6.8 | 13.0 | 0.8 | 328 | 77 | 5.1 | 358 | 172 | 151 | 18.0 | | 11.4 | 14.7 | 5.2 | 4.2 | 427 | 80 | 2.97 | 0.51 | 5.74 | 0.015 | 198 | 14 24 | 4.00 |
| 4/24 | 93.21 | 46.39 | 46.82 | 59 59 | 59 59 | 7.4 | 7.0 7.2 | 12.0 12.0 | 0.5 | 312 | 81 | 4.9 | 393 | 148 | 136 | 15.8 | | 11.3 | 11.3 | 4.7 | 3.7 | 340 | 72 | 1.60 | 0.47 | 5.63 | 0.015 | 370 | 16 24 | 4.00 |
| 4/25 | 115.08 | 47.43 | 67.65 | 61 | 61 | 7.2 7.0 | 6.8 | | 0.4 | 364 | 71 | 5.2 | 325 | 177 | 124 | 12.5 | 13.7 | 10.7 | 10.6 | 4.0 | 3.1 | 322 | 80 | 0.23 | 0.49 | 5.14 | 0.015 | 4700 | 18 24 | 4.00 |
| 4/26 | 93.96 | 51.75 | 42.23 | 59 | 59 | 7.3 | 6.7 | 20.0 | 6.4 | 475 | 113 | 4.2 | 373 | 220 | 179 | 12.0 | 14.0 | 10.6 | 6.0 | 4.8 | 3.5 | 352 | 72 | -0.06 | 0.48 | 5.82 | 0.015 | 19200 | 15 24 | 4.00 |
| 4/27 | 80.45 | 55.82 | 24.63 | 50 | 60 | 7.3 | 6.7 | 10.0 | 6.7 | 252 | 48 | 5.1 | 222 | 139 | 83 | 12.1 | 10.8 | 8.3 | 14.1 | 3.7 | 2.8 | 297 | 70 | -0.11 | 0.44 | 3.63 | 0.015 | 210 | 11 24 | 4.00 |
| 4/26 | 76.01 | 66.78 | 9,23 | 61 | 61 | 7.2 | 6.6 | $11.0 \\ 14.0$ | 0.1 | 290 | 34 | 5.4 | 308 | 164 | 54 | 19.2 | 10.2 | 8.0 | 12.2 | 3.4 | 2.7 | 262 | 43 | 0.10 | 0.43 | | 0.015 | 60000 | 13 24 | 4.00 |
| 4/29 | 74.67 | 63.10 | 9.23 | 63 | 63 | 7.1 | 6.7 | 14.0 | 0.1 | 376 426 | 30 | 6.5 | 430 | 191 | 38 | 28.2 | 10.4 | 8.3 | 12.1 | 3.1 | 2.4 | 217 | 69 | 0.42 | 0.46 | | 0.015 | 104 | | 4.00 |
| 4/30 | 77.74 | 72.04 | 5,70 | 63 | 63 | 7.3 | 6.7 | 11.0 | | 426 | 48 | 5.5 | 495 | 241 | 78 | 30.2 | 11.4 | 9.3 | 10.8 | 3.5 | 2.8 | 212 | 61 | 0.68 | 0.48 | 4.84 | 0.015 | 130 | 16 24 | 4.00 |
| | | 16.04 | 0.10 | | | 1.3 | | 11.0 | 0.1 | 4/0 | 44 | 6.3 | 692 | 330 | 78 | 30.3 | 10.2 | 8.2 | 9.4 | 3.6 | 2.9 | 260 | 71 | 0.84 | 0.27 | 5.72 | 0.015 | 105 | 11 10 | 0.20 |
| Totai | 4034.7 | 1667.2 | 2367.5 | | | | | | | | 1 | | | | | ===== | | 1 | | | | | | | | 1 | | | | |
| Average | 134.5 | 61.7 | 78.9 | 60.3 | 60.3 | 7.2 | 6.8 | 11.0 | 1.8 | 305 | 86 | 5.9 | 283 | 178 | 105 | 500.0 20.0 | 44.0 | | | | | | | 39.551 | 8.905 | | | | | 50.81 |
| Lancester | | | | | | | | (1.0 | | | 00 | 5.9 | 285 | 1/0 | | 20.0 | 14,0 | 11.1 | 14.1 | 4.4 | 3.5 | 336 | 73 | 1.6 | 0.3 | 5.8 | 0.015 | 724 | 10.1 | |

SEWER CONNECTIONS

146518 TIMES 4 =

586064 SEWER POPULATION

IND. WASTER POPULATION EQ

[____]

CUSTOMERS FLOW 356 693104 BOD TSS 1152392

931141

Authorized Agent

Jalu Houkes

 \mathbf{v}^{\ast}

Certification No. 5691

| MORRIS FORMAN WASTEWATER TREA Month of | Apr-15 | | JEFFERSON COL | |
|---|----------|-----------|---------------|-----------|
| Average Flow | | | | |
| - | Primary | | Secondary | |
| SETTLING TANKS | | Battery A | Battery B | Battery C |
| Average Flow (MGD) | 134.31 | 18.27 | 12.68 | 12.82 |
| Tanks in Service | 4.00 | 3,3 | 5,6 | 3.9 |
| Surface Area (Ft.2) | 77000.00 | 28285.50 | 48440.00 | 33397.60 |
| Volume (MG) | 8,33 | 2.90 | 4.96 | 3.42 |
| Weir Length (Ft.) | 2860.00 | 1172.30 | 2007.60 | 1384.17 |
| Avg. Weir Overflow (GPD/Ft) | 46962.47 | 15584.63 | 6315.45 | 9258.82 |
| Avg. Settling Rate (GPD/Ft2) | 1744.32 | 773.92 | 530.12 | 515.66 |
| Avg. Detention Time | 1.49 | 3.81 | 9.39 | 6.41 |
| AERATION TANKS | | Battery A | Battery B | Battery C |
| Volume (Gallons) | | 4200000 | 4200000 | 2100000 |
| Avg. Flow (MGD) | | 21.89 | | |
| Avg. Detention Time (Hours) | | 5.52 | | |
| CHLORINE CONTACT CHAMBERS | | | | |
| Contact Chambers in Use | 2.0 | | | |

| Volume (Gallons) | 2326889 |
|-----------------------------|---------|
| Avg. Detention Time (Hours) | 1.53 |

Remarks: BY-PASS REPORTS (See Attached)

| Report Selections: Period: 04/01/2015 00:00 thru 04/30/2015 23:59, treatment Plant: MSD0278 MORRIS FORMAN, Excluding PPI Excluding CSO Excluding LAT, Result: WUS, Act Code: DISDW, |
|---|
| DISREV |

| KPDES # | Fac | ility ID | | Water Q | uality Treatem | ent Center | Rece | ving Stream o | f Treatment Center | Regio | on |
|---|------------------------|---------------|--|---------------------------|--------------------------------------|-----------------------------------|---------------------------------|---|--|--|------------------|
| KY0022411 | MSE | 00278 | | MORRIS I | FORMAN | | OHIO R | VER | | WEST | |
| Facility Type | Faci | lity ID | | Facility Addres | s | If Pump Sta | tion, Name of Pu | np Station: | Receiving Stream | Discha | rge to |
| SMH Sewer Manhole | 0005 | 56-W | | 804 N ARBOR | DR | | | | MIDDLE FORK BEARGRASS CREEK | GROUNE |) |
| Activity Code / Description DISREV:RAIN EVENT DISCHARGE | <u>WO #</u> 2337761 | <u>Ref No</u> | <u>Initiated</u> 4/3/15 10:00 am | Initiated By SINGLETON | Assigned To OPS BSHIFT CENTRAL | <u>Disch Status</u> DOCUMENTED | <u>Event Date</u> 12/15/2007 | <u>Problem</u> LACK OF SYSTEM CAPACITY | <u>Result</u> UNAUTHORIZED DISCHAGE - WATERS | <u>Completed</u> 04/04/15 11:40 AM | <u>Condition</u> |

Discharge Reporting:

| Discharge Amount: | 38,500 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: | A SOLUTION FOR THIS LOCATION CAN BE FOUND IN THE IOAP |
| Public Notification: | TEMPORARY SIGNS POSTED AROUND THE AREA |

| 4/11/15 1:02 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
| | | | |

| KPDES # | Fac | ility ID | | Water Q | uality Treateme | ent Center | Rece | ving Stream o | of Treatment Center | Regio | n |
|---|------------------------|---------------|--|---------------------------|---|----------------------------|---------------------------------|--|--|--|------------------|
| KY0022411 | MSD | 0278 | | MORRIS I | ORMAN | | OHIO R | VER | | WEST | |
| Facility Type | Faci | lity ID | | Facility Addres | s | If Pump Sta | tion, Name of Pu | np Station: | Receiving Stream | Discha | rge to |
| SMH Sewer Manhole | 0074 | 6 | | 804 N ARBOR | DR | | | | MIDDLE FORK BEARGRASS CREEK | DITCH | |
| Activity Code / Description DISREV:RAIN EVENT DISCHARGE | <u>WO #</u> 2337759 | <u>Ref No</u> | <u>Initiated</u> 4/3/15 10:00 am | Initiated By SINGLETON | <u>Assigned To</u> OPS BSHIFT CENTRAL | Disch Status DOCUMENTED | <u>Event Date</u> 12/16/2000 | Problem LACK OF SYSTEM CAPACITY | <u>Result</u> UNAUTHORIZED DISCHAGE - WATERS | <u>Completed</u> 04/04/15 11:40 AM | <u>Condition</u> |

Discharge Reporting:

| Discharge Amount: | 115,500 GAL |
|----------------------|---|
| Cause: | LACK OF CAPACITY DUE TO RAIN EVENT IN THE AREA |
| Clean Up: | MSD CLEANED & SANITIZED THE AREA |
| Control Zone: | TEMPORARY SIGNS POSTED |
| Impact: | SEWAGE OBSERVED |
| Repair: | A SOLUTION FOR THIS LOCATION CAN BE FOUND IN THE IOAP |
| Public Notification: | TEMPORARY SIGNS POSTED AROUND THE AFFECTED AREA |

| 4/11/15 1:02 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
| | | | |

| KPDES # Facility ID | | | | uality Treatem | ent Center | Rece | iving Stream o | enter Region WEST | | |
|---|--------------------------------------|---------------------------------------|------------------------|--|---|---------------------------------|---|--|--|------------------|
| KY0022411 | MSD0278 | | | FORMAN | | OHIO RIVER | | | | |
| Facility Type Facility ID | | Facility Addres | 55 | If Pump Station, Name of Pump Station: | | | Receiving Stream | Discha | rge to | |
| SMH Sewer Manhole | 01793 | 01793 9 | | PL | | | | MIDDLE FORK BEARGRASS CREEK | GROUND | |
| Activity Code / Description DISREV:RAIN EVENT DISCHARGE | <u>WO #</u> <u>Ref No</u> 2337796 | <u>Initiated</u> 4/3/15 8:31 am | Initiated By FIELDS | <u>Assigned To</u> GRIFFITH | <u>Disch Status</u> BEYOND APPROVED DESIGN STORM | <u>Event Date</u> 04/03/2015 | <u>Problem</u> LACK OF SYSTEM CAPACITY | <u>Result</u> UNAUTHORIZED DISCHAGE - WATERS | <u>Completed</u> 04/04/15 11:54 AM | <u>Condition</u> |

Discharge Reporting:

| Discharge Amount: | 900,000 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2338702 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP. |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

| 4/11/15 1:02 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
|-----------------|--------|---|--|

| KPDES # Facility ID | | | Water C | Quality Treatem | ent Center | Rece | iving Stream o | Region | | | |
|---|------------------------|--------|---------------------------------|------------------------|--------------------------------|--|---------------------------------|---------------------------|--------------------------------|-----------------------------|-----------|
| KY0022411 MSD0278 Facility Type Facility ID | | MORRIS | FORMAN | | OHIO R | OHIO RIVER | | | | | |
| | | | Facility Addre | ess | If Pump Sta | If Pump Station, Name of Pump Station: | | | Discharge to | | |
| SMH Sewer Manhole | H Sewer Manhole 02933 | | | 7900 SHELB | YVILLE RD | | | | MIDDLE FORK BEARGRASS CREEK | STREAM | |
| Activity Code / Description | <u>WO #</u> 2337793 | Ref No | <u>Initiated</u> 4/3/15 7:28 | Initiated By FIELDS | <u>Assigned To</u> GRIFFITH | <u>Disch Status</u> DOCUMENTED | <u>Event Date</u> 03/04/2008 | <u>Problem</u> LACK OF | <u>Result</u> UNAUTHORIZED | Completed 04/06/15 06:10 | Condition |
| DISCHARGE | 2007700 | | am | I ILLOO | | DOCUMENTED | 00,04/2000 | SYSTEM | DISCHAGE - WATERS | | |

Discharge Reporting:

| Discharge Amount: | 288,000 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2339296 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP. |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

| 4/11/15 1:02 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
|-----------------|--------|---|--|

| KPDES #Facility IDKY0022411MSD0278Facility TypeFacility IDSMH Sewer Manhole02935 | | | | Quality Treatem | ent Center | Rece i OHIO R | i ving Stream c IVER | Region WEST | | | | |
|--|------------------------|---------------|---------------------------------------|------------------------|--------------------------------|----------------------------|---------------------------------|---|--|--|------------------|--|
| | | lity ID | | Facility Addre | ss | If Pump Sta | tion, Name of Pu | mp Station: | Receiving Stream | Discha | arge to | |
| | | | 7900 SHELBYVILLE RD | | | | | | STREAM | | | |
| Activity Code / Description DISREV:RAIN EVENT DISCHARGE | <u>WO #</u> 2337791 | <u>Ref No</u> | <u>Initiated</u> 4/3/15 7:19 am | Initiated By FIELDS | <u>Assigned To</u> GRIFFITH | Disch Status DOCUMENTED | <u>Event Date</u> 03/19/2008 | <u>Problem</u> LACK OF SYSTEM CAPACITY | <u>Result</u> UNAUTHORIZED DISCHAGE - WATERS | <u>Completed</u> 04/04/15 11:28 AM | <u>Condition</u> | |

Discharge Reporting:

| Discharge Amount: | 22,500 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2338666 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP. |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

| 4/11/15 1:02 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
|-----------------|--------|---|--|

| KPDES # Facility ID | | | Water C | Quality Treatem | ent Center | Rece | iving Stream o | Region | | | |
|---|------------------------|---------------|--------------------------------|--------------------------|--------------------------------|--|---------------------------------|---|--|--|-------------------------------|
| KY0022411 MSD0278 Facility Type Facility ID | | MORRIS | FORMAN | | OHIO RIVER | | | WEST | | | |
| | | | Facility Addre | SS | If Pump Sta | If Pump Station, Name of Pump Station: | | | Discharge to GROUND | | |
| SMH Sewer Manhole | Manhole 08426 | | | 4315 PRUITT CT | | | | | | | SOUTH FORK BEARGRASS CREEK |
| Activity Code / Description DISREV:RAIN EVENT DISCHARGE | <u>WO #</u> 2337922 | <u>Ref No</u> | Initiated 4/3/15 8:25 am | Initiated By MITCHELL | <u>Assigned To</u> GRIFFITH | Disch Status DOCUMENTED | <u>Event Date</u> 02/25/2011 | <u>Problem</u> LACK OF SYSTEM CAPACITY | <u>Result</u> UNAUTHORIZED DISCHAGE - WATERS | <u>Completed</u> 04/04/15 08:00 AM | <u>Condition</u> |

Discharge Reporting:

| Discharge Amount: | 10,000 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2338724 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

| 4/11/15 1:03 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
|-----------------|--------|---|--|

| KPDES # Facility ID | | | | Water C | Quality Treatem | ent Center | Rece | iving Stream o | Regio | Region | |
|---|------------------------|---------------|---------------------------------------|--------------------------|--|----------------------------|---------------------------------|---|--|--|------------------|
| KY0022411 MSD0278 Facility Type Facility ID | | | MORRIS | FORMAN | | OHIO RIVER | | | WEST m Discharge to GROUND EK | | |
| | | | Facility Addre | SS | If Pump Station, Name of Pump Station: | | | Receiving Stream | | | |
| SMH Sewer Manhole | 0842 | 08427 | | 4313 PRUITT | 4313 PRUITT CT | | | | | | |
| Activity Code / Description DISREV:RAIN EVENT DISCHARGE | <u>WO #</u> 2337920 | <u>Ref No</u> | <u>Initiated</u> 4/3/15 4:39 am | Initiated By MITCHELL | <u>Assigned To</u> GRIFFITH | Disch Status DOCUMENTED | <u>Event Date</u> 02/25/2011 | <u>Problem</u> LACK OF SYSTEM CAPACITY | <u>Result</u> UNAUTHORIZED DISCHAGE - WATERS | <u>Completed</u> 04/04/15 08:00 AM | <u>Condition</u> |

Discharge Reporting:

| Discharge Amount: | 10,000 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2338722 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

| 4/11/15 1:03 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
|-----------------|--------|---|--|

| KPDES # Facility ID | | | | Water C | Quality Treatem | ent Center | Rece | iving Stream o | Regio | Region | |
|---|------------------------|---------------|---------------------------------------|--------------------------|--|----------------------------|---------------------------------|---|--|--|------------------|
| KY0022411 MSD0278 Facility Type Facility ID | | | MORRIS | FORMAN | | OHIO RIVER | | | WEST | | |
| | | | Facility Addre | ss | If Pump Station, Name of Pump Station: | | | Receiving Stream | Discha | Discharge to | |
| SMH Sewer Manhole | 08431 | | 4339 PRUITT CT | | | | | SOUTH FORK BEARGRASS CREEK | GROUND | | |
| Activity Code / Description DISREV:RAIN EVENT DISCHARGE | <u>WO #</u> 2337928 | <u>Ref No</u> | <u>Initiated</u> 4/3/15 8:30 am | Initiated By MITCHELL | <u>Assigned To</u> GRIFFITH | Disch Status DOCUMENTED | <u>Event Date</u> 02/25/2011 | <u>Problem</u> LACK OF SYSTEM CAPACITY | <u>Result</u> UNAUTHORIZED DISCHAGE - WATERS | <u>Completed</u> 04/04/15 08:04 AM | <u>Condition</u> |

Discharge Reporting:

| Discharge Amount: | 10,000 GAL |
|----------------------|---|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2338726 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE |

| 4/11/15 1:03 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
|-----------------|--------|---|--|

| KPDES # Facility ID | | | | Water Quality Treatement Center | | | iving Stream o | Region | | | |
|---|------------------|--------|----------------|---------------------------------|-------------|--|----------------|--------------------|-------------------------------|----------------|-----------|
| KY0022411 MSD0278 Facility Type Facility ID | | | MORRIS | FORMAN | | OHIO RIVER If Pump Station, Name of Pump Station: Receiving Stream | | | WEST | | |
| | | | Facility Addre | ss | If Pump Sta | | | | Dischar | Discharge to | |
| SSL Sewer Service Line | le 085100290046A | | | 4332 PRUITT CT | | | | | SOUTH FORK BEARGRASS CREEK | GROUND | |
| Activity Code / Description | <u>WO #</u> | Ref No | Initiated | Initiated By | Assigned To | Disch Status | Event Date | Problem | <u>Result</u> | Completed | Condition |
| DISREV:RAIN EVENT | 2337937 | | 4/3/15 8:28 | MITCHELL | GRIFFITH | DOCUMENTED | 12/05/2011 | LACK OF | UNAUTHORIZED | 04/04/15 08:10 | |
| DISCHARGE | | | am | | | | | SYSTEM CAPACITY | DISCHAGE - WATERS | AM | |

Discharge Reporting:

| Discharge Amount: | 10,000 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2338729 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

| 4/11/15 1:04 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
| | | | |

| KPDES # Facility ID | | | | Water C | uality Treatem | ent Center | Rece | iving Stream o | Region | | |
|---|------------------------|----------------|---------------------------------------|--|--------------------------------|-----------------------------------|---------------------------------|---|--|--|------------------|
| KY0022411 MSD0278 | | MORRIS | FORMAN | | OHIO RIVER | | | WEST | | | |
| Facility Type Facility ID | | Facility Addre | ss | If Pump Station, Name of Pump Station: | | | Receiving Stream | Discha | rge to | | |
| SMH Sewer Manhole | 0871 | 08717 3726 | | | 6 FINCASTLE RD | | | | SOUTH FORK BEARGRASS CREEK | GROUNE |) |
| Activity Code / Description DISREV:RAIN EVENT DISCHARGE | <u>WO #</u> 2337497 | <u>Ref No</u> | <u>Initiated</u> 4/2/15 4:14 pm | Initiated By MITCHELL | <u>Assigned To</u> GRIFFITH | <u>Disch Status</u> DOCUMENTED | <u>Event Date</u> 12/15/2007 | <u>Problem</u> LACK OF SYSTEM CAPACITY | <u>Result</u> UNAUTHORIZED DISCHAGE - WATERS | <u>Completed</u> 04/05/15 03:11 PM | <u>Condition</u> |

Discharge Reporting:

| Discharge Amount: | 10,000 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2338783 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP. |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

| 4/11/15 1:02 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
|-----------------|--------|---|--|



| KPDES # | Facility ID | | Water Quality Treatement Center | | | ing Stream of | Region | | |
|---|--------------------------------------|--|---------------------------------|-----------------------------------|---------------------------------|---|--|--|------------------|
| KY0022411 (Cont'd) | MSD0278 | MORRIS | FORMAN | | OHIO RIV | ′ER | | WEST | |
| Activity Code / Description DISREV:RAIN EVENT DISCHARGE | <u>WO #</u> <u>Ref No</u> 2341735 | Initiated Initiated By 4/9/2015 GRIFFITH 1:06:00PM | <u>Assigned To</u> MITCHELL | <u>Disch Status</u> DOCUMENTED | <u>Event Date</u> 12/15/2007 | <u>Problem</u> LACK OF SYSTEM CAPACITY | <u>Result</u> UNAUTHORIZED DISCHAGE - WATERS | <u>Completed</u> 04/09/15 05:18 PM | <u>Condition</u> |

Discharge Reporting:

| Discharge Amount: | 4,500 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2341766 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP. |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

Notifications:

4/11/15 1:49 am DISNOT Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org'

| KPDES # | Fac | Facility ID | | | Water Quality Treatement Center | | | iving Stream o | Region | | |
|-----------------------------|-------------|-------------|---------------|----------------|---------------------------------|--------------|-------------------|--------------------|--------------------------------|------------------|-----------|
| KY0022411 | MSE | 00278 | MORRIS FORMAN | | | OHIO RIVER | | | | WEST | |
| Facility Type | Faci | lity ID | | Facility Addre | SS | If Pump Sta | ition, Name of Pu | mp Station: | Receiving Stream | Discha | rge to |
| SMH Sewer Manhole | 0893 | 35-SM | | 1001 BRECK | ENRIDGE LN | | | | MIDDLE FORK BEARGRASS CREEK | STREAM | |
| Activity Code / Description | <u>WO #</u> | Ref No | Initiated | Initiated By | Assigned To | Disch Status | Event Date | Problem | <u>Result</u> | Completed | Condition |
| DISREV:RAIN EVENT | 2337592 | | 4/3/15 2:03 | LOGAN JR | GRIFFITH | DOCUMENTED | 11/29/2001 | LACK OF | UNAUTHORIZED | 04/05/15 02:17 | |
| DISCHARGE | | | am | | | | | SYSTEM CAPACITY | DISCHAGE - WATERS | PM | |

Discharge Reporting:

| Discharge Amount: | 21,042,883 GAL |
|----------------------|---|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | NO CLEAN UP PERFORMED – PIPE DISCHARGING UNDERWATER, DIRECTLY INTO STREAM. |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP. |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/ OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

| 4/11/15 1:02 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
| | | | |

MSD Metropolitan Sewer District

Report Selections: Period: 04/01/2015 00:00 thru 04/30/2015 23:59, treatment Plant: MSD0278 MORRIS FORMAN, Excluding PPI Excluding CSO Excluding LAT, Result: WUS, Act Code: DISDW, DISREV

| KPDES # | Facility ID | | Water Quality Treatement Center | | | Receiv | ving Stream of | Region | | |
|---|-------------------------------|---|---------------------------------|--------------------------------|-----------------------------------|---------------------------------|---|--|--|------------------|
| KY0022411 (Cont'd) | MSD0278 | | MORRIS FORMAN | | | OHIO RIVER | | | WEST | |
| Activity Code / Description DISREV:RAIN EVENT DISCHARGE | <u>WO # Ref No</u> 2340545 | <u>Initiated</u> 4/7/2015 7:13:00PM | <u>Initiated By</u> GRIFFITH | <u>Assigned To</u> LOGAN JR | <u>Disch Status</u> DOCUMENTED | <u>Event Date</u> 11/29/2001 | <u>Problem</u> LACK OF SYSTEM CAPACITY | <u>Result</u> UNAUTHORIZED DISCHAGE - WATERS | <u>Completed</u> 04/08/15 01:45 AM | <u>Condition</u> |

Discharge Reporting:

| Discharge Amount: | 558,009 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | NO CLEAN UP PERFORMED – PIPE DISCHARGING UNDERWATER, DIRECTLY INTO STREAM |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP. |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

| 4/11/15 1:4 | 49 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' |
|-------------|-------|--------|---|
|-------------|-------|--------|---|

MSD Metropolitan Sewer District

Report Selections: Period: 04/01/2015 00:00 thru 04/30/2015 23:59, treatment Plant: MSD0278 MORRIS FORMAN, Excluding PPI Excluding CSO Excluding LAT, Result: WUS, Act Code: DISDW, DISREV

| KPDES # | # Facility ID | | Water Qu | Water Quality Treatement Center | | | ving Stream of | Region | | |
|---|--------------------------|--|---------------------------------|---------------------------------|-----------------------------------|---------------------------------|---|--|--|------------------|
| KY0022411 (Cont'd) | MSD0278 | | MORRIS F | ORMAN | | OHIO RIV | ′ER | | WEST | |
| Activity Code / Description DISREV:RAIN EVENT DISCHARGE | <u>WO #</u> R 2341381 | ef No Initiated 4/8/2015 8:25:00PM | <u>Initiated By</u> GRIFFITH | <u>Assigned To</u> LOGAN JR | <u>Disch Status</u> DOCUMENTED | <u>Event Date</u> 11/29/2001 | <u>Problem</u> LACK OF SYSTEM CAPACITY | <u>Result</u> UNAUTHORIZED DISCHAGE - WATERS | <u>Completed</u> 04/09/15 07:26 PM | <u>Condition</u> |

Discharge Reporting:

| Discharge Amount: | 574,686 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | NO CLEAN UP PERFORMED – PIPE DISCHARGING UNDERWATER, DIRECTLY INTO STREAM |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

Notifications:

4/11/15 1:49 am DISNOT Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org'

| KPDES #Facility IDKY0022411MSD0278 | | | Water C | Quality Treatem | ent Center | Rece | iving Stream o | Region | | | |
|------------------------------------|---------|--------|-------------------|-----------------|--|--------------|----------------|-------------------------------|-----------------------------------|----------------------|-----------|
| | | | MORRIS | FORMAN | | OHIO RIVER | | | WEST | | |
| Facility Type Facility ID | | | Facility Addre | ss | If Pump Station, Name of Pump Station: | | | Receiving Stream | Discharge to GROUND | | |
| SMH Sewer Manhole | 104223 | | | 4103 LEE AVE | | | | SOUTH FORK BEARGRASS CREEK | | | |
| Activity Code / Description | | Ref No | Initiated | Initiated By | Assigned To | Disch Status | Event Date | Problem | Result | Completed | Condition |
| DISREV:RAIN EVENT DISCHARGE | 2337899 | | 4/3/15 5:05 am | MITCHELL | GRIFFITH | DOCUMENTED | 05/20/2005 | LACK OF SYSTEM CAPACITY | UNAUTHORIZED DISCHAGE - WATERS | 04/04/15 09:39 AM | |

Discharge Reporting:

| Discharge Amount: | 10,000 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2339751 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

| 4/11/15 1:03 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
|-----------------|--------|---|--|

| KPDES # Facility ID | | | | Water Q | uality Treatem | ent Center | Rece | iving Stream o | Region | | |
|-----------------------------|--------------------|--------|-------------|-----------------|----------------|--|------------|--------------------|--------------------|----------------|-----------|
| KY0022411 | MSD0278 | | | MORRIS | FORMAN | | OHIO RIVER | | | WEST | |
| Facility Type | v Type Facility ID | | | Facility Addres | 55 | If Pump Station, Name of Pump Station: | | | Receiving Stream D | | rge to |
| SMH Sewer Manhole | 104224 | | | 4103 LEE AVE | | | | | UNNAMED TRIBUTARY | GROUNE |) |
| Activity Code / Description | <u>WO #</u> | Ref No | Initiated | Initiated By | Assigned To | Disch Status | Event Date | Problem | <u>Result</u> | Completed | Condition |
| DISREV:RAIN EVENT | 2337941 | | 4/3/15 5:00 | MITCHELL | GRIFFITH | BEYOND | 04/03/2015 | LACK OF | UNAUTHORIZED | 04/06/15 09:38 | |
| DISCHARGE | | | am | | | APPROVED DESIGN STORM | | SYSTEM CAPACITY | DISCHAGE - WATERS | AM | |

Discharge Reporting:

| Discharge Amount: | 16,000 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2339303 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

| 4/11/15 1:06 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
|-----------------|--------|---|--|

| KPDES # Facility ID | | | | Water Q | uality Treatem | ent Center | Rece | iving Stream o | Region | | |
|-----------------------------|-------------|--------|------------------|--------------|----------------|--|------------|-------------------|-------------------|----------------|-----------|
| KY0022411 MSD0278 | | | MORRIS | FORMAN | OHIO RIVER | | | | WEST | | |
| Facility Type Facility ID | | | Facility Address | | | If Pump Station, Name of Pump Station: | | | Discha | rge to | |
| SMH Sewer Manhole | 104231 | | 4119 LEE AVE | | | | | CAMP TAYLOR DITCH | GROUNE |) | |
| Activity Code / Description | <u>WO #</u> | Ref No | Initiated | Initiated By | Assigned To | Disch Status | Event Date | Problem | Result | Completed | Condition |
| DISREV:RAIN EVENT | 2337903 | | 4/3/15 10:42 | MITCHELL | GRIFFITH | DOCUMENTED | 10/23/2007 | LACK OF | UNAUTHORIZED | 04/04/15 09:39 | |
| DISCHARGE | | | am | | | | | SYSTEM | DISCHAGE - WATERS | AM | |
| | | | | | | | | CAPACITY | | | |

Discharge Reporting:

| Discharge Amount: | 10,000 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2339764 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

| 4/11/15 1:03 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
|-----------------|--------|---|--|

| KPDES # Facility ID KY0022411 MSD0278 Facility Type Facility ID | | cility ID Water Quality Treaten | | | ent Center Receiving Stream of Treatment Center | | | | Region | | |
|---|------------------------|---------------------------------|---------------------------------|-------------------------------|---|-----------------------------------|--------------------------|---------------------------|-------------------------------|------------------------------------|-----------|
| | | | MORRIS | FORMAN | OHIO RIVER | | | | WEST | | |
| | | | Facility Addre | ss | If Pump Station, Name of Pump Station: | | | Receiving Stream | Discharge to | | |
| SMH Sewer Manhole | 1059 | 936 | | 7713 WESTPORT RD | | | | | GOOSE CREEK | GROUND | |
| Activity Code / Description | <u>WO #</u> 2337585 | <u>Ref No</u> | <u>Initiated</u> 4/3/15 4:32 | <u>Initiated By</u> FIELDS | <u>Assigned To</u> GRIFFITH | <u>Disch Status</u> DOCUMENTED | Event Date 03/04/2008 | <u>Problem</u> LACK OF | <u>Result</u> UNAUTHORIZED | <u>Completed</u> 04/04/15 01:46 | Condition |
| DISCHARGE | | | am | | | | | SYSTEM CAPACITY | DISCHAGE - WATERS | AM | |

Discharge Reporting:

| Discharge Amount: | 1,000 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2338561 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP. |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

| 4/11/15 1:02 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
|-----------------|--------|---|--|

| KPDES # Facility ID | | | Water C | Quality Treatem | ent Center | Rece | iving Stream o | Region WEST | | | |
|-----------------------------|-------------|--------|----------------|-----------------|--|--------------|----------------|-----------------------|--------------------------------|----------------|-----------|
| KY0022411 | MSD0278 | | | MORRIS | FORMAN | | OHIO RIVER | | | | |
| Facility Type Facility ID | | | Facility Addre | SS | If Pump Station, Name of Pump Station: | | | Receiving Stream | Discha | Discharge to | |
| SMH Sewer Manhole | 1151 | 83 | | 208 BRUNSW | /ICK RD | | | | MIDDLE FORK BEARGRASS CREEK | DITCH | |
| Activity Code / Description | <u>WO #</u> | Ref No | Initiated | Initiated By | Assigned To | Disch Status | Event Date | Problem | Result | Completed | Condition |
| DISREV:RAIN EVENT | 2337805 | | 4/3/15 9:44 | FIELDS | GRIFFITH | DOCUMENTED | 12/05/2011 | LACK OF | UNAUTHORIZED | 04/04/15 12:39 | |
| DISCHARGE | | | am | | | | | SYSTEM CAPACITY | DISCHAGE - WATERS | PM | |

Discharge Reporting:

| Discharge Amount: | 9,000 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2339795 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP. |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

| 4/11/15 1:02 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
|-----------------|--------|---|--|

| KPDES # | | | | Water C | Water Quality Treatement Center | | | Receiving Stream of Treatment Center | | | Region | |
|-----------------------------|-------------|--------|------------------|---------------|--|--------------------------|------------|---|-------------------|----------------|------------------|--|
| KY0022411 | MSD0278 | | | MORRIS FORMAN | | | OHIO R | IVER | WEST | | | |
| Facility Type | Facility ID | | Facility Address | | If Pump Station, Name of Pump Station: | | | Receiving Stream | Discha | rge to | | |
| SSL Sewer Service Line | 135273 4 | | 4327 PRUITT CT | | | | | BUECHEL BRANCH | GROUNE |) | | |
| Activity Code / Description | <u>WO #</u> | Ref No | Initiated | Initiated By | Assigned To | Disch Status | Event Date | Problem | Result | Completed | Condition | |
| DISREV:RAIN EVENT | 2337938 | | 4/3/15 8:24 | MITCHELL | GRIFFITH | BEYOND | 04/03/2015 | LACK OF | UNAUTHORIZED | 04/04/15 08:01 | | |
| DISCHARGE | | | am | | | APPROVED DESIGN STORM | | SYSTEM CAPACITY | DISCHAGE - WATERS | AM | | |

Discharge Reporting:

| Discharge Amount: | 1,000 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2338730 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

| 4/11/15 1:05 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
|-----------------|--------|---|--|

| KPDES # | Facility ID | Water Q | Water Quality Treatement Center | | | Receiving Stream of Treatment Center | | | Region | |
|---|-------------------------------|---------------------------|---------------------------------|------------------------------------|---|---|---|--|--|------------------|
| KY0022411 | MSD0278 | | MORRIS | MORRIS FORMAN | | | IVER | WEST | | |
| Facility Type | Facility ID Facil | | | sility Address If Pump Station, Na | | | me of Pump Station: Receiving Stream | | Discharge to | |
| SMH Sewer Manhole | 13833 | 13833 1619 NIGHTINGALE RD | | | | | | SOUTH FORK BEARGRASS CREEK | GROUND | |
| Activity Code / Description DISREV:RAIN EVENT DISCHARGE | <u>WO # Ref No</u> 2337950 | | Initiated By MITCHELL | <u>Assigned To</u> GRIFFITH | <u>Disch Status</u> BEYOND APPROVED DESIGN STORM | <u>Event Date</u> 04/03/2015 | <u>Problem</u> LACK OF SYSTEM CAPACITY | <u>Result</u> UNAUTHORIZED DISCHAGE - WATERS | <u>Completed</u> 04/04/15 10:03 AM | <u>Condition</u> |

Discharge Reporting:

| Discharge Amount: | 10,000 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2338733 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

| 4/11/15 1:09 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
|-----------------|--------|---|--|

| KPDES # | Facility ID | | | Water C | Water Quality Treatement Center | | | Receiving Stream of Treatment Center | | | Region | |
|---|------------------------|---------------|---------------------------------------|--------------------------|---------------------------------|--|---------------------------------|--|--|--|------------------|--|
| KY0022411 | MSD0278 | | MORRIS | FORMAN | | OHIO RIVER If Pump Station, Name of Pump Station: Receiving Stream | | | WEST Discharge to GROUND | | | |
| Facility Type Facility ID | | | Facility Addre | SS | If Pump Sta | | | | | | | |
| SMH Sewer Manhole | 13931 15 | | 1562 MCKAY | AVE | | | | SOUTH FORK BEARGRASS CREEK | | | | |
| Activity Code / Description DISREV:RAIN EVENT DISCHARGE | <u>WO #</u> 2337909 | <u>Ref No</u> | <u>Initiated</u> 4/3/15 4:51 am | Initiated By MITCHELL | <u>Assigned To</u> GRIFFITH | Disch Status DOCUMENTED | <u>Event Date</u> 03/04/2008 | Problem LACK OF SYSTEM CAPACITY | <u>Result</u> UNAUTHORIZED DISCHAGE - WATERS | <u>Completed</u> 04/04/15 09:31 AM | <u>Condition</u> | |

Discharge Reporting:

| Discharge Amount: | 10,000 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2338719 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

| 4/11/15 1:03 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
|-----------------|--------|---|--|

| KPDES # | Facility ID | | | Water C | Water Quality Treatement Center MORRIS FORMAN | | | Receiving Stream of Treatment Center OHIO RIVER | | | Region | |
|---|------------------------|---------------|---------------------------------------|--------------------------|--|-----------------------------------|---------------------------------|---|--|--|------------------|--|
| KY0022411 | /0022411 MSD0278 | | MORRIS | | | | | | | | | |
| Facility Type | Facili | ty ID | | Facility Addre | SS | If Pump Sta | tion, Name of Pu | mp Station: | Receiving Stream | Discha | ge to | |
| SMH Sewer Manhole | 13943 | 3 | | 4119 LEE AVE | Ξ | | | | SOUTH FORK BEARGRASS CREEK | GROUNE |) | |
| Activity Code / Description DISREV:RAIN EVENT DISCHARGE | <u>WO #</u> 2337906 | <u>Ref No</u> | <u>Initiated</u> 4/3/15 6:02 am | Initiated By MITCHELL | <u>Assigned To</u> GRIFFITH | <u>Disch Status</u> DOCUMENTED | <u>Event Date</u> 03/19/2008 | <u>Problem</u> LACK OF SYSTEM | <u>Result</u> UNAUTHORIZED DISCHAGE - WATERS | <u>Completed</u> 04/04/15 08:15 AM | <u>Condition</u> | |
| | | | | | | | | CAPACITY | | | | |

Discharge Reporting:

| Discharge Amount: | 3,000 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2339771 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

| 4/11/15 1:03 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
|-----------------|--------|---|--|

| KPDES # | Facility ID | | | Water Q | Water Quality Treatement Center | | | Receiving Stream of Treatment Center | | | Region | |
|-----------------------------|-----------------------|---------|-------------|-----------------|---------------------------------|--------------------------|-----------------|---|-------------------|----------------|-----------|--|
| KY0022411 | MSD0278 MORRIS FORMAN | | | FORMAN | | | WEST | | | | | |
| Facility Type | Faci | lity ID | | Facility Addres | 55 | If Pump Stat | ion, Name of Pu | mp Station: | Receiving Stream | Discha | rge to | |
| SMH Sewer Manhole | 1394 | 44 | | 4119 LEE AVE | E | | | | UNNAMED TRIBUTARY | GROUNE |) | |
| Activity Code / Description | <u>WO #</u> | Ref No | Initiated | Initiated By | Assigned To | Disch Status | Event Date | Problem | Result | Completed | Condition | |
| DISREV:RAIN EVENT | 2337945 | | 4/3/15 2:34 | MITCHELL | GRIFFITH | BEYOND | 04/03/2015 | LACK OF | UNAUTHORIZED | 04/04/15 09:43 | | |
| DISCHARGE | | | pm | | | APPROVED DESIGN STORM | | SYSTEM CAPACITY | DISCHAGE - WATERS | AM | | |

Discharge Reporting:

| Discharge Amount: | 10,000 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2338731 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

| 4/11/15 1:07 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
|-----------------|--------|---|--|

| KPDES # | | | Water C | Water Quality Treatement Center | | | Receiving Stream of Treatment Center | | | Region | |
|-----------------------------|-------------|---------|-------------|---------------------------------|-------------|--------------|---|--------------------|-------------------|----------------|-----------|
| KY0022411 | | | MORRIS | FORMAN | | OHIO RIVER | | | WEST | | |
| Facility Type | Faci | lity ID | | Facility Addres | 55 | If Pump Sta | tion, Name of Pu | mp Station: | Receiving Stream | Discha | rge to |
| SMH Sewer Manhole | 1394 | 46 | | 1600 BELMAR | RDR | | | | CAMP TAYLOR DITCH | GROUNE | C |
| Activity Code / Description | <u>WO #</u> | Ref No | Initiated | Initiated By | Assigned To | Disch Status | Event Date | Problem | <u>Result</u> | Completed | Condition |
| DISREV:RAIN EVENT | 2337494 | | 4/2/15 4:03 | MITCHELL | GRIFFITH | DOCUMENTED | 10/30/2013 | LACK OF | UNAUTHORIZED | 04/04/15 09:45 | |
| DISCHARGE | | | pm | | | | | SYSTEM CAPACITY | DISCHAGE - WATERS | AM | |

Discharge Reporting:

| Discharge Amount: | 1,000 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2338569 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP. |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

| 4/11/15 1:01 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
|-----------------|--------|---|--|

MSD Metropolitan Sewer District

Report Selections: Period: 04/01/2015 00:00 thru 04/30/2015 23:59, treatment Plant: MSD0278 MORRIS FORMAN, Excluding PPI Excluding CSO Excluding LAT, Result: WUS, Act Code: DISDW, DISREV

| KPDES # | Facility ID | W | Water Quality Treatement Center | | | ving Stream of | Region | | | |
|---|--------------------------------------|---|---------------------------------|-----------------------------------|---------------------------------|---|--|--|------------------|--|
| KY0022411 (Cont'd) | MSD0278 | М | ORRIS FORMAN | | OHIO RIVER | | | WEST | | |
| Activity Code / Description DISREV:RAIN EVENT DISCHARGE | <u>WO #</u> <u>Ref No</u> 2340544 | Initiated Initiated 4/7/2015 GRIFFI 6:00:00PM | | <u>Disch Status</u> DOCUMENTED | <u>Event Date</u> 10/30/2013 | <u>Problem</u> LACK OF SYSTEM CAPACITY | <u>Result</u> UNAUTHORIZED DISCHAGE - WATERS | <u>Completed</u> 04/07/15 07:30 PM | <u>Condition</u> | |

Discharge Reporting:

| Discharge Amount: | 2,000 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2340639 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP. |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

Notifications:

4/11/15 1:49 am DISNOT Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org'



| KPDES # | Facility ID | ١ | Vater Quality Treatemen | Quality Treatement Center Rec | | | Receiving Stream of Treatment Center | | |
|---|-------------------------------|---|-------------------------|-----------------------------------|---------------------------------|---|--|--|------------------|
| KY0022411 (Cont'd) | MSD0278 | I | MORRIS FORMAN | | OHIO RIVER | | | | |
| Activity Code / Description DISREV:RAIN EVENT DISCHARGE | <u>WO # Ref No</u> 2341739 | Initiated Initiat 4/9/2015 GRIF 1:01:00PM | | <u>Disch Status</u> DOCUMENTED | <u>Event Date</u> 10/30/2013 | <u>Problem</u> LACK OF SYSTEM CAPACITY | <u>Result</u> UNAUTHORIZED DISCHAGE - WATERS | <u>Completed</u> 04/09/15 05:15 PM | <u>Condition</u> |

Discharge Reporting:

| Discharge Amount: | 2,500 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2341767 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP. |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

Notifications:

4/11/15 1:49 am DISNOT Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org'

| KPDES # | Facility ID MSD0278 | | | Water C | Water Quality Treatement Center | | | Receiving Stream of Treatment Center | | | Region | |
|---|------------------------|----------------|---------------------------------------|--|---------------------------------|---|---------------------------------|---|--|--|------------------|--|
| KY0022411 | | | | MORRIS | FORMAN | | OHIO RIVER | | | WEST | | |
| Facility Type Facility ID | | Facility Addre | SS | If Pump Station, Name of Pump Station: | | | Receiving Stream Discharg | | ge to | | | |
| SMH Sewer Manhole | 15195 | 5 | 1700 SULGRAVE RD | | | | | | MIDDLE FORK BEARGRASS CREEK | STREAM | | |
| Activity Code / Description DISREV:RAIN EVENT DISCHARGE | <u>WO #</u> 2338452 | <u>Ref No</u> | <u>Initiated</u> 4/3/15 3:15 pm | Initiated By FIELDS | <u>Assigned To</u> GRIFFITH | <u>Disch Status</u> BEYOND APPROVED DESIGN STORM | <u>Event Date</u> 04/03/2015 | Problem LACK OF SYSTEM CAPACITY | <u>Result</u> UNAUTHORIZED DISCHAGE - WATERS | <u>Completed</u> 04/04/15 07:47 AM | <u>Condition</u> | |

Discharge Reporting:

| Discharge Amount: | 24,000 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2338753 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP. |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

| 4/11/15 1:33 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
|-----------------|--------|---|--|

| KPDES # | Facility ID MSD0278 | | | Water C | Water Quality Treatement Center MORRIS FORMAN | | | Receiving Stream of Treatment Center OHIO RIVER | | | Region WEST | |
|---|------------------------|------------------------|---------------------------------------|-------------------------------|--|--|---------------------------------|---|--|--|-----------------------|--|
| KY0022411 | | | | MORRIS | | | | | | | | |
| Facility Type Facility ID | | | Facility Addre | SS | If Pump Station, Name of Pump Station: | | | Receiving Stream Discharg | | rge to | | |
| SMH Sewer Manhole | 1645 | 16455 1913 CHARBDIN PL | | | DIN PL | | | | MUDDY FORK BEARGRASS CREEK | GROUND | | |
| Activity Code / Description DISREV:RAIN EVENT DISCHARGE | <u>WO #</u> 2338339 | <u>Ref No</u> | <u>Initiated</u> 4/3/15 1:32 pm | <u>Initiated By</u> FIELDS | <u>Assigned To</u> GRIFFITH | Disch Status BEYOND APPROVED DESIGN STORM | <u>Event Date</u> 04/03/2015 | <u>Problem</u> LACK OF SYSTEM CAPACITY | <u>Result</u> UNAUTHORIZED DISCHAGE - WATERS | <u>Completed</u> 04/04/15 02:15 PM | <u>Condition</u> | |

Discharge Reporting:

| Discharge Amount: | 99,000 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2338739 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP. |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

| 4/11/15 1:21 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
| | | | |

| KPDES # | Facil | Facility ID | | | Water Quality Treatement Center | | | iving Stream o | Region | | |
|---|------------------------|---------------|---------------------------------------|--------------------------|---------------------------------|----------------------------|---------------------------------|--|--|--|------------------|
| KY0022411 | MSD0278 | | | MORRIS FORMAN | | OHIO RIVER | | | | WEST | |
| Facility Type | Facilit | ty ID | | Facility Addre | SS | If Pump Sta | tion, Name of Pu | np Station: | Receiving Stream | Discha | rge to |
| SMH Sewer Manhole | 16649 |) | | 1726 FRASEF | RDR | | | | SOUTH FORK BEARGRASS CREEK | DITCH | |
| Activity Code / Description DISREV:RAIN EVENT DISCHARGE | <u>WO #</u> 2337498 | <u>Ref No</u> | <u>Initiated</u> 4/2/15 4:14 pm | Initiated By MITCHELL | <u>Assigned To</u> GRIFFITH | Disch Status DOCUMENTED | <u>Event Date</u> 01/24/2002 | Problem LACK OF SYSTEM CAPACITY | <u>Result</u> UNAUTHORIZED DISCHAGE - WATERS | <u>Completed</u> 04/06/15 02:15 PM | <u>Condition</u> |

Discharge Reporting:

| Discharge Amount: | 50,000 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2339347 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP. |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

| 4/11/15 1:02 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
| | | | |

MSD Metropolitan Sewer District

Report Selections: Period: 04/01/2015 00:00 thru 04/30/2015 23:59, treatment Plant: MSD0278 MORRIS FORMAN, Excluding PPI Excluding CSO Excluding LAT, Result: WUS, Act Code: DISDW, DISREV

| KPDES # | Facility ID | Wate | Water Quality Treatement Center | | | ving Stream of | Treatment Center | Region | |
|---|--------------------------------------|--|---------------------------------|-----------------------------------|---------------------------------|---|--|--|------------------|
| KY0022411 (Cont'd) | MSD0278 | MORF | MORRIS FORMAN | | OHIO RIVER | | | WEST | |
| Activity Code / Description DISREV:RAIN EVENT DISCHARGE | <u>WO #</u> <u>Ref No</u> 2340546 | <u>Initiated</u> <u>Initiated By</u> 4/7/2015 GRIFFITH 7:41:00PM | <u>Assigned To</u> LOGAN JR | <u>Disch Status</u> DOCUMENTED | <u>Event Date</u> 01/24/2002 | <u>Problem</u> LACK OF SYSTEM CAPACITY | <u>Result</u> UNAUTHORIZED DISCHAGE - WATERS | <u>Completed</u> 04/07/15 10:45 PM | <u>Condition</u> |

Discharge Reporting:

| Discharge Amount: | 2,000 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2340649 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP. |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

Notifications:

4/11/15 1:49 am DISNOT Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org'



| KPDES # | Facility ID | | Water Quality Treatement Center | | | ing Stream of | Region | | |
|---|--------------------------------------|--|---------------------------------|-----------------------------------|---------------------------------|---|--|--|------------------|
| KY0022411 (Cont'd) | MSD0278 | | MORRIS FORMAN | | OHIO RIVER | | | WEST | |
| Activity Code / Description DISREV:RAIN EVENT DISCHARGE | <u>WO #</u> <u>Ref No</u> 2341382 | InitiatedInitiated By4/8/2015GRIFFITH5:15:00PM | <u>Assigned To</u> LOGAN JR | <u>Disch Status</u> DOCUMENTED | <u>Event Date</u> 01/24/2002 | <u>Problem</u> LACK OF SYSTEM CAPACITY | <u>Result</u> UNAUTHORIZED DISCHAGE - WATERS | <u>Completed</u> 04/10/15 02:05 PM | <u>Condition</u> |

Discharge Reporting:

| Discharge Amount: | 5,000 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2342126 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

Notifications:

4/11/15 1:49 am DISNOT Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org'

| KPDES # | Facility ID | | | Water C | Water Quality Treatement Center | | | iving Stream o | Region | | |
|-----------------------------|-------------|---------|---------------|-----------------|---------------------------------|--------------------------|-----------------|--------------------|-------------------|----------------|-----------|
| KY0022411 | MSD0278 | | MORRIS FORMAN | | | OHIO RIVER | | | WEST | | |
| Facility Type | Faci | lity ID | | Facility Addres | 55 | If Pump Stat | ion, Name of Pu | mp Station: | Receiving Stream | Discha | rge to |
| SMH Sewer Manhole | 2049 | 91 | | 7400 SIX MILI | E LN | | | | BUECHEL BRANCH | GROUNE |) |
| Activity Code / Description | <u>WO #</u> | Ref No | Initiated | Initiated By | Assigned To | Disch Status | Event Date | Problem | Result | Completed | Condition |
| DISREV:RAIN EVENT | 2338485 | | 4/3/15 3:00 | MITCHELL | GRIFFITH | BEYOND | 04/03/2015 | LACK OF | UNAUTHORIZED | 04/04/15 07:14 | |
| DISCHARGE | | | pm | | | APPROVED DESIGN STORM | | SYSTEM CAPACITY | DISCHAGE - WATERS | AM | |

Discharge Reporting:

| Discharge Amount: | 10,000 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2338715 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP. |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

| 4/11/15 1:49 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
|-----------------|--------|---|--|

| KPDES # | Facility ID | | | Water Q | Water Quality Treatement Center | | | iving Stream o | Region | | |
|-----------------------------|-------------|----------|---------------|-----------------|---------------------------------|--------------------------|-----------------|--------------------|-------------------|----------------|-----------|
| KY0022411 | MSD0278 | | MORRIS FORMAN | | | OHIO RIVER | | | WEST | | |
| Facility Type | Faci | ility ID | | Facility Addres | 55 | If Pump Stat | ion, Name of Pu | mp Station: | Receiving Stream | Discha | rge to |
| SMH Sewer Manhole | 2108 | 89A | | 207 BRUNSW | ICK RD | | | | UPPER MILL CREEK | DITCH | |
| Activity Code / Description | <u>WO #</u> | Ref No | Initiated | Initiated By | Assigned To | Disch Status | Event Date | Problem | Result | Completed | Condition |
| DISREV:RAIN EVENT | 2337803 | | 4/3/15 9:44 | FIELDS | GRIFFITH | BEYOND | 04/27/2011 | LACK OF | UNAUTHORIZED | 04/04/15 12:39 | |
| DISCHARGE | | | am | | | APPROVED DESIGN STORM | | SYSTEM CAPACITY | DISCHAGE - WATERS | PM | |

Discharge Reporting:

| Discharge Amount: | 9,000 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2339787 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP. |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

| 4/11/15 1:02 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
|-----------------|--------|---|--|

| KPDES # | Facility | ID | Water C | Water Quality Treatement Center | | | Receiving Stream of Treatment Center | | | Region | |
|---|----------------------------|---|------------------------|---------------------------------|--|---------------------------------|---|--|--|------------------|--|
| KY0022411 | MSD0278 | MSD0278 | | MORRIS FORMAN | | OHIO R | OHIO RIVER | | | WEST | |
| Facility Type | Facility II |) | Facility Addre | SS | If Pump Stat | tion, Name of Pu | mp Station: | Receiving Stream | Discha | rge to | |
| SMH Sewer Manhole | 21170 | | 4609 BLENH | EIM RD | | | | MIDDLE FORK BEARGRASS CREEK | GROUNE |) | |
| Activity Code / Description DISREV:RAIN EVENT DISCHARGE | <u>WO # Ret</u> 2337807 | <mark>f No <u>Initiated</u> 4/3/15 9:38 am</mark> | Initiated By FIELDS | <u>Assigned To</u> GRIFFITH | Disch Status BEYOND APPROVED DESIGN STORM | <u>Event Date</u> 04/03/2015 | <u>Problem</u> LACK OF SYSTEM CAPACITY | <u>Result</u> UNAUTHORIZED DISCHAGE - WATERS | <u>Completed</u> 04/04/15 12:42 PM | <u>Condition</u> | |

Discharge Reporting:

| Discharge Amount: | 100 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | NO DISCLEAN NEEDED, DUE TO MAGNITUDE OF STORM. |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP. |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

| 4/11/15 1:03 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
|-----------------|--------|---|--|

| KPDES # | Fac | Facility ID | | Water C | Water Quality Treatement Center | | | Receiving Stream of Treatment Center | | | Region | |
|-----------------------------|-------------|-------------|-------------|----------------|---------------------------------|--------------------------|------------------|---|--------------------------------|----------------|-----------|--|
| KY0022411 | MSD | MSD0278 | | MORRIS FORMAN | | OHIO RIVER | | | WEST | | | |
| Facility Type | Faci | lity ID | | Facility Addre | ss | If Pump Stat | tion, Name of Pu | mp Station: | Receiving Stream | Discha | rge to | |
| SMH Sewer Manhole | 2117 | '1 | | 4609 BLENH | EIM RD | | | | MIDDLE FORK BEARGRASS CREEK | DITCH | | |
| Activity Code / Description | <u>WO #</u> | Ref No | Initiated | Initiated By | Assigned To | Disch Status | Event Date | Problem | Result | Completed | Condition | |
| DISREV:RAIN EVENT | 2337809 | | 4/3/15 9:38 | FIELDS | GRIFFITH | BEYOND | 04/27/2011 | LACK OF | UNAUTHORIZED | 04/04/15 12:42 | | |
| DISCHARGE | | | am | | | APPROVED DESIGN STORM | | SYSTEM CAPACITY | DISCHAGE - WATERS | PM | | |

Discharge Reporting:

| Discharge Amount: | 100 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | NO DISCLEAN, DUE TO MAGNITUDE OF STORM. |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP. |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

| 4/11/15 1:03 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
|-----------------|--------|---|--|

| KPDES # | Facility ID | | Water Q | Water Quality Treatement Center | | | Receiving Stream of Treatment Center | | | Region | |
|-----------------------------|-------------|---------|-------------|---------------------------------|-------------|--------------|---|--------------------|-------------------|----------------|-----------|
| KY0022411 | MSE | MSD0278 | | MORRIS FORMAN | | OHIO RIVER | | | WEST | | |
| Facility Type | Faci | lity ID | | Facility Addres | s | If Pump Sta | tion, Name of Pu | np Station: | Receiving Stream | Discha | rge to |
| SMH Sewer Manhole | 2162 | 28-W | | 7404 ARROW | WOOD RD | | | | GOOSE CREEK | DITCH | |
| Activity Code / Description | <u>WO #</u> | Ref No | Initiated | Initiated By | Assigned To | Disch Status | Event Date | Problem | Result | Completed | Condition |
| DISREV:RAIN EVENT | 2337553 | | 4/3/15 3:24 | SINGLETON | OPS ASHIFT | DOCUMENTED | 12/16/2000 | LACK OF | UNAUTHORIZED | 04/05/15 08:20 | |
| DISCHARGE | | | am | | | | | SYSTEM CAPACITY | DISCHAGE - WATERS | AM | |

Discharge Reporting:

| Discharge Amount: | 238,200 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY DUE TO RAIN EVENT |
| Clean Up: | MSD CLEANED & SANITIZED THE AREA |
| Control Zone: | TEMPORARY SIGNS PLACED |
| Impact: | SEWAGE OBSERVED |
| Repair: | A SOLUTION FOR THIS LOCATION IS INCLUDED IN THE IOAP |
| Public Notification: | TEMPORARY SIGNS PLACED AROUND THE AFFECTED AREA |

| 4/11/15 1:02 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
|-----------------|--------|---|--|

MSD Metropolitan Sewer District

Report Selections: Period: 04/01/2015 00:00 thru 04/30/2015 23:59, treatment Plant: MSD0278 MORRIS FORMAN, Excluding PPI Excluding CSO Excluding LAT, Result: WUS, Act Code: DISDW, DISREV

| KPDES # | Facility ID | Water Q | uality Treatement Cen | nter Receiv | ring Stream of Treatment Center | Region | |
|---|--------------------------------------|---|-----------------------|--|---|---|--|
| KY0022411 (Cont'd) | MSD0278 | MORRIS I | ORMAN | OHIO RIV | /ER | WEST | |
| Activity Code / Description DISREV:RAIN EVENT DISCHARGE | <u>WO #</u> <u>Ref No</u> 2340555 | InitiatedInitiated By4/7/2015OPS ASHIFT11:25:00PM | | isch Status Event Date OCUMENTED 12/16/2000 | ProblemResultLACK OFUNAUTHORIZEDSYSTEMDISCHAGE - WATERSCAPACITYCAPACITY | Completed Condition 04/08/15 01:06 AM | |

Discharge Reporting:

| Discharge Amount: | 1,010 GAL |
|----------------------|---|
| Cause: | rain event caused lack of system capacity |
| Clean Up: | msd cleaned & sanitized the area |
| Control Zone: | temporary signs posted |
| Impact: | sewage observed |
| Repair: | station hauled to prevent discharge |
| Public Notification: | MSD used temporary signs to warn the public |

Notifications:

4/11/15 1:49 am

Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org'

DISNOT

| KPDES # Facility ID | | | Water Quality Treatement Center | | | | Recei | ving Stream | Region WEST | | |
|---|---------------|-------------|---------------------------------|--------------|-------------|--|------------|-------------|-----------------------|----------------|-----------|
| KY0022411 MSD0278 Facility Type Facility ID | | 78 | MORRIS FORMAN Facility Address | | | OHIO RIVER | | | | | |
| | | ID | | | | If Pump Station, Name of Pump Station: | | | Receiving Stream | Discharge to | |
| SMH Sewer Manhole | 22949 | | 9731 BOXFORD WAY | | | | | GOOSE CREEK | DITCH | | |
| Activity Code / Description | <u>WO # R</u> | tef No Init | tiated | Initiated By | Assigned To | Disch Status | Event Date | Problem | <u>Result</u> | Completed | Condition |
| DISREV:RAIN EVENT | 2337486 | 4/2 | 2/15 6:13 | BIVIN | BIVIN | REPAIRED - | 04/02/2015 | ROOTS | UNAUTHORIZED | 04/02/15 07:30 | |
| DISCHARGE | | pm | ı | | | ISSUE | | | DISCHAGE - WATERS | PM | |
| | | | | | | RESOLVED | | | | | |

Discharge Reporting:

| Discharge Amount: | 15 GAL |
|----------------------|--|
| Cause: | ROOTS IN MAIN |
| Clean Up: | MSD WILL CLEAN IMPACTED AREA |
| Control Zone: | PLACED ONE DISCHARGE SIGN |
| Impact: | OBSERVED EVIDENCE OF A DISCHARGE AROUND MH |
| Repair: | ROOT CUT MAIN #2337488 |
| Public Notification: | ADVISED ON SITE |

| 4/11/15 1:01 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
|-----------------|--------|---|--|

| KPDES # Facility ID | | | | Water Q | uality Treateme | ent Center | Recei | ving Stream | Region | | |
|---|-------------|----------------------|-----------------|--------------|--|--------------|------------|------------------|-------------------|----------------|-----------|
| KY0022411 MSD0278 Facility Type Facility ID | | | MORRIS I | FORMAN | OHIO RIVER | | | | WEST | | |
| | | | Facility Addres | s | If Pump Station, Name of Pump Station: | | | Receiving Stream | Discha | Discharge to | |
| SMH Sewer Manhole | 22950 | 22950 9732 BOXFORD W | | RD WAY | Y | | | GOOSE CREEK | GROUNE |) | |
| Activity Code / Description | <u>WO #</u> | Ref No | Initiated | Initiated By | Assigned To | Disch Status | Event Date | Problem | Result | Completed | Condition |
| DISREV:RAIN EVENT | 2337481 | | 4/2/15 6:04 | HATHAWAY | BIVIN | REPAIRED - | 04/02/2015 | ROOTS | UNAUTHORIZED | 04/02/15 07:00 | |
| DISCHARGE | | | pm | | | ISSUE | | | DISCHAGE - WATERS | PM | |
| | | | | | | RESOLVED | | | | | |

Discharge Reporting:

| Discharge Amount: | 26 GAL |
|----------------------|---|
| Cause: | ROOTS IN THE MAIN SEWER |
| Clean Up: | MSD WILL CLEAN IMPACTED AREA |
| Control Zone: | ADVISED CUSTOMER TO AVOID CONTACT WITH SEWAGE |
| Impact: | OBSERVED SEWAGE DISCHARGING FROM MH |
| Repair: | ROOT CUT MAIN #2337488 |
| Public Notification: | ADVISED BY DISCHARGE SIGN AND DOOR CARD |

| 4/11/15 1:01 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
|-----------------|--------|---|--|

| KPDES #Facility IDKY0022411MSD0278 | | | Water C | Water Quality Treatement Center | | | Receiving Stream of Treatment Center | | | Region | |
|---|---------------------------|---|--------------------------|---------------------------------|--|---------------------------------|---|--|--|------------------|--|
| | | | MORRIS | FORMAN | | OHIO RIVER | | | WEST | | |
| Facility Type Facility ID | | כ | Facility Addre | SS | If Pump Station, Name of Pump Station: | | | Receiving Stream | Discharge to STREAM | | |
| SMH Sewer Manhole | 23211 | | 3302 TROUT CREEK DR | | | | | SOUTH FORK BEARGRASS CREEK | | | |
| Activity Code / Description DISREV:RAIN EVENT DISCHARGE | <u>WO # Re</u> 2338439 | <u>f No</u> <u>Initiated</u> 4/3/15 1:25 pm | Initiated By MITCHELL | <u>Assigned To</u> GRIFFITH | Disch Status DOCUMENTED | <u>Event Date</u> 02/22/2000 | Problem LACK OF SYSTEM CAPACITY | <u>Result</u> UNAUTHORIZED DISCHAGE - WATERS | <u>Completed</u> 04/05/15 05:58 PM | <u>Condition</u> | |

Discharge Reporting:

| Discharge Amount: | 10,000 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2338786 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP. |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

| 4/11/15 1:29 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
|-----------------|--------|---|--|

| KPDES # Facility ID | | | Water C | Water Quality Treatement Center | | | iving Stream o | Regio | Region | | | |
|-----------------------------|-------------|--------|-------------|---------------------------------|-------------|--|----------------|--------------------|-------------------|----------------|--------------|--|
| KY0022411 | MSD0278 | | MORRIS | FORMAN | | OHIO RIVER | | | WEST | | | |
| Facility Type | Facility ID | | | Facility Address | | If Pump Station, Name of Pump Station: | | | Receiving Stream | Discha | Discharge to | |
| SMH Sewer Manhole | 24448 40 | | 4002 BROOK | 4002 BROOKFIELD AVE | | | | CHERRYWOOD CREEK | GROUNE |) | | |
| Activity Code / Description | <u>WO #</u> | Ref No | Initiated | Initiated By | Assigned To | Disch Status | Event Date | Problem | Result | Completed | Condition | |
| DISREV:RAIN EVENT | 2338330 | | 4/3/15 2:25 | FIELDS | GRIFFITH | BEYOND | 04/23/2011 | LACK OF | UNAUTHORIZED | 04/04/15 02:53 | | |
| DISCHARGE | | | pm | | | APPROVED DESIGN STORM | | SYSTEM CAPACITY | DISCHAGE - WATERS | PM | | |

Discharge Reporting:

| Discharge Amount: | 36,000 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2338738 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP. |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

| 4/11/15 1:20 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
|-----------------|--------|---|--|

| KPDES # | Facility ID | Water Q | Water Quality Treatement Center | | | Receiving Stream of Treatment Center | | | Region | |
|---|-------------------------------|-------------------------|---------------------------------|--------------------------------|---|--------------------------------------|---|--|--|------------------|
| KY0022411 | MSD0278 | MORRIS FORMAN | | | OHIO R | IVER | WEST | | | |
| Facility Type | Facility ID Facility | | Facility Addres | 55 | If Pump Station, Name of Pump Station: | | | Receiving Stream | Discha | rge to |
| SMH Sewer Manhole | 24507 | 4507 911 BROADFIELDS DR | | | | | | MIDDLE FORK BEARGRASS CREEK | GROUND | |
| Activity Code / Description DISREV:RAIN EVENT DISCHARGE | <u>WO # Ref No</u> 2338625 | | Initiated By FIELDS | <u>Assigned To</u> GRIFFITH | <u>Disch Status</u> BEYOND APPROVED DESIGN STORM | Event Date 04/03/2015 | <u>Problem</u> LACK OF SYSTEM CAPACITY | <u>Result</u> UNAUTHORIZED DISCHAGE - WATERS | <u>Completed</u> 04/04/15 03:10 AM | <u>Condition</u> |

Discharge Reporting:

| Discharge Amount: | 1,000 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2338628 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP. |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

| 4/11/15 1:49 am DISNOT Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|--|--|
|--|--|

| KPDES # Facility ID | | | Water C | Quality Treatem | ent Center | Rece | iving Stream o | Region | | | |
|--------------------------------|-------------|---------------|-------------------|-----------------|-------------|--|----------------|-------------------------------|-----------------------------------|----------------------|-----------|
| KY0022411 | 11 MSD0278 | | | MORRIS | FORMAN | | OHIO RIVER | | | WEST | |
| Facility Type Facility ID | | | Facility Address | | | If Pump Station, Name of Pump Station: | | | Discha | Discharge to | |
| SMH Sewer Manhole | 2675 | 52 | | 3317 BROWN | ISBORO RD | | | | MUDDY FORK BEARGRASS CREEK | DITCH | |
| Activity Code / Description | <u>WO #</u> | <u>Ref No</u> | Initiated | Initiated By | Assigned To | Disch Status | Event Date | Problem | Result | Completed | Condition |
| DISREV:RAIN EVENT DISCHARGE | 2338328 | | 4/3/15 2:08 pm | FIELDS | GRIFFITH | DOCUMENTED | 04/04/2008 | LACK OF SYSTEM CAPACITY | UNAUTHORIZED DISCHAGE - WATERS | 04/04/15 02:53 PM | |

Discharge Reporting:

| Discharge Amount: | 36,000 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2338737 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP. |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

| 4/11/15 1:19 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
|-----------------|--------|---|--|

| KPDES # Facility ID | | | Water (| Quality Treatem | ent Center | Recei | ving Stream o | Region WEST | | | |
|---|------------------------|----------------|---------------------------------------|--|--------------------------------|-----------------------------------|---------------------------------|--|--|--|------------------|
| KY0022411 | MSD0278 | | MORRIS | FORMAN | | OHIO RIVER | | | | | |
| Facility Type Facility ID | | Facility Addre | ess | If Pump Station, Name of Pump Station: | | | Receiving Stream | Discha | rge to | | |
| SMH Sewer Manhole | 27005 | | 1012 ALTA CIR | | | | | MIDDLE FORK BEARGRASS CREEK | GROUND | | |
| Activity Code / Description DISREV:RAIN EVENT DISCHARGE | <u>WO #</u> 2338482 | <u>Ref No</u> | <u>Initiated</u> 4/3/15 3:10 pm | Initiated By FIELDS | <u>Assigned To</u> GRIFFITH | <u>Disch Status</u> DOCUMENTED | <u>Event Date</u> 09/02/2003 | Problem LACK OF SYSTEM CAPACITY | <u>Result</u> UNAUTHORIZED DISCHAGE - WATERS | <u>Completed</u> 04/03/15 03:20 PM | <u>Condition</u> |

Discharge Reporting:

| Discharge Amount: | 10 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | SITE FLOODED, IT ONLY APPEARED TO HAVE DISCHARGED. |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP. |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

| 4/11/15 1:46 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
|-----------------|--------|---|--|

| KPDES # | Facility ID | | | Water | Water Quality Treatement Center | | | iving Stream o | Region | | |
|---|------------------------|---------------|---------------------------------------|------------------------|--|----------------------------|---------------------------------|---|--|--|------------------|
| KY0022411 | MSD0278 | | MORRIS | FORMAN | | OHIO RIVER | | | | WEST | |
| Facility Type Facility ID | | | Facility Addre | ess | If Pump Station, Name of Pump Station: | | | Receiving Stream | Discharge to | | |
| SMH Sewer Manhole | 2700 | 17 | | 1013 ALTA C | IR | | | | MIDDLE FORK BEARGRASS CREEK | STREAM | l |
| Activity Code / Description DISREV:RAIN EVENT DISCHARGE | <u>WO #</u> 2338480 | <u>Ref No</u> | <u>Initiated</u> 4/3/15 3:10 pm | Initiated By FIELDS | <u>Assigned To</u> GRIFFITH | Disch Status DOCUMENTED | <u>Event Date</u> 02/05/2014 | <u>Problem</u> LACK OF SYSTEM CAPACITY | <u>Result</u> UNAUTHORIZED DISCHAGE - WATERS | <u>Completed</u> 04/06/15 05:39 AM | <u>Condition</u> |

Discharge Reporting:

| Discharge Amount: | 10,000 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2339334 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP. |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

| 4/11/15 1:44 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
|-----------------|--------|---|--|

MSD Metropolitan Sewer District

Report Selections: Period: 04/01/2015 00:00 thru 04/30/2015 23:59, treatment Plant: MSD0278 MORRIS FORMAN, Excluding PPI Excluding CSO Excluding LAT, Result: WUS, Act Code: DISDW, DISREV

| KPDES # | Facility ID | Water (| Quality Treatement | Center | Receiv | ing Stream of | Treatment Center | Region | |
|---|--------------------------------------|--|--------------------------------|-----------------------------------|---------------------------------|---|--|--|------------------|
| KY0022411 (Cont'd) | MSD0278 | MORRIS | FORMAN | | OHIO RIV | ER | | WEST | |
| Activity Code / Description DISREV:RAIN EVENT DISCHARGE | <u>WO #</u> <u>Ref No</u> 2340547 | InitiatedInitiated By4/7/2015GRIFFITH9:37:00AM | <u>Assigned To</u> LOGAN JR | <u>Disch Status</u> DOCUMENTED | <u>Event Date</u> 02/05/2014 | <u>Problem</u> LACK OF SYSTEM CAPACITY | <u>Result</u> UNAUTHORIZED DISCHAGE - WATERS | <u>Completed</u> 04/08/15 09:13 AM | <u>Condition</u> |

Discharge Reporting:

| Discharge Amount: | 1,500 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2340661 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP. |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

Notifications:

4/11/15 1:49 am DISNOT Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org'

| KPDES # | Facility ID | | | Water C | Water Quality Treatement Center | | | iving Stream o | Region | | |
|-----------------------------|-------------|---------|-------------|----------------|---------------------------------|--------------|------------------|--------------------|--------------------------------|----------------|-----------|
| Y0022411 MSD0278 | | MORRIS | FORMAN | | OHIO RIVER | | | | WEST | | |
| Facility Type | Facil | lity ID | | Facility Addre | SS | If Pump Sta | tion, Name of Pu | mp Station: | Receiving Stream | Discha | rge to |
| SMH Sewer Manhole | 3037 | 6 | | 8113 SHELBY | VILLE RD | | | | MIDDLE FORK BEARGRASS CREEK | STREAM | |
| Activity Code / Description | <u>WO #</u> | Ref No | Initiated | Initiated By | Assigned To | Disch Status | Event Date | Problem | Result | Completed | Condition |
| DISREV:RAIN EVENT | 2337799 | | 4/3/15 9:02 | FIELDS | GRIFFITH | DOCUMENTED | 11/29/2011 | LACK OF | UNAUTHORIZED | 04/04/15 12:17 | |
| DISCHARGE | | | am | | | | | SYSTEM CAPACITY | DISCHAGE - WATERS | PM | |

Discharge Reporting:

| Discharge Amount: | 216,000 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2338708 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP. |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

| 4/11/15 1:02 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
|-----------------|--------|---|--|

| KPDES # | Facility ID Water | | | ter Quality Treatement Center Receiving Stream | | | | f Treatment Center | Region | |
|---|-------------------------------------|--|--------------------------|--|---|---------------------------------|---|--|--|------------------|
| KY0022411 | MSD0278 MORRIS FORMAN | | | FORMAN | OHIO RIVER | | | | WEST | |
| Facility Type | Facility ID | | Facility Addre | ss | If Pump Stat | tion, Name of Pu | mp Station: | Receiving Stream | Discha | rge to |
| SMH Sewer Manhole | 32461 | | 7401 SIX MIL | ELN | | | | SOUTH FORK BEARGRASS CREEK | CATCH E | ASIN |
| Activity Code / Description DISREV:RAIN EVENT DISCHARGE | <u>WO #</u> <u>Ref N</u> 2338484 | | Initiated By MITCHELL | <u>Assigned To</u> GRIFFITH | <u>Disch Status</u> BEYOND APPROVED DESIGN STORM | <u>Event Date</u> 04/03/2015 | <u>Problem</u> LACK OF SYSTEM CAPACITY | <u>Result</u> UNAUTHORIZED DISCHAGE - WATERS | <u>Completed</u> 04/04/15 07:15 AM | <u>Condition</u> |

Discharge Reporting:

| Discharge Amount: | 10,000 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2338713 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP. |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

| 4/11/15 1:48 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
|-----------------|--------|---|--|

| KPDES # | Fac | ility ID | | Water C | Water Quality Treatement Center | | | iving Stream o | Region | | |
|---|------------------------|---------------|---------------------------------------|--------------------------|---------------------------------|----------------------------|---------------------------------|--|--|--|------------------|
| KY0022411 | MSD0278 | | | MORRIS | FORMAN | | OHIO RIVER | | | WEST | |
| Facility Type | Faci | lity ID | | Facility Addre | ss | If Pump Sta | ition, Name of Pu | mp Station: | Receiving Stream | Discha | rge to |
| SSL Sewer Service Line | 3409 | 3542 | | 3542 FINCAS | TLE RD | | | | SOUTH FORK BEARGRASS CREEK | GROUNE |) |
| Activity Code / Description DISREV:RAIN EVENT DISCHARGE | <u>WO #</u> 2337886 | <u>Ref No</u> | <u>Initiated</u> 4/3/15 5:34 am | Initiated By MITCHELL | <u>Assigned To</u> GRIFFITH | Disch Status DOCUMENTED | <u>Event Date</u> 11/17/2013 | Problem LACK OF SYSTEM CAPACITY | <u>Result</u> UNAUTHORIZED DISCHAGE - WATERS | <u>Completed</u> 04/04/15 09:56 AM | <u>Condition</u> |

Discharge Reporting:

| Discharge Amount: | 1,000 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2338711 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LOCATION INCLUDED IN IOAP. |
| Repair: | LOCATION INCLUDED IN IOAP. |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

| 4/11/15 1:03 am DISNOT Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|--|--|
|--|--|

| KPDES # | Facility ID | | | Water C | Water Quality Treatement Center | | | iving Stream o | Region | | |
|-----------------------------|---------------|-------------------------|---------------|-----------------|---------------------------------|--------------|-------------------|--------------------|-------------------|----------------|-----------|
| KY0022411 | 22411 MSD0278 | | MORRIS FORMAN | | OHIO RIVER | | | | WEST | | |
| Facility Type | Fac | ility ID | | Facility Addres | SS | If Pump Sta | tion, Name of Pu | mp Station: | Receiving Stream | Discha | rge to |
| SMH Sewer Manhole | 367 | 36763 3530 FINCASTLE RD | | | | | CAMP TAYLOR DITCH | GROUNE |) | | |
| Activity Code / Description | <u>WO #</u> | Ref No | Initiated | Initiated By | Assigned To | Disch Status | Event Date | Problem | Result | Completed | Condition |
| DISREV:RAIN EVENT | 2337894 | | 4/3/15 5:31 | MITCHELL | GRIFFITH | DOCUMENTED | 07/29/2009 | LACK OF | UNAUTHORIZED | 04/04/15 10:00 | |
| DISCHARGE | | | am | | | | | SYSTEM CAPACITY | DISCHAGE - WATERS | AM | |

Discharge Reporting:

| Discharge Amount: | 10,000 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2339745 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP. |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

| 4/11/15 1:03 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
|-----------------|--------|---|--|

| KPDES # | Facility ID | | | | Water Quality Treatement Center | | | iving Stream o | Region | | |
|---|------------------------|-----------------|---------------------------------------|-------------------------------|--|--|---------------------------------|---|--|--|------------------|
| KY0022411 | MSD0278 | | | MORRIS | FORMAN | | OHIO RIVER | | | WEST | |
| Facility Type Facility ID | | | Facility Addre | SS | If Pump Station, Name of Pump Station: | | | Receiving Stream | Discha | rge to | |
| SMH Sewer Manhole | 4047 | 40471 1552 CHER | | | OKEE RD | | | | MIDDLE FORK BEARGRASS CREEK | GROUND | |
| Activity Code / Description DISREV:RAIN EVENT DISCHARGE | <u>WO #</u> 2338465 | <u>Ref No</u> | <u>Initiated</u> 4/3/15 4:24 pm | <u>Initiated By</u> FIELDS | <u>Assigned To</u> GRIFFITH | Disch Status BEYOND APPROVED DESIGN STORM | <u>Event Date</u> 05/03/2011 | <u>Problem</u> LACK OF SYSTEM CAPACITY | <u>Result</u> UNAUTHORIZED DISCHAGE - WATERS | <u>Completed</u> 04/06/15 05:45 AM | <u>Condition</u> |

Discharge Reporting:

| Discharge Amount: | 144,000 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2339320 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP. |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

| 4/11/15 1:35 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
|-----------------|--------|---|--|

| KPDES # | ES # Facility ID | | | Water C | Water Quality Treatement Center | | | iving Stream o | Region | | |
|---|-----------------------|--------|----------------|---------------|---------------------------------|--|------------|--------------------|--------------------------------|----------------|-----------|
| KY0022411 MSD0278 Facility Type Facility ID | | MORRIS | MORRIS FORMAN | | | OHIO RIVER | | | | | |
| | | | Facility Addre | ess | If Pump Sta | If Pump Station, Name of Pump Station: | | | Discha | scharge to | |
| SMH Sewer Manhole | H Sewer Manhole 40559 | | | 1012 ALTA CIR | | | | | MIDDLE FORK BEARGRASS CREEK | STREAM | |
| Activity Code / Description | <u>WO #</u> | Ref No | Initiated | Initiated By | Assigned To | Disch Status | Event Date | Problem | Result | Completed | Condition |
| DISREV:RAIN EVENT | 2338479 | | 4/3/15 3:15 | FIELDS | GRIFFITH | DOCUMENTED | 01/26/2012 | LACK OF | UNAUTHORIZED | 04/04/15 07:52 | |
| DISCHARGE | | | pm | | | | | SYSTEM CAPACITY | DISCHAGE - WATERS | AM | |

Discharge Reporting:

| Discharge Amount: | 10,000 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2338765 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP. |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

| 4/11/15 1:43 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
|-----------------|--------|---|--|

| KPDES # | Facility ID | | | Water Q | Water Quality Treatement Center | | | iving Stream o | Region | | |
|---|--------------------------|--|--------------------------|---------------------------|--|----------------------------|--------------------------|-------------------------------|-------------------------------|-----------------------------|-----------|
| KY0022411 MSD0278 Facility Type Facility ID | | | MORRIS F | FORMAN | | OHIO RIVER | | | WEST | | |
| | | | Facility Addres | s | If Pump Station, Name of Pump Station: | | | Receiving Stream Dis | | charge to | |
| SMH Sewer Manhole | Sewer Manhole 40879 | | 5 RIO VISTA DR | | | | | MUDDY FORK BEARGRASS CREEK | STREAM | | |
| Activity Code / Description | <u>WO #</u> R 2337696 | | Initiated 4/3/15 8:55 | Initiated By SINGLETON | <u>Assigned To</u> OPS BSHIFT | Disch Status DOCUMENTED | Event Date 01/27/2012 | <u>Problem</u> LACK OF | <u>Result</u> UNAUTHORIZED | Completed 04/04/15 05:30 | Condition |
| DISCHARGE | 2337696 | | 4/3/15 8:55 am | SINGLETON | EAST | DOCUMENTED | 01/27/2012 | SYSTEM CAPACITY | DISCHAGE - WATERS | AM | |

Discharge Reporting:

| Discharge Amount: | 310,000 GAL |
|----------------------|---|
| Cause: | LACK OF SYSTEM CAPACITY DUE TO RAIN EVENT |
| Clean Up: | MSD CLEANED & SANITIZED THE AREA |
| Control Zone: | PERMANENT SIGNS POSTED |
| Impact: | SEWAGE OBSERVED |
| Repair: | A SOLUTION FOR THIS LOCATION CAN BE FOUND IN THE IOAP |
| Public Notification: | PERMANENT SIGNS ARE POSTED AT THIS LOCATION |

| 4/11/15 1:02 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
| | | | |

| KPDES # | Facility ID | | | Water Quality Treatement Center MORRIS FORMAN | | | iving Stream o | Region | | |
|---|-------------------------------------|------------------------------------|----------------------------------|--|-----------------------------------|--|---------------------------|-------------------------------|------------------------------------|------------------|
| KY0022411 MSD0278 Facility Type Facility ID | | MORRIS | OHIO RIVER | | | | | | | |
| | | | Facility Addres | ŝS | If Pump Sta | If Pump Station, Name of Pump Station: | | | Discha |)ischarge to |
| SMH Sewer Manhole | 40880 | | 2 RIO VISTA DR | | | | | MUDDY FORK BEARGRASS CREEK | GROUND | |
| Activity Code / Description DISREV:RAIN EVENT | <u>WO #</u> <u>Ref I</u> 2337698 | lo <u>Initiated</u> 4/3/15 9:00 | <u>Initiated By</u> SINGLETON | <u>Assigned To</u> OPS BSHIFT | <u>Disch Status</u> DOCUMENTED | <u>Event Date</u> 01/27/2012 | <u>Problem</u> LACK OF | <u>Result</u> UNAUTHORIZED | <u>Completed</u> 04/04/15 05:30 | <u>Condition</u> |
| DISCHARGE | | am | | EAST | | | SYSTEM CAPACITY | DISCHAGE - WATERS | AM | |

Discharge Reporting:

| Discharge Amount: | 217,875 GAL |
|----------------------|---|
| Cause: | LACK OF SYSTEM CAPACITY DUE TO RAIN EVENT |
| Clean Up: | MSD CLEANED & SANITIZED THE AREA |
| Control Zone: | PERMANENT SIGNS ARE POSTED |
| Impact: | SEWAGE OBSERVED |
| Repair: | A SOLUTION FOR THIS LOCATION CAN BE FOUND IN THE IOAP |
| Public Notification: | PERMANENT SIGNS ARE POSTED AT THIS LOCATION |

| 4/11/15 1:02 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
| | | | |

| KPDES # Facility ID | | | | Water Quality Treatement Center | | | | iving Stream o | Region | | |
|-----------------------------|-----------------|---------------|-------------|---------------------------------|-------------|--|------------|--------------------|--------------------|----------------|-----------|
| KY0022411 | 0022411 MSD0278 | | | MORRIS | FORMAN | | OHIO RIVER | | | WEST | |
| Facility Type | pe Facility ID | | | Facility Address | | If Pump Station, Name of Pump Station: | | | Receiving Stream | Discha | rge to |
| SMH Sewer Manhole | 42680 | | | 4640 BARBOUR LN | | | | | LITTLE GOOSE CREEK | STREAM | |
| Activity Code / Description | <u>WO #</u> | <u>Ref No</u> | Initiated | Initiated By | Assigned To | Disch Status | Event Date | Problem | <u>Result</u> | Completed | Condition |
| DISREV:RAIN EVENT | 2337643 | | 4/3/15 8:05 | MARKS JR | OPS BSHIFT | DOCUMENTED | 03/19/2008 | LACK OF | UNAUTHORIZED | 04/04/15 10:00 | |
| DISCHARGE | | | am | | EAST | | | SYSTEM CAPACITY | DISCHAGE - WATERS | AM | |

Discharge Reporting:

| Discharge Amount: | 143,000 GAL |
|----------------------|---|
| Cause: | Rain event caused a lack of system capacity |
| Clean Up: | msd cleaned & sanitized the area |
| Control Zone: | temporary signs posted |
| Impact: | sewage observed |
| Repair: | the solution for this location can be found in the ioap |
| Public Notification: | MSD used temporary signs to wanr public |

| 4/11/15 1:02 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
|-----------------|--------|---|--|

| KPDES # Facility ID | | | Water C | Water Quality Treatement Center | | | iving Stream o | Region | | | |
|-----------------------------|---------------|--------------|-----------------|---------------------------------|---------------|--|----------------|----------------------|-------------------|----------------|-----------|
| KY0022411 | 22411 MSD0278 | | MORRIS FORMAN | | | OHIO R | IVER | WEST | | | |
| Facility Type | Facility ID | | Facility Addres | Facility Address | | If Pump Station, Name of Pump Station: | | Receiving Stream Dis | | rge to | |
| SMH Sewer Manhole | 4372 | 43726 1108 D | | 1108 DUPON | 08 DUPONT CIR | | | | WEICHER CREEK | GROUNE | C |
| Activity Code / Description | <u>WO #</u> | Ref No | Initiated | Initiated By | Assigned To | Disch Status | Event Date | Problem | Result | Completed | Condition |
| DISREV:RAIN EVENT | 2338470 | | 4/3/15 4:58 | FIELDS | GRIFFITH | BEYOND | 04/23/2011 | LACK OF | UNAUTHORIZED | 04/04/15 03:24 | |
| DISCHARGE | | | pm | | | APPROVED | | SYSTEM | DISCHAGE - WATERS | PM | |
| | | | | | | DESIGN STORM | | CAPACITY | | | |

Discharge Reporting:

| Discharge Amount: | 9,000 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2338759 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP. |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

| 4/11/15 1:37 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
|-----------------|--------|---|--|

| KPDES # Facility ID KY0022411 MSD0278 Facility Type Facility ID | | | Water Quality Treatement Center MORRIS FORMAN | | | iving Stream o | Region WEST | | | | |
|---|------------------------|---------------|--|------------------------|--------------------------------|-----------------------------------|---------------------------------|--------------------------------|-------------------------------|-----------------------------|-----------|
| | | | Facility Addre | ss | | | | Receiving Stream Dis | | ischarge to | |
| SMH Sewer Manhole | 45796 | | | 1011 ALTA CIR | | | | MIDDLE FORK BEARGRASS CREEK | DITCH | | |
| Activity Code / Description DISREV:RAIN EVENT | <u>WO #</u> 2338481 | <u>Ref No</u> | <u>Initiated</u> 4/3/15 3:10 | Initiated By FIELDS | <u>Assigned To</u> GRIFFITH | <u>Disch Status</u> DOCUMENTED | <u>Event Date</u> 05/10/2014 | <u>Problem</u> LACK OF | <u>Result</u> UNAUTHORIZED | Completed 04/06/15 05:39 | Condition |
| DISCHARGE | | | pm | | | | | SYSTEM CAPACITY | DISCHAGE - WATERS | AM | |

Discharge Reporting:

| Discharge Amount: | 1,000 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2339341 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP. |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

| 4/11/15 1:45 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
|-----------------|--------|---|--|

MSD Metropolitan Sewer District

Report Selections: Period: 04/01/2015 00:00 thru 04/30/2015 23:59, treatment Plant: MSD0278 MORRIS FORMAN, Excluding PPI Excluding CSO Excluding LAT, Result: WUS, Act Code: DISDW, DISREV

| KPDES # | Facility ID | Water C | Water Quality Treatement Center | | | ing Stream of | Region | | |
|---|--------------------------------------|--|---------------------------------|-----------------------------------|---------------------------------|---|--|--|------------------|
| KY0022411 (Cont'd) | MSD0278 | MORRIS | MORRIS FORMAN | | | OHIO RIVER | | | |
| Activity Code / Description DISREV:RAIN EVENT DISCHARGE | <u>WO #</u> <u>Ref No</u> 2340548 | InitiatedInitiated By4/7/2015GRIFFITH9:36:00AM | | <u>Disch Status</u> DOCUMENTED | <u>Event Date</u> 05/10/2014 | <u>Problem</u> LACK OF SYSTEM CAPACITY | <u>Result</u> UNAUTHORIZED DISCHAGE - WATERS | <u>Completed</u> 04/08/15 09:18 AM | <u>Condition</u> |

Discharge Reporting:

| Discharge Amount: | 1,500 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2340670 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP. |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

Notifications:

4/11/15 1:49 am DISNOT Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org'



| KPDES # | Facility ID | | Water Quality Treatement Center | | | ing Stream of | Region | | |
|---|-------------------------------|---|---------------------------------|-----------------------------------|---------------------------------|---|--|--|------------------|
| KY0022411 (Cont'd) | MSD0278 | MORRIS | FORMAN | OHIO RIVER | | OHIO RIVER | | WEST | |
| Activity Code / Description DISREV:RAIN EVENT DISCHARGE | <u>WO # Ref No</u> 2341369 | Initiated Initiated By 4/8/2015 GRIFFITH 10:38:00PM | <u>Assigned To</u> LOGAN JR | <u>Disch Status</u> DOCUMENTED | <u>Event Date</u> 05/10/2014 | <u>Problem</u> LACK OF SYSTEM CAPACITY | <u>Result</u> UNAUTHORIZED DISCHAGE - WATERS | <u>Completed</u> 04/09/15 06:30 AM | <u>Condition</u> |

Discharge Reporting:

| Discharge Amount: | 3,000 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2341412 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP. |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

Notifications:

4/11/15 1:49 am DISNOT Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org'

| KPDES # | Facility ID | | | Water C | Water Quality Treatement Center | | | iving Stream o | Region | | |
|---|------------------------|---------------|---------------------------------------|-------------------------------------|---------------------------------|-----------------------------------|------------------------------------|---|--|--|------------------|
| KY0022411 | MSD0278 | | MORRIS | MORRIS FORMAN | | OHIO R | OHIO RIVER | | | | |
| Facility Type | Facility ID Facilit | | Facility Addre | cility Address If Pump Station, Nam | | ition, Name of Pu | me of Pump Station: Receiving Stre | | Discharge to | | |
| SMH Sewer Manhole | 4582 | 29 | | 2002 MILLVA | LE RD | | | | MIDDLE FORK BEARGRASS CREEK | GROUNE |) |
| Activity Code / Description DISREV:RAIN EVENT DISCHARGE | <u>WO #</u> 2338483 | <u>Ref No</u> | <u>Initiated</u> 4/3/15 2:30 pm | Initiated By FIELDS | <u>Assigned To</u> GRIFFITH | <u>Disch Status</u> DOCUMENTED | <u>Event Date</u> 03/09/2011 | <u>Problem</u> LACK OF SYSTEM CAPACITY | <u>Result</u> UNAUTHORIZED DISCHAGE - WATERS | <u>Completed</u> 04/03/15 02:40 PM | <u>Condition</u> |

Discharge Reporting:

| Discharge Amount: | 10 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | SITE WAS FLOODED, IT ONLY APPEARED TO HAVE DISCHARGED. |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP. |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

| 4/11/15 1:47 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
|-----------------|--------|---|--|

| KPDES # | Facility ID | | | Water C | Water Quality Treatement Center MORRIS FORMAN | | | iving Stream o | Region | | |
|-----------------------------|-------------|----------------|--------------------------------------|--------------|--|--------------------------------------|------------|--------------------|--------------------------------|----------------|-----------|
| KY0022411 | MSD0278 | | MORRIS | OHIO RIVER | | | | WEST | | | |
| cility Type Facility ID F | | Facility Addre | acility Address If Pump Station, Nam | | tion, Name of Pu | me of Pump Station: Receiving Stream | | Discharge to | | | |
| SMH Sewer Manhole | 4583 | 35 | | 1132 ROSTRI | EVOR CIR | | | | MIDDLE FORK BEARGRASS CREEK | | |
| Activity Code / Description | <u>WO #</u> | Ref No | Initiated | Initiated By | Assigned To | Disch Status | Event Date | Problem | Result | Completed | Condition |
| DISREV:RAIN EVENT | 2338474 | | 4/3/15 2:30 | FIELDS | GRIFFITH | DOCUMENTED | 09/02/2003 | LACK OF | UNAUTHORIZED | 04/06/15 05:30 | |
| DISCHARGE | | | pm | | | | | SYSTEM CAPACITY | DISCHAGE - WATERS | AM | |

Discharge Reporting:

| Discharge Amount: | 18,000 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2339323 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP. |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

| 4/11/15 1:39 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
|-----------------|--------|---|--|

MSD Metropolitan Sewer District

Report Selections: Period: 04/01/2015 00:00 thru 04/30/2015 23:59, treatment Plant: MSD0278 MORRIS FORMAN, Excluding PPI Excluding CSO Excluding LAT, Result: WUS, Act Code: DISDW, DISREV

| KPDES # | Facility ID | Water 0 | Quality Treatement Cent | ter Receiv | ing Stream of Treatment Center | Region |
|---|--------------------------------------|--|-------------------------|---|--|--------|
| KY0022411 (Cont'd) | MSD0278 | MORRIS | MORRIS FORMAN | | ER | WEST |
| Activity Code / Description DISREV:RAIN EVENT DISCHARGE | <u>WO #</u> <u>Ref No</u> 2340550 | InitiatedInitiated By4/7/2015GRIFFITH9:30:00AM | | sch StatusEvent DateDCUMENTED09/02/2003 | ProblemResultLACK OFUNAUTHORIZEDSYSTEMDISCHAGE - WATCAPACITY | |

Discharge Reporting:

| Discharge Amount: | 4,500 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2340665 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP. |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

Notifications:

4/11/15 1:49 am DISNOT Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org'



| KPDES # | Facility ID | Water C | Water Quality Treatement Center | | | ing Stream of | Region | | |
|---|-------------------------------|---|---------------------------------|-----------------------------------|--------------------------|---|--|--|------------------|
| KY0022411 (Cont'd) | MSD0278 | MORRIS | FORMAN | OHIO RIVER | | | | WEST | |
| Activity Code / Description DISREV:RAIN EVENT DISCHARGE | <u>WO # Ref No</u> 2341367 | InitiatedInitiated By4/8/2015GRIFFITH10:31:00PM | <u>Assigned To</u> LOGAN JR | <u>Disch Status</u> DOCUMENTED | Event Date 09/02/2003 | <u>Problem</u> LACK OF SYSTEM CAPACITY | <u>Result</u> UNAUTHORIZED DISCHAGE - WATERS | <u>Completed</u> 04/09/15 06:30 AM | <u>Condition</u> |

Discharge Reporting:

| Discharge Amount: | 3,000 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO#2341411 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP. |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

Notifications:

4/11/15 1:49 am DISNOT Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org'

| KPDES # Facility ID | | | | Water Q | uality Treatem | nt Center Receiving Stream of Treatment Center | | | Region WEST | | |
|-----------------------------|-------------------|---------|--------------------|-----------------|----------------|--|-----------------|--------------------|-----------------------|----------------|-----------|
| KY0022411 | MSE | MSD0278 | | | FORMAN | OHIO RIVER | | | | | |
| Facility Type | Faci | lity ID | | Facility Addres | S | If Pump Stat | ion, Name of Pu | mp Station: | Receiving Stream | Discha | rge to |
| SMH Sewer Manhole | ver Manhole 45900 | | 1122 ROSTREVOR CIR | | | | | | HAWKINS RILL | DITCH | |
| Activity Code / Description | <u>WO #</u> | Ref No | Initiated | Initiated By | Assigned To | Disch Status | Event Date | Problem | Result | Completed | Condition |
| DISREV:RAIN EVENT | 2338449 | | 4/3/15 2:20 | RUTLEDGE | GRIFFITH | BEYOND | 04/27/2011 | LACK OF | UNAUTHORIZED | 04/04/15 07:26 | |
| DISCHARGE | | | pm | | | APPROVED DESIGN STORM | | SYSTEM CAPACITY | DISCHAGE - WATERS | AM | |

Discharge Reporting:

| Discharge Amount: | 600,000 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2338749 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP. |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

| 4/11/15 1:32 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
|-----------------|--------|---|--|

| KPDES # | # Facility ID | | | Water C | Water Quality Treatement Center | | | iving Stream o | Region | | |
|-----------------------------|------------------|--------|----------------|--------------|---------------------------------|------------------|-------------|--------------------|-----------------------------------|----------------|-----------|
| KY0022411 | /0022411 MSD0278 | | | MORRIS | FORMAN | | OHIO RIVER | | | WEST | |
| Facility Type Facility ID | | | Facility Addre | ss | If Pump Sta | tion, Name of Pu | mp Station: | Receiving Stream | Discharge to | | |
| SMH Sewer Manhole | 4662 | 23 | | 4801 CASSIA | СТ | | | | MUDDY FORK BEARGRASS CREEK | STREAM | |
| Activity Code / Description | <u>WO #</u> | Ref No | Initiated | Initiated By | Assigned To | Disch Status | Event Date | Problem | <u>Result</u> | Completed | Condition |
| DISREV:RAIN EVENT | 2338347 | | 4/3/15 7:19 | FIELDS | GRIFFITH | DOCUMENTED | 04/03/2015 | | UNAUTHORIZED DISCHAGE - WATERS | 04/06/15 06:44 | |
| DISCHARGE | | | pm | | | | | SYSTEM CAPACITY | DISCHAGE - WATERS | AM | |

Discharge Reporting:

| Discharge Amount: | 360,000 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2339312 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP. |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

| 4/11/15 1:22 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
|-----------------|--------|---|--|

| KPDES # | Facility ID | | | Water C | Water Quality Treatement Center | | | iving Stream o | Region | | |
|-----------------------------|-------------|--------|----------------|--------------------------------------|---------------------------------|--------------------------|-------------|-----------------------------|-------------------------------|----------------|-----------|
| KY0022411 | MSD0278 | | | MORRIS | MORRIS FORMAN | | | OHIO RIVER | | | |
| Facility Type Facility ID | | | Facility Addre | cility Address If Pump Station, Name | | | mp Station: | p Station: Receiving Stream | | Discharge to | |
| SMH Sewer Manhole | 4662 | 27 | | 1910 CHARB | DIN PL | | | | MUDDY FORK BEARGRASS CREEK | STREAM | |
| Activity Code / Description | <u>WO #</u> | Ref No | Initiated | Initiated By | Assigned To | Disch Status | Event Date | Problem | Result | Completed | Condition |
| DISREV:RAIN EVENT | 2338356 | | 4/3/15 1:20 | FIELDS | GRIFFITH | BEYOND | 04/03/2015 | LACK OF | UNAUTHORIZED | 04/04/15 02:15 | |
| DISCHARGE | | | pm | | | APPROVED DESIGN STORM | | SYSTEM CAPACITY | DISCHAGE - WATERS | PM | |

Discharge Reporting:

| Discharge Amount: | 78,000 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2338740 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP. |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

| 4/11/15 1:23 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
| | | | |

| KPDES # | Facility ID | | | Vater Quality Treatement Center Re | | | iving Stream o | Region | | |
|---|---------------------------|---|------------------------|------------------------------------|--|---------------------------------|-------------------------------------|--|--|------------------|
| KY0022411 | Y0022411 MSD0278 | | MORRIS | FORMAN | | OHIO RIVER | | | WEST | |
| Facility Type Facility ID | | D | Facility Addre | ess | If Pump Station, Name of Pump Station: | | | Receiving Stream | Discha | rge to |
| SMH Sewer Manhole | 47582 | | 201 BULLITT | LN | | | | MIDDLE FORK BEARGRASS CREEK | STREAM | |
| Activity Code / Description DISREV:RAIN EVENT DISCHARGE | <u>WO #</u> Re 2338477 | e <mark>f No <u>Initiated</u> 4/3/15 7:13 am</mark> | Initiated By FIELDS | <u>Assigned To</u> GRIFFITH | <u>Disch Status</u> DOCUMENTED | <u>Event Date</u> 12/05/2011 | <u>Problem</u> LACK OF SYSTEM | <u>Result</u> UNAUTHORIZED DISCHAGE - WATERS | <u>Completed</u> 04/04/15 11:20 AM | <u>Condition</u> |
| | | 2 | | | | | CAPACITY | | | |

Discharge Reporting:

| Discharge Amount: | 10,000 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2338763 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP. |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

| 4/11/15 1:41 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
|-----------------|--------|---|--|

| Report Selections: Period: 04/01/2015 00:00 thru 04/30/2015 23:59, treatment Plant: MSD0278 MORRIS FORMAN, Excluding PPI Excluding CSO Excluding LAT, Result: WUS, Act Code: DISDW, |
|---|
| DISREV |

| KPDES # | S # Facility ID | | | Water Quality Treatement Center | | | iving Stream o | Region | | |
|---|-------------------------------|--------|--------------------------------|---------------------------------|-----------------------------------|---------------------------------|---|--|--|------------------|
| KY0022411 | MSD0278 | MORRIS | MORRIS FORMAN | | | IVER | WEST | | | |
| Facility Type Facility ID | | i | acility Address If Pump Statio | | | tion, Name of Pu | Name of Pump Station: Rec | | Discha | ge to |
| SMH Sewer Manhole | 47583 | 2 | 202 OXMOOR | LN | | | | MIDDLE FORK BEARGRASS CREEK | STREAM | |
| Activity Code / Description DISREV:RAIN EVENT DISCHARGE | <u>WO # Ref No</u> 2338475 | | Initiated By FIELDS | <u>Assigned To</u> GRIFFITH | <u>Disch Status</u> DOCUMENTED | <u>Event Date</u> 02/06/2008 | <u>Problem</u> LACK OF SYSTEM CAPACITY | <u>Result</u> UNAUTHORIZED DISCHAGE - WATERS | <u>Completed</u> 04/06/15 06:00 AM | <u>Condition</u> |

Discharge Reporting:

| Discharge Amount: | 10,000 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2339330 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP. |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

| 4/11/15 1:40 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
|-----------------|--------|---|--|



| KPDES # | Facility ID | Water Q | Water Quality Treatement Center | | | ing Stream of | Region | | | |
|---|--------------------------------------|---|---------------------------------|----------------------------|---------------------------------|---|--|--|------------------|--|
| KY0022411 (Cont'd) | MSD0278 | MORRIS | FORMAN | OHIO RIVER | | | | WEST | | |
| Activity Code / Description DISREV:RAIN EVENT DISCHARGE | <u>WO #</u> <u>Ref No</u> 2340551 | Initiated Initiated By 4/7/2015 GRIFFITH 10:41:00AM | | Disch Status DOCUMENTED | <u>Event Date</u> 02/06/2008 | <u>Problem</u> LACK OF SYSTEM CAPACITY | <u>Result</u> UNAUTHORIZED DISCHAGE - WATERS | <u>Completed</u> 04/08/15 08:53 AM | <u>Condition</u> | |

Discharge Reporting:

| Discharge Amount: | 4,500 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2340602 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP. |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

Notifications:

4/11/15 1:49 am DISNOT Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org'

| KPDES # Facility ID | | | Water (| Water Quality Treatement Center | | | ving Stream o | Region | | | |
|---|------------------------|---------------|---------------------------------------|---------------------------------|--------------------------------|--|---------------------------------|--|--|--|------------------|
| KY0022411 | Y0022411 MSD0278 | | MORRIS | MORRIS FORMAN | | | OHIO RIVER | | | WEST | |
| Facility Type Facility ID | | | Facility Addre | ess | If Pump Sta | If Pump Station, Name of Pump Station: | | | Receiving Stream Discharg | | |
| SMH Sewer Manhole | 47593 | | | 8021 CHRISTIAN CT | | | | | MIDDLE FORK BEARGRASS CREEK | GROUND | |
| Activity Code / Description DISREV:RAIN EVENT DISCHARGE | <u>WO #</u> 2337795 | <u>Ref No</u> | <u>Initiated</u> 4/3/15 7:45 am | Initiated By FIELDS | <u>Assigned To</u> GRIFFITH | Disch Status DOCUMENTED | <u>Event Date</u> 03/19/2008 | Problem LACK OF SYSTEM CAPACITY | <u>Result</u> UNAUTHORIZED DISCHAGE - WATERS | <u>Completed</u> 04/04/15 11:38 AM | <u>Condition</u> |

Discharge Reporting:

| Discharge Amount: | 150,000 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2338701 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP. |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

| 4/11/15 1:02 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
|-----------------|--------|---|--|

| KPDES #Facility IDKY0022411MSD0278 | | | | Water Q | uality Treatem | ent Center | Rece | iving Stream o | Region | | |
|------------------------------------|-------------|--------|-----------------|--------------|--|--------------|------------|------------------|-------------------|----------------|-----------|
| | | | | MORRIS | FORMAN | | OHIO RIVER | | | | WEST |
| Facility Type Facility ID | | | Facility Addres | 55 | If Pump Station, Name of Pump Station: | | | Receiving Stream | Discha | Discharge to | |
| SMH Sewer Manhole | 4944 | 49445 | | 2216 FAIRLAN | ND AVE | | | | BUECHEL BRANCH | GROUND | |
| Activity Code / Description | <u>WO #</u> | Ref No | Initiated | Initiated By | Assigned To | Disch Status | Event Date | Problem | Result | Completed | Condition |
| DISREV:RAIN EVENT | 2337912 | | 4/3/15 9:22 | MITCHELL | GRIFFITH | BEYOND | 10/06/2013 | LACK OF | UNAUTHORIZED | 04/04/15 07:12 | |
| DISCHARGE | | | am | | | APPROVED | | SYSTEM | DISCHAGE - WATERS | AM | |
| | | | | | | DESIGN STORM | | CAPACITY | | | |

Discharge Reporting:

| Discharge Amount: | 10,000 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2338720 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

| 4/11/15 1:03 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
|-----------------|--------|---|--|

| KPDES # Facility ID | | | Water C | uality Treatem | ent Center | Recei | iving Stream o | Region | | | | |
|-----------------------------|------------------|--------|-------------------|----------------|--|--------------|----------------|------------------|-------------------|----------------|-----------|--|
| KY0022411 | Y0022411 MSD0278 | | | MORRIS | FORMAN | | OHIO RIVER | | | | WEST | |
| Facility Type Facility ID | | | Facility Addres | SS | If Pump Station, Name of Pump Station: | | | Receiving Stream | Discha | rge to | | |
| SMH Sewer Manhole | 4944 | 46 | 2219 RICHLAND AVE | | ND AVE | | | | BUECHEL BRANCH | STREAM | | |
| Activity Code / Description | <u>WO #</u> | Ref No | Initiated | Initiated By | Assigned To | Disch Status | Event Date | Problem | <u>Result</u> | Completed | Condition | |
| DISREV:RAIN EVENT | 2337948 | | 4/3/15 11:20 | MITCHELL | GRIFFITH | BEYOND | 04/03/2015 | LACK OF | UNAUTHORIZED | 04/04/15 07:10 | | |
| DISCHARGE | | | am | | | APPROVED | | SYSTEM | DISCHAGE - WATERS | AM | | |
| | | | | | | DESIGN STORM | | CAPACITY | | | | |

Discharge Reporting:

| Discharge Amount: | 10,000 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2338732 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

| 4/11/15 1:08 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
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| Report Selections: Period: 04/01/2015 00:00 thru 04/30/2015 23:59, treatment Plant: MSD0278 MORRIS FORMAN, Excluding PPI Excluding CSO Excluding LAT, Result: WUS, Act Code: DISDW | , |
|--|---|
| DISREV | |

| KPDES # | Facility ID | Facility ID | | | Water Quality Treatement Center | | | Receiving Stream of Treatment Center | | | |
|---|-------------------------------|-------------|--------------------------|--------------------------------|---|---------------------------------|--|--|--|------------------|--|
| KY0022411 | MSD0278 | | MORRIS | FORMAN | N OHIO RIVER | | | | WEST | | |
| Facility Type | Facility ID | | Facility Addres | 55 | If Pump Stat | ion, Name of Pu | mp Station: | Receiving Stream | Discha | rge to | |
| SMH Sewer Manhole | 49514 | : | 2500 WYETH | СТ | | | | SOUTH FORK BEARGRASS CREEK | STREAM | | |
| Activity Code / Description DISREV:RAIN EVENT DISCHARGE | <u>WO # Ref No</u> 2338541 | | Initiated By MITCHELL | <u>Assigned To</u> GRIFFITH | <u>Disch Status</u> BEYOND APPROVED DESIGN STORM | <u>Event Date</u> 04/03/2015 | Problem LACK OF SYSTEM CAPACITY | <u>Result</u> UNAUTHORIZED DISCHAGE - WATERS | <u>Completed</u> 04/04/15 07:20 AM | <u>Condition</u> | |

Discharge Reporting:

| Discharge Amount: | 1,000 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2338543 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP. |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

| 4/11/15 1:49 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
|-----------------|--------|---|--|

| KPDES # KY0022411 | | | | Water Quality Treatement Center MORRIS FORMAN | | | i ving Stream c IVER | Region WEST | | | |
|-----------------------------|------------------------|---------------|---------------------------------|--|--------------------------------|-----------------------------------|---------------------------------|---------------------------|-------------------------------|-----------------------------|-----------|
| Facility Type | Faci | lity ID | | Facility Addre | ss | If Pump Sta | tion, Name of Pu | mp Station: | Receiving Stream | Discha | rge to |
| SMH Sewer Manhole | 5116 | 60 | | 3305 INDIAN | CREEK CT | | | | SOUTH FORK BEARGRASS CREEK | GROUNE |) |
| Activity Code / Description | <u>WO #</u> 2338436 | <u>Ref No</u> | <u>Initiated</u> 4/3/15 1:28 | Initiated By MITCHELL | <u>Assigned To</u> GRIFFITH | <u>Disch Status</u> DOCUMENTED | <u>Event Date</u> 04/04/2008 | <u>Problem</u> LACK OF | <u>Result</u> UNAUTHORIZED | Completed 04/05/15 05:53 | Condition |
| DISCHARGE | | | pm | | | | | SYSTEM CAPACITY | DISCHAGE - WATERS | PM | |

Discharge Reporting:

| Discharge Amount: | 10,000 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2338784 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP. |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

| 4/11/15 1:28 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
|-----------------|--------|---|--|

| KPDES # | Facili | Facility ID | | | Water Quality Treatement Center | | | iving Stream o | Regio | Region | |
|--|------------------------|-------------|---------------------------------|--------------------------|---------------------------------|-----------------------------------|---------------------------------|---------------------------|-------------------------------|-----------------------------|-----------|
| KY0022411 | MSD02 | MSD0278 | | | MORRIS FORMAN | | | IVER | WEST | | |
| Facility Type | Facility | y ID | | Facility Addres | \$\$ | If Pump Sta | tion, Name of Pu | mp Station: | Receiving Stream | Discha | rge to |
| SMH Sewer Manhole | 51594 | | | 1418 TREVILI | AN WAY | | | | SOUTH FORK BEARGRASS CREEK | DITCH | |
| Activity Code / Description DISREV:RAIN EVENT | <u>WO #</u> 2337490 | Ref No | <u>Initiated</u> 4/2/15 4:20 | Initiated By MITCHELL | <u>Assigned To</u> GRIFFITH | <u>Disch Status</u> DOCUMENTED | <u>Event Date</u> 09/12/2006 | <u>Problem</u> LACK OF | <u>Result</u> UNAUTHORIZED | Completed 04/04/15 10:19 | Condition |
| DISCHARGE | | | pm | | | | | SYSTEM CAPACITY | DISCHAGE - WATERS | AM | |

Discharge Reporting:

| Discharge Amount: | 1,000 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2338551 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP. |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

| 4/11/15 1:01 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
|-----------------|--------|---|--|

MSD Metropolitan Sewer District

Report Selections: Period: 04/01/2015 00:00 thru 04/30/2015 23:59, treatment Plant: MSD0278 MORRIS FORMAN, Excluding PPI Excluding CSO Excluding LAT, Result: WUS, Act Code: DISDW, DISREV

| KPDES # | Facilit | y ID | | Water Qu | ality Treatement | Center | Receiv | ing Stream of | Treatment Center | Region | 1 |
|---|------------------------|---------------|---|---------------------------------|--------------------------------|-----------------------------------|---------------------------------|---|--|--|------------------|
| KY0022411 (Cont'd) | MSD027 | 78 | | MORRIS F | ORMAN | | OHIO RIV | ER | | WEST | |
| Activity Code / Description DISREV:RAIN EVENT DISCHARGE | <u>WO #</u> 2340542 | <u>Ref No</u> | <u>Initiated</u> 4/7/2015 6:07:00PM | <u>Initiated By</u> GRIFFITH | <u>Assigned To</u> LOGAN JR | <u>Disch Status</u> DOCUMENTED | <u>Event Date</u> 09/12/2006 | <u>Problem</u> LACK OF SYSTEM CAPACITY | <u>Result</u> UNAUTHORIZED DISCHAGE - WATERS | <u>Completed</u> 04/07/15 07:35 PM | <u>Condition</u> |

Discharge Reporting:

| Discharge Amount: | 2,500 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2340638 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

Notifications:

4/11/15 1:49 am DISNOT Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org'



| KPDES # | Facility ID | Water | Quality Treatement | Center | Receiv | ing Stream of | Treatment Center | Region | I |
|---|--------------------------------------|--|--------------------------------|-----------------------------------|---------------------------------|---|--|--|------------------|
| KY0022411 (Cont'd) | MSD0278 | MORRIS | FORMAN | | OHIO RIV | ′ER | | WEST | |
| Activity Code / Description DISREV:RAIN EVENT DISCHARGE | <u>WO #</u> <u>Ref No</u> 2341733 | Initiated Initiated By 4/9/2015 GRIFFITH 1:18:00PM | <u>Assigned To</u> MITCHELL | <u>Disch Status</u> DOCUMENTED | <u>Event Date</u> 09/12/2006 | <u>Problem</u> LACK OF SYSTEM CAPACITY | <u>Result</u> UNAUTHORIZED DISCHAGE - WATERS | <u>Completed</u> 04/09/15 05:02 PM | <u>Condition</u> |

Discharge Reporting:

| Discharge Amount: | 1,500 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2341762 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP. |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

Notifications:

4/11/15 1:49 am DISNOT Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org'

| KPDES # | Fac | | | | Water Quality Treatement Center MORRIS FORMAN | | | ving Stream o | Region | | | |
|-----------------------------|-------------|-------------|-------------|---------------------|--|--|------------|--------------------|-------------------|----------------|--------------|--|
| KY0022411 | MSI | | | | | | | OHIO RIVER | | | WEST | |
| Facility Type | | Facility ID | | Facility Address | | If Pump Station, Name of Pump Station: | | | Receiving Stream | Discha | Discharge to | |
| SMH Sewer Manhole | ole 62417 | | | 1707 EAGLE NEST WAY | | | | | GOOSE CREEK | STREAM | | |
| Activity Code / Description | <u>WO #</u> | Ref No | Initiated | Initiated By | Assigned To | Disch Status | Event Date | Problem | Result | Completed | Condition | |
| DISREV:RAIN EVENT | 2337964 | | 4/3/15 1:45 | GREEN | OPS BSHIFT | BEYOND | 04/03/2015 | LACK OF | UNAUTHORIZED | 04/04/15 08:30 | | |
| DISCHARGE | | | pm | | EAST | APPROVED DESIGN STORM | | SYSTEM CAPACITY | DISCHAGE - WATERS | AM | | |

Discharge Reporting:

| Discharge Amount: | 222,000 GAL |
|----------------------|---|
| Cause: | LACK OF SYSTEM CAPACITY DUE TO RAIN EVENT |
| Clean Up: | MSD CLEANED & SANITIZED THE AREA |
| Control Zone: | PERMANENT SIGNS ARE POSTED |
| Impact: | NO VISUAL IMPACT |
| Repair: | A SOLUTION FOR THIS LOCATION CAN BE FOUND IN THE IOAP |
| Public Notification: | PERMANENT SIGNS ARE POSTED AROUND THE AREA |

| 4/11/15 1:11 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
|-----------------|--------|---|--|

| KPDES # | Fac | ility ID | | Water Quality Treatement Center | | | Recei | iving Stream o | Region | | | |
|-----------------------------|-------------|---------------|-------------|---------------------------------|-------------|--|------------|--------------------|-------------------|----------------|--------------|--|
| KY0022411 | MSD | MSD0278 | | | FORMAN | | OHIO RIVER | | | WEST | | |
| Facility Type | | | | Facility Addres | 55 | If Pump Station, Name of Pump Station: | | | Receiving Stream | Discha | Discharge to | |
| SMH Sewer Manhole | | | | 1707 EAGLE NEST WAY | | | | | | GROUND | | |
| Activity Code / Description | <u>WO #</u> | <u>Ref No</u> | Initiated | Initiated By | Assigned To | Disch Status | Event Date | Problem | <u>Result</u> | Completed | Condition | |
| DISREV:RAIN EVENT | 2337962 | | 4/3/15 1:45 | GREEN | OPS BSHIFT | DOCUMENTED | 03/19/2008 | LACK OF | UNAUTHORIZED | 04/04/15 08:30 | | |
| DISCHARGE | | | pm | | EAST | | | SYSTEM CAPACITY | DISCHAGE - WATERS | AM | | |

Discharge Reporting:

| Discharge Amount: | 166,500 GAL |
|----------------------|---|
| Cause: | LACK OF SYSTEM CAPACITY DUE TO RAIN EVENT |
| Clean Up: | MSD CLEANED & SANITIZED THE AREA |
| Control Zone: | PERMANENT SIGNS POSTED |
| Impact: | NO IMPACT OBSERVED |
| Repair: | A SOLUTION FOR THIS LOCATION CAN BE FOUND IN THE IOAP |
| Public Notification: | PERMANENT SIGNS ARE POSTED AT THIS LOCATION |

| KPDES # | Facility | D | Water C | uality Treatem | ent Center | nt Center Receiving Stream of Treatment Center | | | | Region | |
|---|----------------------------|--|-------------------------------|--------------------------------|--|--|---|--|--|------------------|--|
| KY0022411 MSI | | | MORRIS | FORMAN | | OHIO R | IVER | WEST Discharge to | | | |
| Facility Type | Facility ID | | Facility Addre | SS | If Pump Station, Name of Pump Station: | | | | | Receiving Stream | |
| SMH Sewer Manhole 65606 | | | 1910 CHARBDIN PL | | | | | | STREAM | | |
| Activity Code / Description DISREV:RAIN EVENT DISCHARGE | <u>WO # Ref</u> 2338312 | <u>No Initiated</u> 4/3/15 1:15 pm | <u>Initiated By</u> FIELDS | <u>Assigned To</u> GRIFFITH | Disch Status BEYOND APPROVED DESIGN STORM | <u>Event Date</u> 10/06/2013 | <u>Problem</u> LACK OF SYSTEM CAPACITY | <u>Result</u> UNAUTHORIZED DISCHAGE - WATERS | <u>Completed</u> 04/04/15 02:15 PM | <u>Condition</u> | |

Discharge Reporting:

| Discharge Amount: | 132,000 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2338734 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP. |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

| 4/11/15 1:14 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
|-----------------|--------|---|--|

| KPDES # | Fac | ility ID | | Water Quality Treatement Center | | | Rece | Region | | | |
|---|------------------------|---------------|---------------------------------------|---------------------------------|--------------------------------|--|---------------------------------|---|--|--|------------------|
| KY0022411 | | MSD0278 | | | FORMAN | | OHIO RIVER | | | WEST | |
| Facility Type | Facility ID | | | Facility Addre | SS | If Pump Station, Name of Pump Station: | | | Receiving Stream | Discharge to STREAM | |
| SMH Sewer Manhole | 6561 | 65610 | | | RIDGE RD | | | | MUDDY FORK BEARGRASS CREEK | | |
| Activity Code / Description DISREV:RAIN EVENT DISCHARGE | <u>WO #</u> 2338365 | <u>Ref No</u> | <u>Initiated</u> 4/3/15 1:20 pm | <u>Initiated By</u> FIELDS | <u>Assigned To</u> GRIFFITH | Disch Status BEYOND APPROVED DESIGN STORM | <u>Event Date</u> 04/03/2015 | <u>Problem</u> LACK OF SYSTEM CAPACITY | <u>Result</u> UNAUTHORIZED DISCHAGE - WATERS | <u>Completed</u> 04/04/15 02:15 PM | <u>Condition</u> |

Discharge Reporting:

| Discharge Amount: | 39,000 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2338743 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP. |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

| 4/11/15 1:24 am DISNOT Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|--|--|
|--|--|

| KPDES # Facility ID | | | Water C | Quality Treatem | ent Center | Rece | iving Stream o | Region | | | |
|--|------------------------|---------------|---------------------------------|-------------------------------|--|-----------------------------------|---------------------------------|---------------------------|-------------------------------|------------------------------------|------------------|
| KY0022411 MSD0278 | | MORRIS | FORMAN | | OHIO RIVER | | | | WEST | | |
| Facility Type Facility ID | | | Facility Addre | SS | If Pump Station, Name of Pump Station: | | | Receiving Stream Discharg | | rge to | |
| SMH Sewer Manhole | 6562 | 23 | | 1804 ROUND | RIDGE RD | | | | MUDDY FORK BEARGRASS CREEK | STREAM | |
| Activity Code / Description DISREV:RAIN EVENT | <u>WO #</u> 2338318 | <u>Ref No</u> | <u>Initiated</u> 4/3/15 1:03 | <u>Initiated By</u> FIELDS | <u>Assigned To</u> GRIFFITH | <u>Disch Status</u> DOCUMENTED | <u>Event Date</u> 06/23/2011 | <u>Problem</u> LACK OF | <u>Result</u> UNAUTHORIZED | <u>Completed</u> 04/06/15 06:44 | <u>Condition</u> |
| DISCHARGE | | | pm | | | | | SYSTEM CAPACITY | DISCHAGE - WATERS | AM | |

Discharge Reporting:

| Discharge Amount: | 72,000 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2339309 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP. |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

| 4/11/15 1:16 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
|-----------------|--------|---|--|

| Report Selections: Period: 04/01/2015 00:00 thru 04/30/2015 23:59, treatment Plant: MSD0278 MORRIS FORMAN, Excluding PPI Excluding CSO Excluding LAT, Result: WUS, Act Code: DISDW, |
|---|
| DISREV |

| KPDES # Facility ID | | | Water Q | uality Treatem | ent Center | Rece | iving Stream o | Region | | |
|---|--------------------------------------|-----------------|------------------------------|--------------------------------|---|---------------------------------|---|--|--|------------------|
| KY0022411 | MSD0278 | MORRIS | MORRIS FORMAN | | | IVER | WEST | | | |
| Facility Type Facility ID F | | Facility Addres | ss | If Pump Stat | If Pump Station, Name of Pump Station: | | | Discha | rge to | |
| SMH Sewer Manhole | 66232 | 2504 WYETH | | 4 WYETH CT | | | | SOUTH FORK BEARGRASS CREEK | STREAM | |
| Activity Code / Description DISREV:RAIN EVENT DISCHARGE | <u>WO #</u> <u>Ref No</u> 2338369 | | <u>Initiated By</u> BROWN | <u>Assigned To</u> GRIFFITH | <u>Disch Status</u> BEYOND APPROVED DESIGN STORM | <u>Event Date</u> 04/03/2015 | <u>Problem</u> LACK OF SYSTEM CAPACITY | <u>Result</u> UNAUTHORIZED DISCHAGE - WATERS | <u>Completed</u> 04/04/15 07:23 AM | <u>Condition</u> |

Discharge Reporting:

| Discharge Amount: | 10,000 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2338746 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP. |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

| 4/11/15 1:26 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
|-----------------|--------|---|--|

| KPDES # Facility ID | | Water Q | uality Treatem | ent Center | Recei | iving Stream o | Region | | | | |
|-----------------------------|----------------------|---------|-------------------|-----------------|-------------|--|------------|-------------------|-------------------|----------------|-----------|
| KY0022411 MSD0278 | | MORRIS | FORMAN | | OHIO RIVER | | | WEST | | | |
| Facility Type | ity Type Facility ID | | | Facility Addres | SS | If Pump Station, Name of Pump Station: | | | Receiving Stream | Discha | rge to |
| SMH Sewer Manhole | 66349 | | 3726 FINCASTLE RD | | | | | CAMP TAYLOR DITCH | GROUNE |) | |
| Activity Code / Description | <u>WO #</u> | Ref No | Initiated | Initiated By | Assigned To | Disch Status | Event Date | Problem | <u>Result</u> | Completed | Condition |
| DISREV:RAIN EVENT | 2337495 | | 4/2/15 4:15 | MITCHELL | GRIFFITH | DOCUMENTED | 03/04/2008 | LACK OF | UNAUTHORIZED | 04/05/15 03:10 | |
| DISCHARGE | | | pm | | | | | SYSTEM | DISCHAGE - WATERS | PM | |
| | | | | | | | | CAPACITY | | | |

Discharge Reporting:

| Discharge Amount: | 1,000 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2338782 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP. |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

| 4/11/15 1:01 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
|-----------------|--------|---|--|

MSD Metropolitan Sewer District

Report Selections: Period: 04/01/2015 00:00 thru 04/30/2015 23:59, treatment Plant: MSD0278 MORRIS FORMAN, Excluding PPI Excluding CSO Excluding LAT, Result: WUS, Act Code: DISDW, DISREV

| KPDES # | Facility ID | Water (| Quality Treatement Ce | enter | Receiv | ing Stream of | Treatment Center | Region | I |
|---|--------------------------------------|--|-----------------------|-----------------------------------|---------------------------------|---|--|--|------------------|
| KY0022411 (Cont'd) | MSD0278 | MORRIS | FORMAN | | OHIO RIV | ER | | WEST | |
| Activity Code / Description DISREV:RAIN EVENT DISCHARGE | <u>WO #</u> <u>Ref No</u> 2341734 | InitiatedInitiated By4/9/2015GRIFFITH1:05:00PM | | <u>Disch Status</u> DOCUMENTED | <u>Event Date</u> 03/04/2008 | <u>Problem</u> LACK OF SYSTEM CAPACITY | <u>Result</u> UNAUTHORIZED DISCHAGE - WATERS | <u>Completed</u> 04/09/15 05:12 PM | <u>Condition</u> |

Discharge Reporting:

| Discharge Amount: | 2,000 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2341764 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP. |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

Notifications:

4/11/15 1:49 am DISNOT Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org'

| KPDES # | Facility ID | | | Water Quality Treatement Center | | | iving Stream o | Regio | Region | |
|--------------------------------|-------------|-------------------|----------------|---------------------------------|------------------------------------|------------------|-------------------------------|-----------------------------------|----------------------|------------------|
| KY0022411 | MSD0278 | | MORRIS FORMAN | | OHIO RIVER | | | WEST | | |
| Facility Type | Facility ID | | Facility Addre | SS | If Pump Stat | tion, Name of Pu | mp Station: | Receiving Stream | Discha | rge to |
| SMH Sewer Manhole | 67535 | 67535 9 | | 9 MUIRFIELD PL | | | | HURSTBOURNE CREEK | GROUNE |) |
| Activity Code / Description | WO # Ref No | | Initiated By | Assigned To | Disch Status | Event Date | Problem | Result | Completed | <u>Condition</u> |
| DISREV:RAIN EVENT DISCHARGE | 2337797 | 4/3/15 8:31 am | FIELDS | GRIFFITH | BEYOND APPROVED DESIGN STORM | 03/26/2015 | LACK OF SYSTEM CAPACITY | UNAUTHORIZED DISCHAGE - WATERS | 04/04/15 11:54 AM | |

Discharge Reporting:

| Discharge Amount: | 39,000 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2338704 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP. |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

| 4/11/15 1:02 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
|-----------------|--------|---|--|

| KPDES # | Facility ID | | | Water Quality Treatement Center | | | Receiving Stream of Treatment Center | | | Region | |
|---|---------------------------|---|------------------------|---------------------------------|--|---------------------------------|---|--|--|------------------|--|
| KY0022411 | MSD0278 | | MORRIS | FORMAN | | OHIO RIVER | | | WEST | | |
| Facility Type | Facility I | ID | Facility Addre | ss | If Pump Stat | tion, Name of Pu | mp Station: | Receiving Stream | Discha | rge to | |
| SMH Sewer Manhole | 71004 | | 1000 N HURS | TBOURNE PKY | | | | MIDDLE FORK BEARGRASS CREEK | GROUNE |) | |
| Activity Code / Description DISREV:RAIN EVENT DISCHARGE | <u>WO # Re</u> 2338478 | ef No <u>Initiated</u> 4/3/15 8:48 am | Initiated By FIELDS | <u>Assigned To</u> GRIFFITH | Disch Status BEYOND APPROVED DESIGN STORM | <u>Event Date</u> 04/27/2011 | <u>Problem</u> LACK OF SYSTEM CAPACITY | <u>Result</u> UNAUTHORIZED DISCHAGE - WATERS | <u>Completed</u> 04/03/15 08:58 AM | <u>Condition</u> | |

Discharge Reporting:

| Discharge Amount: | 10 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | SITE FLOODED, IT ONLY APPEARED TO HAVE DISCHARGED. |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP. |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

| 4/11/15 1:42 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
|-----------------|--------|---|--|

| KPDES # | Facility ID | | | Water C | Water Quality Treatement Center | | | iving Stream o | Region | | |
|---|------------------------|---------------|---------------------------------------|------------------------|---------------------------------|----------------------------|---------------------------------|--|--|--|------------------|
| KY0022411 | MSD0278 | | MORRIS | FORMAN | | OHIO RIVER | | | WEST | | |
| Facility Type | Faci | lity ID | | Facility Addre | SS | If Pump Sta | tion, Name of Pu | np Station: | Receiving Stream | Discha | rge to |
| SMH Sewer Manhole | 7228 | 9 | | 1700 SULGR | AVE RD | | | | MIDDLE FORK BEARGRASS CREEK | GROUNE |) |
| Activity Code / Description DISREV:RAIN EVENT DISCHARGE | <u>WO #</u> 2338472 | <u>Ref No</u> | <u>Initiated</u> 4/3/15 3:15 pm | Initiated By FIELDS | <u>Assigned To</u> GRIFFITH | Disch Status DOCUMENTED | <u>Event Date</u> 05/29/2012 | Problem LACK OF SYSTEM CAPACITY | <u>Result</u> UNAUTHORIZED DISCHAGE - WATERS | <u>Completed</u> 04/04/15 07:52 AM | <u>Condition</u> |

Discharge Reporting:

| Discharge Amount: | 180,000 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2338761 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP. |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

| 4/11/15 1:38 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
|-----------------|--------|---|--|

| KPDES # | Fac | ility ID | | Water C | Water Quality Treatement Center R | | | Receiving Stream of Treatment Center | | | Region | |
|-----------------------------|------------------------|---------------|---------------------------------|------------------------|-----------------------------------|-------------------------------|---------------------------------|--------------------------------------|--------------------------------|-----------------------------|-----------|--|
| KY0022411 | MSD0278 | | | MORRIS | MORRIS FORMAN | | | OHIO RIVER | | | | |
| Facility Type | Faci | lity ID | | Facility Addre | ss | If Pump Stat | tion, Name of Pu | mp Station: | Receiving Stream | Dischar | ge to | |
| SMH Sewer Manhole | 7451 | 13 | | 1106 BROAD | FIELDS DR | | | | MIDDLE FORK BEARGRASS CREEK | STREAM | | |
| Activity Code / Description | <u>WO #</u> 2338469 | <u>Ref No</u> | <u>Initiated</u> 4/3/15 5:14 | Initiated By FIELDS | <u>Assigned To</u> GRIFFITH | <u>Disch Status</u> BEYOND | <u>Event Date</u> 04/03/2015 | <u>Problem</u> LACK OF | <u>Result</u> UNAUTHORIZED | Completed 04/04/15 03:17 | Condition | |
| DISCHARGE | | | pm | | | APPROVED DESIGN STORM | | SYSTEM CAPACITY | DISCHAGE - WATERS | РМ | | |

Discharge Reporting:

| Discharge Amount: | 30,000 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2338758 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP. |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

| 4/11/15 1:36 am DISNOT Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' |
|--|
|--|

| KPDES # | ES # Facility ID | | Water C | Water Quality Treatement Center | | | iving Stream o | Region | | | |
|---|------------------|--------|---|---------------------------------|-------------|--|----------------|--------------------|------------------------|----------------|-----------|
| KY0022411MSD0278Facility TypeFacility IDSMHSewer Manhole84155 | | MORRIS | MORRIS FORMAN | | | OHIO RIVER | | | WEST | | |
| | | | Facility Address 7913 SHELBYVILLE RD | | | If Pump Station, Name of Pump Station: | | | Discharge to GROUND | | |
| | | | | | | | | | | | |
| Activity Code / Description | <u>WO #</u> | Ref No | Initiated | Initiated By | Assigned To | Disch Status | Event Date | Problem | Result | Completed | Condition |
| DISREV:RAIN EVENT | 2337800 | | 4/3/15 8:10 | FIELDS | GRIFFITH | DOCUMENTED | 03/10/2011 | LACK OF | UNAUTHORIZED | 04/06/15 06:22 | |
| DISCHARGE | | | am | | | | | SYSTEM CAPACITY | DISCHAGE - WATERS | AM | |

Discharge Reporting:

| Discharge Amount: | 432,000 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2339285 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP. |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

| 4/11/15 1:02 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
|-----------------|--------|---|--|

| KPDES # | Facility ID | | Water C | Water Quality Treatement Center | | | Receiving Stream of Treatment Center | | | Region | | |
|---|-------------|---------------|------------------|---------------------------------|--------------|--|---|-------------------|------------------|-----------|--|--|
| KY0022411 MSD0278 Facility Type Facility ID | | MORRIS FORMAN | | | | WEST | | | | | | |
| | | | Facility Address | | | If Pump Station, Name of Pump Station: | | | Discharge to | | | |
| SSL Sewer Service Line | 85055 | 85055 4345 PR | | СТ | | BUECHEL BRAI | | | H GROUND | | | |
| Activity Code / Description | WO # Ref No | Initiated | Initiated By | Assigned To | Disch Status | Event Date | Problem | Result | Completed | Condition | | |
| DISREV:RAIN EVENT | 2337931 | 4/3/15 12:10 | MITCHELL | GRIFFITH | FORCE | 05/03/2010 | LACK OF | UNAUTHORIZED | 04/04/15 08:03 | | | |
| DISCHARGE | | pm | | | MAJEURE | | SYSTEM CAPACITY | DISCHAGE - WATERS | AM | | | |

Discharge Reporting:

| Discharge Amount: | 10,000 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2338728 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

| 4/11/15 1:03 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
|-----------------|--------|---|--|

| KPDES # Facility ID | | | Water C | Water Quality Treatement Center | | | iving Stream o | Region | | |
|---|-----------------------------------|------------------------------|--------------------------|---------------------------------|------------------------------|--|---------------------------|-------------------------------|-----------------------------|------------------|
| KY0022411 MSD0278 Facility Type Facility ID | | | MORRIS | FORMAN | OHIO RIVER | | | | WEST | |
| | | | Facility Address | | | If Pump Station, Name of Pump Station: | | | Discha | scharge to |
| SSL Sewer Service Line | 85097 | | 4341 PRUITT CT | | | | | PADDY RUN | GROUND | |
| Activity Code / Description DISREV:RAIN EVENT | <u>WO #</u> <u>Ref</u> 2337930 | No Initiated 4/3/15 12:11 | Initiated By MITCHELL | <u>Assigned To</u> GRIFFITH | <u>Disch Status</u> FORCE | <u>Event Date</u> 08/04/2009 | <u>Problem</u> LACK OF | <u>Result</u> UNAUTHORIZED | Completed 04/04/15 08:05 | <u>Condition</u> |
| DISCHARGE | | pm | | | MAJEURE | | SYSTEM CAPACITY | DISCHAGE - WATERS | AM | |

Discharge Reporting:

| Discharge Amount: | 10,000 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2338727 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

| 4/11/15 1:03 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
|-----------------|--------|---|--|

| KPDES # | Facility ID | | | Water | Water Quality Treatement Center | | | iving Stream o | Region | | |
|---|------------------------|---------------|---------------------------------------|-------------------------------|--|-----------------------------------|---------------------------------|-------------------------------------|--|-----------------------------------|------------------|
| KY0022411 | Y0022411 MSD0278 | | MORRIS | FORMAN | | OHIO RIVER | | | | WEST | |
| Facility Type Facility ID | | | Facility Addre | ess | If Pump Station, Name of Pump Station: | | | Receiving Stream | Discharge to | | |
| SMH Sewer Manhole | VH Sewer Manhole 89791 | | | 37 ARROWHEAD RD | | | | | | GROUND | |
| Activity Code / Description DISREV:RAIN EVENT DISCHARGE | <u>WO #</u> 2338322 | <u>Ref No</u> | <u>Initiated</u> 4/3/15 1:59 pm | <u>Initiated By</u> FIELDS | <u>Assigned To</u> GRIFFITH | <u>Disch Status</u> DOCUMENTED | <u>Event Date</u> 06/23/2011 | <u>Problem</u> LACK OF SYSTEM | <u>Result</u> UNAUTHORIZED DISCHAGE - WATERS | Completed 04/04/15 02:38 PM | <u>Condition</u> |

Discharge Reporting:

| Discharge Amount: | 10,000 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2338735 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP. |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

| 4/11/15 1:17 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
|-----------------|--------|---|--|

| KPDES #Facility IDKY0022411MSD0278Facility TypeFacility ID | | | | Quality Treatem | ent Center | At Center Receiving Stream of Treatment Center OHIO RIVER | | | | Region WEST | |
|--|-------------|--------------------------|-------------|-----------------|-------------|--|------------------|--------------------|--------------------------------|-----------------------------|-----------|
| | | | MORRIS | FORMAN | | | | | | | |
| | | ility ID Facility Addres | | | ss | If Pump Sta | tion, Name of Pu | mp Station: | Receiving Stream | Discharge to CATCH BASIN | |
| SMH Sewer Manhole | 9070 | 90700 802 | | 8021 CHRIST | IAN CT | | | | MIDDLE FORK BEARGRASS CREEK | | |
| Activity Code / Description | <u>WO #</u> | Ref No | Initiated | Initiated By | Assigned To | Disch Status | Event Date | Problem | Result | Completed | Condition |
| DISREV:RAIN EVENT | 2337794 | | 4/3/15 7:35 | FIELDS | GRIFFITH | DOCUMENTED | 03/19/2008 | LACK OF | UNAUTHORIZED | 04/04/15 11:33 | |
| DISCHARGE | | | am | | | | | SYSTEM CAPACITY | DISCHAGE - WATERS | AM | |

Discharge Reporting:

| Discharge Amount: | 1,000 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2338667 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP. |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

| 4/11/15 1:02 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
|-----------------|--------|---|--|

| KPDES # | Facility II |) | Water Q | Water Quality Treatement Center | | | Receiving Stream of Treatment Center | | | Region | |
|-----------------------------|------------------------------|-------------|-----------------|---------------------------------|--------------|--|--------------------------------------|-------------------|----------------------|-----------|--|
| KY0022411 MSD0278 | | | MORRIS | FORMAN | OHIO RIVER | | | | WEST Discharge to | | |
| Facility Type | Facility ID Manhole 91624 | | Facility Addres | S | If Pump St | If Pump Station, Name of Pump Station: | | | | | |
| SMH Sewer Manhole | | | 8410 SAUREL DR | | | | | GOOSE CREEK | GROUND | | |
| Activity Code / Description | WO # Ref N | o Initiated | Initiated By | Assigned To | Disch Status | Event Date | Problem | Result | Completed | Condition | |
| DISREV:RAIN EVENT | 2337557 | 4/3/15 4:00 | SINGLETON | OPS ASHIFT | FORCE | 08/04/2009 | LACK OF | UNAUTHORIZED | 04/04/15 12:27 | | |
| DISCHARGE | | am | | | MAJEURE | | SYSTEM CAPACITY | DISCHAGE - WATERS | PM | | |

Discharge Reporting:

| Discharge Amount: | 146,025 GAL |
|----------------------|---|
| Cause: | LACK OF SYSTEM CAPACITY DUE TO RAIN EVENT |
| Clean Up: | MSD CLEANED & SANITIZED THE AREA |
| Control Zone: | TEMPORARY SIGNS PLACED |
| Impact: | SEWAGE OBSERVED |
| Repair: | A SOLUTION FOR THIS LOCATION CAN BE FOUND IN THE IOAP |
| Public Notification: | TEMPORARY SIGNS PLACED AROUND THE AFFECTED AREA |

| 4/11/15 1:02 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
|-----------------|--------|---|--|

| KPDES # Facility ID | | | | Water C | uality Treatem | ent Center | Rece | iving Stream o | Region | | |
|---|-------------|-------------------|-------------|-------------------|-----------------------|--------------|--------------------------------|----------------|-------------------|----------------|--------------|
| KY0022411 MSD0278 Facility Type Facility ID | | | MORRIS | FORMAN | | OHIO RIVER | | | WEST | | |
| | | Facility ID Facil | | Facility Addres | ility Address If Pump | | Station, Name of Pump Station: | | Receiving Stream | Discha | Discharge to |
| SMH Sewer Manhole | 96673 | | | 3920 DUTCHMANS LN | | | | | WEICHER CREEK | STREAM | |
| Activity Code / Description | <u>WO #</u> | Ref No | Initiated | Initiated By | Assigned To | Disch Status | Event Date | Problem | Result | Completed | Condition |
| DISREV:RAIN EVENT | 2338460 | | 4/3/15 5:04 | FIELDS | GRIFFITH | BEYOND | 04/27/2011 | LACK OF | UNAUTHORIZED | 04/04/15 03:22 | |
| DISCHARGE | | | pm | | | APPROVED | | SYSTEM | DISCHAGE - WATERS | PM | |
| | | | | | | DESIGN STORM | | CAPACITY | | | |

Discharge Reporting:

| Discharge Amount: | 825,000 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2338757 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP. |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

| 4/11/15 1:34 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
|-----------------|--------|---|--|

| KPDES # Facility ID | | | | Water C | uality Treatem | ent Center | Recei | iving Stream o | Region | | |
|---|-------------|---------------|-------------------|-------------------|----------------|--------------|------------------|-------------------------------|-----------------------------------|----------------------|------------------|
| KY0022411 MSD0278 Facility Type Facility ID | | | MORRIS | FORMAN | | OHIO RIVER | | | WEST | | |
| | | lity ID | | Facility Addres | SS | If Pump Sta | tion, Name of Pu | np Station: | Receiving Stream | Discha | arge to |
| SMH Sewer Manhole | 99259 | | | 3536 FINCASTLE RD | | | | | CAMP TAYLOR DITCH | GROUND | |
| Activity Code / Description | <u>WO #</u> | <u>Ref No</u> | Initiated | Initiated By | Assigned To | Disch Status | Event Date | Problem | <u>Result</u> | Completed | Condition |
| DISREV:RAIN EVENT DISCHARGE | 2337896 | | 4/3/15 5:32 am | MITCHELL | GRIFFITH | DOCUMENTED | 07/29/2009 | LACK OF SYSTEM CAPACITY | UNAUTHORIZED DISCHAGE - WATERS | 04/04/15 09:57 AM | |

Discharge Reporting:

| Discharge Amount: | 10,000 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2338717 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

| 4/11/15 1:03 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
|-----------------|--------|---|--|

| KPDES # Facility ID | | | Water C | Water Quality Treatement Center MORRIS FORMAN | | | iving Stream o | Region | | | |
|-----------------------------|-------------|--------|--------------------|--|--|--------------|----------------|--------------------|-------------------|----------------|-----------|
| | | MORRIS | OHIO RIVER | | | | WEST | | | | |
| | | | Facility Addre | 55 | If Pump Station, Name of Pump Station: | | | Receiving Stream | Discharge to | | |
| | | | 3305 BENT CREEK CT | | | | | | GROUND | | |
| Activity Code / Description | <u>WO #</u> | Ref No | Initiated | Initiated By | Assigned To | Disch Status | Event Date | Problem | Result | Completed | Condition |
| DISREV:RAIN EVENT | 2338442 | | 4/3/15 1:15 | MITCHELL | GRIFFITH | DOCUMENTED | 02/24/2011 | LACK OF | UNAUTHORIZED | 04/04/15 11:32 | |
| DISCHARGE | | | pm | | | | | SYSTEM CAPACITY | DISCHAGE - WATERS | AM | |

Discharge Reporting:

| Discharge Amount: | 10,000 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2338748 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP. |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

| 4/11/15 1:30 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-------------------|---------|---|--|
| 4/11/15 1.50 alli | DISINOT | Email notification of unauthorized discharge sent to Dischargenotices@iouisvillemsd.org | |

| KPDES #Facility IDKY0022411MSD0278Facility TypeFacility IDSSL Sewer Service LineBU05091039 | | | uality Treatem FORMAN | ent Center | Rece OHIO R | iving Stream o | Region WEST Discharge to | | | | |
|--|------------------------|-----------------------------|---------------------------------------|---------------------------------|--------------------------------|----------------------------|---------------------------------|--|--|--|------------------|
| | | Facility ID Facility Addres | | | SS | If Pump Sta | | | tion, Name of Pu | Receiving Stream | |
| | | | 3303 TROUT CREEK DR | | | | | | GROUND | | |
| Activity Code / Description DISREV:RAIN EVENT DISCHARGE | <u>WO #</u> 2338446 | <u>Ref No</u> | <u>Initiated</u> 4/3/15 1:22 pm | <u>Initiated By</u> MITCHELL | <u>Assigned To</u> GRIFFITH | Disch Status DOCUMENTED | <u>Event Date</u> 02/24/2011 | Problem LACK OF SYSTEM CAPACITY | <u>Result</u> UNAUTHORIZED DISCHAGE - WATERS | <u>Completed</u> 04/05/15 05:50 PM | <u>Condition</u> |

Discharge Reporting:

| Discharge Amount: | 10,000 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2338789 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP. |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

| 4/11/15 1:31 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
|-----------------|--------|---|--|

| KPDES # Facility ID | | | Water C | Water Quality Treatement Center MORRIS FORMAN | | | iving Stream of | Region | | |
|---|-------------------------------|---|-------------------------------|--|---|---------------------------------|-------------------------------|--|--|------------------|
| KY0022411 MSD0278 Facility Type Facility ID | | MORRIS | OHIO RIVER | | | | WEST | | | |
| | | Facility Addre | SS | If Pump St | If Pump Station, Name of Pump Station: | | | Discha | Discharge to | |
| SMH Sewer Manhole | CS0137 | | 1258 ROYALAVE | | | | | SOUTH FORK BEARGRASS CREEK | STREAM | |
| Activity Code / Description DISDW:DRY WEATHER DISCHARGE | <u>WO # Ref No</u> 2346433 | <u>Initiated</u> 4/22/15 12:11 pm | <u>Initiated By</u> BRIGHT | <u>Assigned To</u> BRIGHT | Disch Status REPAIRED - ISSUE RESOLVED | <u>Event Date</u> 04/24/2014 | Problem PUMPED OVERFLOW | <u>Result</u> UNAUTHORIZED DISCHAGE - WATERS | <u>Completed</u> 04/22/15 03:31 PM | <u>Condition</u> |

Discharge Reporting:

| Discharge Amount: | 1,000 GAL |
|----------------------|--|
| Cause: | possible break down of pipe |
| Clean Up: | None noted. There is no discharge to ground. Sewage discharging to creek through overflow pipe |
| Control Zone: | permanent signs along Beargrass creek in place |
| Impact: | discoloration/visible sewage in creek |
| Repair: | will require digging root cutter up |
| Public Notification: | Cemetery staff has been informed in person |

| 4/23/15 1:00 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org, Sayre.Dennis@epamail.epa.gov' |
|-----------------|--------|---|
| | | |

| KPDES # Facility ID | | | | Quality Treatem | ent Center | | iving Stream o | Region | | | |
|-----------------------------|-------------|------------------|---------------|--|-------------|--------------|------------------|--------------------|-------------------|----------------|-----------|
| KY0022411 MSD0278 | | MORRIS | MORRIS FORMAN | | | IVER | WEST | | | | |
| acility Type Facility ID | | Facility Address | | If Pump Station, Name of Pump Station: | | | Receiving Stream | Discha | rge to | | |
| SSL Sewer Service Line | KK1 | KK14815019 | | 4108 LEE AVE | | | | | CAMP TAYLOR DITCH | GROUNE |) |
| Activity Code / Description | <u>WO #</u> | Ref No | Initiated | Initiated By | Assigned To | Disch Status | Event Date | Problem | Result | Completed | Condition |
| DISREV:RAIN EVENT | 2337491 | | 4/2/15 4:02 | MITCHELL | GRIFFITH | DOCUMENTED | 07/29/2009 | LACK OF | UNAUTHORIZED | 04/04/15 09:33 | |
| DISCHARGE | | | pm | | | | | SYSTEM CAPACITY | DISCHAGE - WATERS | AM | |

Discharge Reporting:

| Discharge Amount: | 1,000 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2338556 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP. |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

| 4/11/15 1:01 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
|-----------------|--------|---|--|

| KPDES # | | | | | Water Quality Treatement Center | | | Receiving Stream of Treatment Center | | | |
|---|------------------------------|--------------------|--------------------------|-------------------------------------|---|---------------------------------|---|--|--|------------------|--|
| KY0022411 | MSD0278 | 0278 MORRIS FORMAN | | | | OHIO RIVER | | | | WEST | |
| Facility Type Facility ID Fa | | | Facility Addre | sility Address If Pump Station, Nam | | | mp Station: | Discharge to | | | |
| SSL Sewer Service Line | KK1484941 |) | 1568 MCKAY AVE | | | | | SOUTH FORK BEARGRASS CREEK | GROUND | | |
| Activity Code / Description DISREV:RAIN EVENT DISCHARGE | <u>WO # Ref N</u> 2337916 | | Initiated By MITCHELL | <u>Assigned To</u> GRIFFITH | <u>Disch Status</u> BEYOND APPROVED DESIGN STORM | <u>Event Date</u> 04/27/2011 | <u>Problem</u> LACK OF SYSTEM CAPACITY | <u>Result</u> UNAUTHORIZED DISCHAGE - WATERS | <u>Completed</u> 04/04/15 09:30 AM | <u>Condition</u> | |

Discharge Reporting:

| Discharge Amount: | 10,000 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY-HEAVY RAIN. |
| Clean Up: | WO# 2338721 |
| Control Zone: | CAUTION TAPE AND TEMPORARY SIGNS PLACED. |
| Impact: | LIGHT DEBRIS OBSERVED. |
| Repair: | LOCATION INCLUDED IN IOAP |
| Public Notification: | PUBLIC WAS NOTIFIED THROUGH DOOR HANGERS AND/OR TEMPORARY SIGNS TO AVOID CONTACT WITH DISCHARGE. |

| 4/11/15 1:03 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
|-----------------|--------|---|--|

| KPDES # | | | | Water C | Water Quality Treatement Center | | | Receiving Stream of Treatment Center | | | Region | |
|------------------------------|-------------|----------------|------------------|---------------|--|--------------------------|------------|--------------------------------------|-------------------|----------------|-----------|--|
| KY0022411 | MSD0278 | | MORRIS | MORRIS FORMAN | | OHIO RIVER | | | WEST | | | |
| acility Type Facility ID Fac | | Facility Addre | SS | If Pump Stat | p Station, Name of Pump Station: Receiving S | | | eam Discharge to | | | | |
| SLS Sewer Lift Station | MSE | 00002-PS | 5 5423 TRACY WAY | | WAY | HAZELWOOD | | | MILL CREEK | DITCH | | |
| Activity Code / Description | <u>WO #</u> | Ref No | Initiated | Initiated By | Assigned To | Disch Status | Event Date | Problem | Result | Completed | Condition | |
| DISREV:RAIN EVENT | 2338302 | | 4/3/15 4:05 | MARKS JR | OPS CSHIFT | BEYOND | 04/03/2015 | LACK OF | UNAUTHORIZED | 04/04/15 06:00 | | |
| DISCHARGE | | | pm | | | APPROVED DESIGN STORM | | SYSTEM CAPACITY | DISCHAGE - WATERS | AM | | |

Discharge Reporting:

| Discharge Amount: | 12,525 GAL |
|----------------------|---|
| Cause: | rain event caused lack of system capacity |
| Clean Up: | msd cleaned & sanitized the area |
| Control Zone: | temporary signs posted |
| Impact: | sewage observed |
| Repair: | a solution for this location can be found in the ioap |
| Public Notification: | MSD used temporary signs to warn public |

| 4/11/15 1:13 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
|-----------------|--------|---|--|

| KPDES # Facility ID | | | | Water C | uality Treatem | ent Center | Rece | iving Stream o | Region | | | |
|---|------------------------|---------------|---------------------------------------|----------------------------------|---|----------------------------|---------------------------------|--|--|--|------------------|--|
| KY0022411 | MSD0278 | | | MORRIS | MORRIS FORMAN | | | OHIO RIVER | | | WEST | |
| Facility Type Facility ID | | | Facility Addre | ss | If Pump Station, Name of Pump Station: | | | Receiving Stream | Discha | rge to | | |
| SLS Sewer Lift Station | MSD | MSD0057-LS 80 | | 806 PINE WA | 306 PINE WAY | | ANCHOR ESTATES #2 | | | STREAM | | |
| Activity Code / Description DISREV:RAIN EVENT DISCHARGE | <u>WO #</u> 2337764 | <u>Ref No</u> | <u>Initiated</u> 4/3/15 9:55 am | <u>Initiated By</u> SINGLETON | <u>Assigned To</u> OPS BSHIFT CENTRAL | Disch Status DOCUMENTED | <u>Event Date</u> 12/16/2000 | Problem LACK OF SYSTEM CAPACITY | <u>Result</u> UNAUTHORIZED DISCHAGE - WATERS | <u>Completed</u> 04/04/15 01:25 PM | <u>Condition</u> | |

Discharge Reporting:

| Discharge Amount: | 82,500 GAL |
|----------------------|---|
| Cause: | LACK OF SYSTEM CAPACITY DUE TO RAIN EVENT |
| Clean Up: | MSD CLEANED & SANITIZED THE AREA |
| Control Zone: | TEMPORARY SIGNS POSTED |
| Impact: | SEWAGE & DEBRIS OBSERVED ON THE GROUND |
| Repair: | A SOLUTION FOR THIS LOCATION CAN BE FOUND IN THE IOAP |
| Public Notification: | TEMPORARY SIGNS POSTED AROUND THE AFFECTED AREA |

| 4/11/15 1:02 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
| | | | |

| KPDES # | | | | Water Quality Treatement Center | | | iving Stream of T | Region | | |
|---|--------------------------------------|---|---------------------------|--|-----------------------------------|---------------------------------|--|--|--|------------------|
| KY0022411 | MSD0278 | MORRIS FORMAN | | | OHIO R | IVER | WEST | | | |
| Facility Type Facility ID F | | Facility Addres | Facility Address If Pump | | ition, Name of Pu | mp Station: | Receiving Stream Discha | | rge to | |
| SLS Sewer Lift Station | MSD0123-PS | MSD0123-PS | | 6600 SEMINARY WOODS PL | | WEST GOOSE CREEK | | GOOSE CREEK | DITCH | |
| Activity Code / Description DISDW:DRY WEATHER DISCHARGE | <u>WO #</u> <u>Ref No</u> 2349857 | <u>Initiated</u> 4/29/15 10:40 am | Initiated By SINGLETON | <u>Assigned To</u> OPS BSHIFT EAST | <u>Disch Status</u> DOCUMENTED | <u>Event Date</u> 09/28/2002 | <u>Problem</u> POWER OUTAGE (LG&E) | <u>Result</u> UNAUTHORIZED DISCHAGE - WATERS | <u>Completed</u> 04/29/15 10:50 AM | <u>Condition</u> |

Discharge Reporting:

| Discharge Amount: | 500 GAL |
|----------------------|---|
| Cause: | THE GENERATOR DID NOT COME BACK ON AFTER AN LG&E POWER FAIL |
| Clean Up: | CLEAN UP WO#2349918 |
| Control Zone: | TEMPORARY SIGNS PLACED |
| Impact: | SEWAGE OBSERVED |
| Repair: | CONTRACTOR TESTED & REPAIRED THE GENERATOR |
| Public Notification: | TEMPORARY SIGNS PLACED AROUND THE AFFECTED AREA |

Notifications:

4/29/15 1:00 pm

DISNOT

Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org, Sayre.Dennis@epamail.epa.gov'

| KPDES # Facility ID | | Water Quality Treat | | | nent Center Receiving Stream of Treatment Center | | | | Region | | |
|-----------------------------|------------------------|---------------------|---------------------------------|---------------------------|--|--|------------------------------------|---------------------------|-------------------------------|-----------------------------|-----------|
| KY0022411 | MSE | MSD0278 | | | MORRIS FORMAN | | | OHIO RIVER | | | |
| Facility Type | - | | | Facility Addres | s | If Pump Station, Name of Pump Station: | | | Receiving Stream | Discharge to | |
| SLS Sewer Lift Station | | | | 2120 INDIAN HILLS TRL | | MUDDY FORK | | | MUDDY FORK BEARGRASS CREEK | DITCH | |
| Activity Code / Description | <u>WO #</u> 2337695 | <u>Ref No</u> | <u>Initiated</u> 4/3/15 8:55 | Initiated By SINGLETON | <u>Assigned To</u> OPS BSHIFT | <u>Disch Status</u> DOCUMENTED | Event Date 01/27/2012 | <u>Problem</u> LACK OF | <u>Result</u> UNAUTHORIZED | Completed 04/04/15 05:35 | Condition |
| DISCHARGE | 2001000 | | am | | EAST | | 5 <u>_</u> 17 <u>_</u> 01 <u>_</u> | SYSTEM | DISCHAGE - WATERS | | |

Discharge Reporting:

| Discharge Amount: | 124,000 GAL |
|----------------------|---|
| Cause: | LACK OF SYSTEM CAPACITY DUE TO RAIN EVENT |
| Clean Up: | MSD CLEANED & SANITIZED THIS LOCATION |
| Control Zone: | PERMANENT SIGNS POSTED |
| Impact: | SEWAGE OBSERVED |
| Repair: | A SOLUTION FOR THIS LOCATION CAN BE FOUND IN THE IOAP |
| Public Notification: | PERMANENT SIGNS ARE POSTED AT THIS LOCATION |

| 4/11/15 1:02 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |
|-----------------|--------|---|--|
| | | | |

| KPDES # | Facility ID MSD0278 | | | Water Quality Treatement Center | | | Recei | ving Stream o | Region | | | |
|-----------------------------------|------------------------|--------|--------------------------|---------------------------------|-------------|--------------|--|---------------|-------------------|----------------|------------------|--|
| KY0022411 | | | | MORRIS | FORMAN | | OHIO RIVER | | | | WEST | |
| Facility Type | Facility ID | | | Facility Address | | | If Pump Station, Name of Pump Station: | | | Discha | Discharge to | |
| SPL Sewer Treatment Plant MSD0278 | | | 4522 ALGONQUIN PKY | | | | | OHIO RIVER | STREAM | | | |
| Activity Code / Description | <u>WO #</u> | Ref No | Initiated | Initiated By | Assigned To | Disch Status | Event Date | Problem | Result | Completed | Condition | |
| DISREV:RAIN EVENT | 2341530 | | 4/9/15 9:40 FRENCH BATES | | BATES | REPAIRED - | D - 04/30/2015 BYPASS AT | | UNAUTHORIZED | 04/30/15 12:28 | | |
| DISCHARGE | | | pm | | | ISSUE | | WQTC | DISCHAGE - WATERS | PM | | |
| | | | | | | RESOLVED | | | | | | |

Discharge Reporting:

| Discharge Amount: | 9,999 GAL |
|----------------------|---|
| Cause: | A TRANSFORMER EXPLODED ON THE NORTH FEED. THIS ELIMINATED ALL POWER TO THE PLANT. |
| Clean Up: | MSD CREWS PUMPING AND VACTORING FLOODED AREAS. |
| Control Zone: | IMPACTED AREAS BARRICADED. |
| Impact: | PLANT FLOODED WITH UNTREATED SEWAGE MIXED WITH STORMWATER. |
| Repair: | POWER HAS BEEN RESTORED TO THE SOUTH FEED 04/09/2015 05:30 AM. SOME FLOW HAS BEEN DIVERTED TO THE DRG WQTC THROUGH THE NORTHERN DITCH PS. |
| Public Notification: | MSD WEBSITE UPDATED AND A PRESS RELEASE WAS ISSUED. |

| 3/ | 18/15 1:00 am | DISSNO | Supplemental Email notification of unauthorized discharge has been sent to 'DischargeNotices@louisvillemsd.org, Sayre.Dennis@epamail.epa.gov' | |
|----|---------------|--------|--|--|
| 4/ | 11/15 1:49 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |

| KPDES # Facilit | | | | Water C | Quality Treatem | ent Center | Receiving Stream of Treatment Center | | | | Region | |
|---|------------------------|---------------|---------------------------------------|---------------------------------|--|--|---|-------------------------------------|--|--|------------------|--|
| KY0022411 MSD0278 | | 00278 | | MORRIS | FORMAN | OHIO RIVER | | | | WEST | | |
| Facility Type | - | | | Facility Addre | SS | If Pump Station, Name of Pump Station: | | | Receiving Stream | Discharge to | | |
| SLS Sewer Lift Station | | | 2630 PHOENIX HILL DR | | IX HILL DR | PHOENIX HILL | | | MUDDY FORK BEARGRASS CREEK | GROUND | | |
| Activity Code / Description DISREV:RAIN EVENT DISCHARGE | <u>WO #</u> 2337650 | <u>Ref No</u> | <u>Initiated</u> 4/3/15 7:50 am | <u>Initiated By</u> MARKS JR | <u>Assigned To</u> OPS BSHIFT EAST | <u>Disch Status</u> DOCUMENTED | <u>Event Date</u> 03/20/2002 | <u>Problem</u> LACK OF SYSTEM | <u>Result</u> UNAUTHORIZED DISCHAGE - WATERS | <u>Completed</u> 04/04/15 12:10 AM | <u>Condition</u> | |

Discharge Reporting:

| Discharge Amount: | 52,000 GAL |
|----------------------|--|
| Cause: | rain event caused a lack of system capacity |
| 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 |
| Public Notification: | msd used temporary signs to warn public |

Notifications:

| 4/11/15 1:02 am | DICNOT | | |
|-----------------|--------|---|--|
| 4/11/15 1:02 am | DISNOT | Email notification of unauthorized discharge sent to 'DischargeNotices@louisvillemsd.org' | |

Total Facilities Printed: 92

Total Work Orders Printed:

109