



MSD

*Louisville and Jefferson County Metropolitan Sewer District
700 West Liberty Street
Louisville Kentucky 40203-1911
502-540-6000
www.msdlouky.org*

October 24, 2007

Mr. David Morgan, Director
Environmental & Public Protection Cabinet
Division of Water
14 Reilly Road
Frankfort, KY 40601

**Re: Morris Forman Wastewater Treatment Plant (MFWTP)
KPDES Permit No. KY0022411**

Dear Mr. Morgan:

In accordance with the provisions of the KPDES Permit referenced above, the monthly operating report (KNREPC DOW-15) and the monthly Discharge Monitoring Report (DMR) for the reporting period September 1 to September 30, 2007 are enclosed. All permit requirements were met for the month of September, 2007.

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

Sincerely,

Alex E. Novak
Operations Manager

paw

MFDMR0907.doc

Enclosures

cc: Louisville Regional Office, EPPC A. Vicory, ORSANCO
G. Harrison, EPPC
A. Freeman, EPA, Region IV



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

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

NAME MSD MORRIS FORMAN STP

ADDRESS C/O LOUISVILLE/JEFF CO MSD

4322 ALBONGUIN PKWY

LOUISVILLE

KY 40211-2497

FACILITY MSD MORRIS FORM STP

LOCATION LOUISVILLE

KY 40211

ATTN: ALEX E NOVAK, OPER MGR

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

KY0022411
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MAJOR

(SUBR LV)

F - FINAL

MUNICIPAL DISCHARGE

EFFLUENT

*** NO DISCHARGE [] ***

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	07	01		07	07	30

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DO)	00300 1 0 0	*****	*****		4.9	*****	*****	(19)	0		
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L			DAILY GRAB
BOD, 5-DAY (20 DEG. C)	00310 2 0 0	9,008	14,212	(26)	*****	14	22	(19)	1		
SEC/BIDL PRCS CMPLT	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	30 MD AVG	45 MX WK AV	MG/L			DAILY COMPOS
BOD, 5-DAY (20 DEG. C)	00310 3 0 0	205,344	229,910	(26)	*****	316	372	(19)	0		
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L			DAILY COMPOS
PH	00400 1 0 0	*****	*****		6.6	*****	6.9	(12)	0		
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	5 0 MINIMUM	*****	9 0 MAXIMUM	SU			DAILY GRAB
SOLIDS, TOTAL SUSPENDED	00530 2 0 0	5,504	6,042	(26)	*****	8	9	(19)	0		
SEC/BIDL PRCS CMPLT	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	30 MD AVG	45 MX WK AV	MG/L			DAILY COMPOS
SOLIDS, TOTAL SUSPENDED	00530 3 0 0	188,921	207,876	(26)	*****	290	333	(19)	0		
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L			DAILY COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	00610 2 0 0	11,182	11,791	(26)	*****	17.5	20.0	(19)	0		
SEC/BIDL PRCS CMPLT	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	20 MD AVG	30 MX WK AV	MG/L			DAILY COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H. J. SCHARDEIN, JR.
EXECUTIVE DIRECTOR
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

[Signature]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 502 540-6000
DATE: 07 10 24
AREA CODE: 502 NUMBER: 540-6000 YEAR: 07 MO: 10 DAY: 24

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

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

NAME MSO MORRIS FORMAN STP

ADDRESS C/O LOUISVILLE/JEFF CO MSD

4522 ALGONQUIN PKWY

LOUISVILLE

KY 40211-2497

FACILITY MSD MORRIS FORM STP

LOCATION LOUISVILLE

KY 40211

ATTN: ALEX E NOVAK, OPER MGR

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

KY0022411
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MAJOR

(SUBR LV)

F - FINAL

MUNICIPAL DISCHARGE

EFFLUENT

*** NO DISCHARGE [] ***

Form Approved.
OMB No. 2040-0004

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	09	01		07	09	30

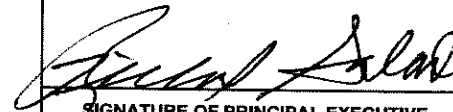
NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
NITROGEN, AMMONIA TOTAL (AS N)	9590	10527	(26)	*****	15.0	17.9	(19)	0	DAILY COMPOS		
00610 G O O	REPORT	REPORT		*****	REPORT	REPORT					
RAW SEW/INFLUENT	MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV	MG/L				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	77.8	176.4	(03)	*****	*****	*****		0			
50050 E O O	REPORT	REPORT		*****	*****	*****	****		CONTINUOUS		
SEC/BIOLOGICAL PROC COMPLT	MO AVG	DAILY MX	MGD				****				
CHLORINE, TOTAL RESIDUAL	*****	*****		*****	0.010	0.010	(19)	0			
50060 I O O	*****	*****	***	*****	0.019	0.019			DAILY GRAB		
EFFLUENT GROSS VALUE	*****	*****	***		MO AVG	DAILY MX	MG/L				
COLIFORM, FECAL GENERAL	*****	*****		*****	53	115	(13)	4	DAILY GRAB		
74055 I I O	*****	*****	***	*****	200	400 #/					
EFFLUENT GROSS VALUE	*****	*****	***		30DA GED	7 DA GED	100ML				
BOD, 5-DAY PERCENT REMOVAL	*****	*****		96	*****	*****	(23)	0			
B1010 K O O	*****	*****	***	85	*****	*****	PER-		ONCE/ CALCD		
PERCENT REMOVAL	*****	*****	***	MO MIN			CENT		MONTH		
SOLIDS, SUSPENDED PERCENT REMOVAL	*****	*****		98	*****	*****	(23)	0			
B1011 K O O	*****	*****	***	85	*****	*****	PER-		ONCE/ CALCD		
PERCENT REMOVAL	*****	*****	***	MO MIN			CENT		MONTH		
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H. J. SCHARDEIN, JR.
EXECUTIVE DIRECTOR

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
502	1540-6000	07	10	24
AREA CODE	NUMBER	YEAR	MO	DAY

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

- 3 - INFLUENT
- E - SECONDARY EFFLUENT
- L - FINAL EFFLUENT

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME MSD MORRIS FORMAN STP
ADDRESS C/O LOUISVILLE/JEFF CO MSD
 4522 ALGONQUIN PKWY
 LOUISVILLE KY 40211-2497
FACILITY MSD MORRIS FORM STP
LOCATION LOUISVILLE KY 40211
ATTN: ALEX E NOVAK, OPER MGR

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

KY0022411 PERMIT NUMBER
 001 B DISCHARGE NUMBER

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

MONITORING PERIOD							
YEAR	MO	DAY	FROM	TO	YEAR	MO	DAY
07	09	01			07	09	30

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BOD, 5-DAY (20 DEG. C) 00310 F 0 0 PRI/PRLM PRCS CMPLT	*****	*****	*****	*****	*****	236	251	(19) MG/L	0	WHEN COMPOS DISCHG	
BOD, 5-DAY (20 DEG. C) 00310 I 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	25	32	(19) MG/L	0	WHEN COMPOS DISCHG	
SOLIDS, TOTAL SUSPENDED 00530 F 0 0 PRI/PRLM PRCS CMPLT	*****	*****	*****	*****	*****	169	172	(19) MG/L	0	WHEN COMPOS DISCHG	
SOLIDS, TOTAL SUSPENDED 00530 I 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	26	32	(19) MG/L	0	WHEN COMPOS DISCHG	
NITROGEN, AMMONIA TOTAL (AS N) 00610 F 0 0 PRI/PRLM PRCS CMPLT	*****	*****	*****	*****	*****	15.0	15.5	(19) MG/L	0	WHEN COMPOS DISCHG	
NITROGEN, AMMONIA TOTAL (AS N) 00610 I 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	15.7	16.5	(19) MG/L	0	WHEN COMPOS DISCHG	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 00050 F 0 0 PRI/PRLM PRCS CMPLT	*****	24.00	35.20	(03)	*****	*****	*****	*****	0	WHEN CONTIN DISCHG	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 H. J. SCHARDEIN, JR.
 EXECUTIVE DIRECTOR
 TYPED OR PRINTED

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H. J. Schardein, Jr.
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 502 1540-6000
 DATE 07 10 24
 AREA CODE NUMBER YEAR MO DAY

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

MONITORING DURING PERIODS OF SECONDARY BYPASS IN ADDITION TO REGULAR MONITORING.
 1 - FINAL EFFLUENT
 2 - SECONDARY BYPASS AFTER PRIMARY TREATMENT

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

NAME MSD MORRIS FORMAN STP
ADDRESS C/O LOUISVILLE/JEFF CO MSD
4522 ALGONQUIN PKWY
LOUISVILLE KY 40211-2497

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

KY0022411
PERMIT NUMBER

001 Y
DISCHARGE NUMBER

MAJOR (SUBR LV)
F - FINAL JEFFE
BIDMONITORING/ONCE PER QUARTER
EFFLUENT

FACILITY MSD MORRIS FORM STP
LOCATION LOUISVILLE KY 40211

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	07	01		07	07	30

*** NO DISCHARGE 1 ***

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
HARDNESS, TOTAL (AS CaCO3) 00900 1 0 2 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	367	407	(19)	0		
CADMIUM, DISSOLVED (AS Cd) 01025 1 0 2 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L			
COPPER, DISSOLVED (AS Cu) 01040 1 0 2 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L			
LEAD, DISSOLVED (AS Pb) 01047 1 0 2 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L			
ZINC, DISSOLVED (AS Zn) 01090 1 0 2 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L			
ZINC TOTAL RECOVERABLE 01094 1 0 2 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L			
CADMIUM TOTAL RECOVERABLE 01113 1 0 2 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H. J. SCHARDEIN, JR.
EXECUTIVE DIRECTOR
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
502	540-6000	07	10	24
AREA CODE	NUMBER	YEAR	MO	DAY

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

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

NAME MSD MORRIS FORMAN STP
 ADDRESS C/O LOUISVILLE/JEFF CO MSD
 4532 ALGONQUIN PKWY
 LOUISVILLE KY 40211-2497

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

KY0022411
 PERMIT NUMBER

001 Y
 DISCHARGE NUMBER

MAJOR (SUBR LV)
 F - FINAL JEFFE
 BIDMONITORING/ONCE PER QUARTER
 EFFLUENT
 *** NO DISCHARGE 1 ***

FACILITY MSD MORRIS FORM STP
 LOCATION LOUISVILLE KY 40211
 ATTN: ALEX E NOVAK, DPER MGR


MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	07	01	07	09	30

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
LEAD TOTAL RECOVERABLE 01114 1 0 2 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.083	0.125	(19)	0		
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MD AVG	REPORT DAILY MX	MG/L			DAILY COMPOS
COPPER TOTAL RECOVERABLE 01119 1 0 2 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.008	0.015	(19)	0		
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MD AVG	REPORT DAILY MX	MG/L			DAILY COMPOS
TOXICITY, FINAL CONC TOXICITY UNITS 01406 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<1.0	(2F)	0		
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	1.00 ACUTE DAILY MX TOXCTY				DAILY GRAB-2
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 H. J. SCHARDEIN, JR.
 EXECUTIVE DIRECTOR
 TYPED OR PRINTED

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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 502 | 540-6000
 DATE 07 | 10 | 24
 AREA CODE NUMBER YEAR MO DAY

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

DATE	WASTEWATER FLOWS (Million Gallons)			TEMP (DEGF)		pH		SETS (M/L)		TSS (mg/L)		TS (mg/L)		D.O. (mg/L)	5-DAY BOD (mg/L)			RETURN SLUDGE FLOW TSS TVSS				AERATION BASIN D.O MLSS MLVSS SET SVI				ACTIVE Sludge Wasted Primary Sludge		CHLORINATION Chlorine Resid Fecal			FINAL EFFLUENT NH3-N Pump		
	Final	Effluent	Bypass	raw	final	raw	final	raw	final	raw	final	raw	final	final	raw	prim. final	final	MG	g/L	g/L	mg/L	g/L	g/L	g/L	g/L	MG	MG	KLBS	mg/L	#/100 ml	mg/L	Hours	
																																	Sec.
9/1	74.3	74.3	0.0	69	75	7.4	6.7	8.0	0.2	310	10			6.3	245	192	8	15.1	12.6	10.6	14.9	3.4	2.8	397	118	0.93	0.20	2.78	0.010	2	18	0.00	
9/2	69.5	69.5	0.0	69	77	7.4	6.7	6.0	0.1	208	11			6.7	171	160	8	15.2	11.5	9.8	15.7	3.5	3.0	403	114	0.95	0.29	2.64	0.010	8	18	0.00	
9/3	71.9	71.9	0.0	69	79	7.4	6.8	9.5	0.1	192	8			6.8	186	152	9	15.3	11.6	9.9	16.6	3.1	2.6	343	112	0.93	0.28	2.68	0.010	11	18	0.00	
9/4	76.8	76.8	0.0	69	79	7.4	6.8	13.0	0.1	268	8			7.6	251	182	9	15.2	11.3	9.4	17.5	3.2	2.7	369	117	0.95	0.34	2.83	0.010	2	17	0.00	
9/5	79.3	79.3	0.0	69	79	7.2	6.8	12.0	0.1	318	9			7.2	362	269	14	15.0	11.6	9.8	14.5	2.8	2.4	269	97	0.87	0.29	3.04	0.010	78	17	0.00	
9/6	83.7	83.7	0.0	69	79	7.2	6.6	15.0	0.1	326	11			6.7	338	316	15	15.2	12.0	10.2	10.9	3.2	2.7	299	95	0.80	0.22	2.84	0.010	870	15	0.00	
9/7	81.7	81.7	0.0	69	81	7.2	6.7	10.5	0.1	332	12			6.9	369	284	18	15.2	11.4	9.7	12.0	3.2	2.8	383	118	0.87	0.21	2.73	0.010	6	17	0.00	
9/8	80.4	80.4	0.0	69	80	7.2	6.7	13.5	0.1	480	13			5.8	438	474	14	15.2	11.4	9.8	9.6	3.3	2.9	393	118	0.94	0.34	3.02	0.010	12	18	0.00	
9/9	126.9	91.7	35.2	69	79	7.2	6.7	4.5	0.2	218	32			6.2	204	206	32	15.1	12.9	11.1	12.4	3.1	2.6	349	113	0.99	0.36	5.89	0.010	96	14	0.00	
9/10	83.2	83.2	0.0	69	79	7.5	6.6	3.0	0.1	140	11			5.3	267	227	12	15.2	12.2	10.3	12.4	3.4	2.8	356	105	1.02	0.35	4.22	0.010	145	12	0.00	
9/11	81.5	81.5	0.0	69	79	7.2	6.7	17.0	0.1	378	12			6.9	357	240	13	14.8	12.0	10.4	11.5	3.8	3.1	367	104	1.01	0.21	2.87	0.010	220	16	0.00	
9/12	74.2	74.2	0.0	69	75	7.3	6.8	14.0	0.1	404	13			7.0	392	271	11	15.5	12.2	10.3	9.2	3.5	3.0	396	113	0.99	0.20	2.49	0.010	92	20	0.00	
9/13	74.5	74.5	0.0	69	77	7.2	6.7	7.0	0.1	204	13			5.1	320	255	18	15.2	11.8	9.9	8.5	3.2	2.7	366	114	1.00	0.27	2.60	0.010	1370	21	0.00	
9/14	75.7	75.7	0.0	69	77	7.1	6.6	15.0	0.1	272	14			5.0	365	279	10	15.1	9.6	8.3	9.7	2.8	2.5	301	110	0.91	0.30	2.65	0.010	56	20	0.00	
9/15	68.9	68.9	0.0	69	78	7.2	6.7	12.0	0.1	370	7			6.2	328	292	8	15.3	11.6	9.9	11.2	3.0	2.5	381	128	0.90	0.29	3.22	0.010	410	20	0.00	
9/16	65.9	65.9	0.0	69	77	7.2	6.7	9.5	0.1	194	10			6.2	277	241	9	15.1	11.7	10.1	13.5	3.3	2.8	406	126	0.96	0.33	2.83	0.010	80	22	0.00	
9/17	70.0	70.0	0.0	69	75	7.4	6.7	19.0	0.1	500	11			6.0	488	300	9	15.2	12.3	10.4	13.7	2.9	2.4	344	118	0.98	0.21	3.27	0.010	32	20	0.00	
9/18	73.0	73.0	0.0	69	76	7.4	6.6	7.5	0.3	216	12			5.6	292	258	8	15.1	12.6	10.9	11.3	3.2	2.8	367	114	0.96	0.28	3.27	0.010	40	22	0.00	
9/19	72.6	72.6	0.0	69	77	7.2	6.7	14.0	0.1	344	9			5.0	399	310	9	15.1	12.3	10.2	10.0	4.1	3.4	336	82	0.90	0.32	3.17	0.010	14	21	0.00	
9/20	72.5	72.5	0.0	69	78	7.1	6.6	8.5	0.1	236	10			5.3	363	365	19	15.3	12.4	10.2	9.3	3.5	2.9	359	102	0.91	0.21	3.11	0.010	44	22	0.00	
9/21	72.0	72.0	0.0	69	80	7.2	6.7	12.0	0.1	472	15			5.0	454	336	14	15.3	13.0	11.2	6.0	3.4	3.0	458	134	0.93	0.32	3.12	0.010	6	21	0.00	
9/22	71.9	71.9	0.0	69	80	7.2	6.6	11.0	0.1	352	15			4.9	372	308	14	15.4	13.2	11.4	6.0	3.6	3.2	447	125	1.03	0.40	3.35	0.010	12	21	0.00	
9/23	69.0	69.0	0.0	68	76	7.3	6.7	13.0	0.1	244	19			5.1	292	239	13	15.3	12.1	10.4	10.1	3.6	3.1	471	133	1.08	0.40	3.35	0.010	26	22	0.00	
9/24	72.4	72.4	0.0	69	79	7.4	6.7	4.5	0.1	152	9			6.0	216	218	10	15.4	12.4	10.8	16.0	3.5	3.0	478	136	1.12	0.19	3.00	0.010	25	22	0.00	
9/25	75.1	75.1	0.0	69	77	7.3	6.8	23.0	0.1	612	12			6.5	600	311	13	15.4	12.7	10.9	8.4	3.2	2.7	420	134	1.05	0.19	2.49	0.010	76	23	0.00	
9/26	100.7	91.3	9.4	69	78	7.2	6.8	5.0	0.1	198	21			6.0	284	357	24	15.2	12.9	11.2	11.5	3.5	3.0	433	125	1.01	0.30	3.03	0.010	101	22	0.00	
9/27	142.9	115.5	27.4	69	76	7.3	6.6	1.5	0.1	106	26			5.6	102	145	18	15.2	14.1	11.7	13.3	2.9	2.5	369	127	0.99	0.32	6.20	0.010	1050	11	0.00	
9/28	96.3	96.3	0.0	69	78	7.3	6.7	4.0	0.1	292	10			6.1	249	202	6	15.3	12.2	10.8	13.9	3.8	3.4	392	103	1.07	0.33	2.62	0.010	380	11	0.00	
9/29	75.5	75.5	0.0	69	79	7.5	6.7	5.5	0.1	204	12			5.6	245	227	6	15.4	11.8	9.8	13.3	4.2	3.5	387	93	1.08	0.35	2.85	0.010	290	18	0.00	
9/30	72.7	72.7	0.0	69	75	7.4	6.9	2.5	0.1	148	10			5.3	251	244	8	15.3	13.3	10.9	13.0	3.4	2.7	402	121	1.01	0.33	2.31	0.010	120	19	0.00	
Total	2405.0	2333.0	72.0															456.6															0.00
Average	80.2	77.8	2.4	69	78	7.3	6.7	10.0	0.1	290	13			6.0	316	262	13	15.2	12.2	10.3	11.9	3.3	2.9	381	115	0.971	0.288	3.15	0.010	53	19	0.00	

SEWER CONNECTIONS 136421 TIMES 4 = 545684 SEWER POPULATION
 IND. WASTER POPULATION EQ
 CUSTOMERS 330
 FLOW 218126
 BOD 697230
 TSS 377035

Authorized Agent 

Certification No. 4663

MORRIS FORMAN WASTEWATER TREATMENT PLANT

JEFFERSON COUNTY, KY

Month of Sep-07

Average Flow

SETTLING TANKS	Primary	Secondary		
		Battery A	Battery B	Battery C
Average Flow (MGD)	81.2	42.02	44.28	14.31
Tanks in Service	2.87	7.97	8.00	3.00
Surface Area (Ft.2)	55247.50	68940.50	69200.00	25950.00
Volume (MG)	5.98	7.06	7.09	2.66
Weir Length (Ft.)	2052.05	2857.25	2868.00	1075.50
Avg. Weir Overflow (GPD/Ft)	39593.82	14705.96	15437.68	13302.11
Avg. Settling Rate (GPD/Ft2)	1470.63	839.83	726.52	653.40
Avg. Detention Time	1.77	4.03	3.84	4.46

AERATION TANKS

Battery A	Battery B	Battery C
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Volume (Gallons)	4200000	4200000	2100000
Avg. Flow (MGD)	48.02	50.28	16.96
Avg. Detention Time (Hours)	2.10	2.00	2.97

CHLORINE CONTACT CHAMBERS

Contact Chambers in Use	2.00
Volume (Gallons)	2340000
Avg. Detention Time (Hours)	0.69

Remarks: BY-PASS REPORTS (See Attached)



Report Selections: Excluding PPI, CSO, Result: WUS, Act Code: DISDW, DISREV

Facility Type	Facility ID	Facility Address	If Pump Station, Name of Pump Station:	Receiving Stream	Discharge to
SMH Sewer Manhole	26729	2200 MELLWOOD AVE		OHIO RIVER	

KPDES #	Facility ID	Treatment Plant Name	Receiving Stream of Treatment Plant	Region
KY0022411	MSD0278	MORRIS FORMAN	OHIO RIVER	WEST

Activity Code / Description	WO #	Initiated	Initiated By	Problem	Resolution	Completed
DISDW: DRY WEATHER DISCHARGE	703457	09/17/07 07:10 PM	GERALD DUNLAP	ROOTS	DISCHARGE TO WATERS OF THE US	09/17/07 08:10 PM

Spot Inspections:

Discharge Amount:	50 GAL
Cause:	ROOTS IN MAIN SEWER
Clean Up:	NO CLEAN-UP WARRANTED
Control Zone:	ADVISED CUSTOMER TO AVOID DIRECT CONTACT WITH SEWAGE
Impact:	WATER DISCHARGING FROM MANHOLE INTO DRAINAGE DITCH OF BEARGRASS CREEK
Repair:	WORK ORDERS 703458 AND 703660 - ROOT CUT THE MAIN SEWER TO REMOVE BLOCKAGE

Notifications:

09/17/07 12:59 PM	Email notification of unauthorized discharge sent to Harkins.John@epamail.epa.gov and eppc.ert@ky.gov
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Total Facilities Printed: 3