

MSD

Metropolitan Sewer District

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

December 15, 2009

Carolena Bentley
Division of Water
Surface Water Permits Branch
200 Fair Oaks Lane 4th Floor
Frankfort, KY 40601

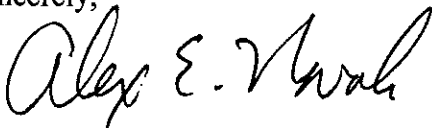
**Re: Morris Forman Water Quality Treatment Center
KPDES Permit No. KY0022411**

Dear Ms. Bentley:

In accordance with the provisions of the KPDES Permit referenced above, the monthly operating report and the monthly Discharge Monitoring Report (DMR) for the reporting period November 1 to November 30 are enclosed. All permit requirements were met for the month of November, 2009.

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

Sincerely,



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

paw

MFDMR1109.doc

Enclosures

cc: C. Roth, DOW-Louisville
A. Vicory, ORSANCO



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

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

Form Approved.
OMB No. 2040-0004

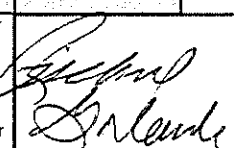
PERMITTEE NAME/ADDRESS (Include Facility Name/Address if Different)
NAME MSD MORRIS FORMAN WQTC
ADDRESS C/O LOUISVILLE/JEFF CO MSD
4522 ALGONQUIN PKWY
LOUISVILLE, KY 40211-2497
FACILITY MSD MORRIS FORM WQTC
LOCATION LOUISVILLE, KY 40211

KY0022411	001 B
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD					
YEAR	MONTH	DAY	YEAR	MONTH	DAY
09	11	01	09	11	30

ATTN: ALEX E NOVAK, OPER DIR

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	*****	*****	****	*****	134	156	(19)	0	05/30	COMPOS
00310 F 0 0 PRI/PRLM PRCS CMPLT	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	*****	*****	****	*****	26	41	(19)	0	05/30	COMPOS
00310 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	****	*****	88	118	(19)	0	05/30	COMPOS
00530 F 0 0 PRI/PRLM PRCS CMPLT	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	****	*****	27	43	(19)	0	05/30	COMPOS
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****	****	*****	10.9	11.4	(19)	0	05/30	COMPOS
00610 F 0 0 PRI/PRLM PRCS CMPLT	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****	****	*****	8.7	8.9	(19)	0	05/30	COMPOS
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	31.42	55.70	(03)	*****	*****	*****	****	0	05/30	CONTIN
50050 F 0 0 PRI/PRLM PRCS CMPLT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	MGD	*****	*****	*****	****		WHEN DISCHG	CONTIN
NAME/TITLE PRINCIPLE EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.							Telephone		DATE	
H. J. SCHARDEIN, JR. EXECUTIVE DIRECTOR	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							502 540-6000		09-12-09	
								AREA	NUMBER	YEAR - MO - DAY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
MONITORING DURING PERIODS OF SECONDARY BYPASS IN ADDITION TO REGULAR MONITORING.
1 - FINAL EFFLUENT
F - SECONDARY BYPASS AFTER PRIMARY TREATMENT.

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved . .
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)
NAME MSD MORRIS FORMAN WQTC
ADDRESS C/O LOUISVILLE/JEFF CO MSD
4522 ALGONQUIN PKWY
LOUISVILLE, KY 40211-2497
FACILITY MSD MORRIS FORM WQTC
LOCATION LOUISVILLE, KY 40211

KY0022411	0011
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR (SUBR LV)
F - FINAL JEFFE
MUNICIPAL DISCHARGE EFFLUENT

MONITORING PERIOD					
YEAR	MONTH	DAY	YEAR	MONTH	DAY
09	11	01	09	11	30

ATTN: ALEX E NOVAK, OPER DIR

*** NO DISCHARGE ***

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****	****	6.3	*****	*****	(19)	0	30/30	GRAB
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	2.0	*****	*****	MG/L		DAILY	GRAB
EFFLUENT GROSS VALUE					INST MIN						
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	9,063	9,955	(26)	*****	12	14	(19)	0	30/30	COMPOS
00310 E 0 0	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	30 MO AVG	45 MX WK AV	MG/L		DAILY	COMPOS
SEC/BIOLOGICAL PRCS CMPLT											
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	239,623	284,281	(26)	*****	307	394	(19)	0	30/30	COMPOS
00310 G 0 0	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		DAILY	COMPOS
RAW SEW/INFLUENT											
PH	SAMPLE MEASUREMENT	*****	*****	****	6.5	*****	7.1	(12)	0	30/30	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0	SU		DAILY	GRAB
EFFLUENT GROSS VALUE					MINIMUM		MAXIMUM				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	8,496	10,226	(26)	*****	11	13	(19)	0	30/30	COMPOS
00530 E 0 0	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	30 MO AVG	45 MX WK AV	MG/L		DAILY	COMPOS
SEC/BIOLOGICAL PRCS CMPLT											
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	218,677	275,098	(26)	*****	273	288	(19)	0	30/30	COMPOS
00530 G 0 0	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		DAILY	COMPOS
RAW SEW/INFLUENT											
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	8,940	10,237	(26)	*****	12.2	15.6	(19)	0	30/30	COMPOS
00610 E 0 0	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	20 MO AVG	30 MX WK AV	MG/L		DAILY	COMPOS
SEC/BIOLOGICAL PRCS CMPLT											
NAME/TITLE PRINCIPLE EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.								Telephone		DATE
H. J. SCHARDEIN, JR. EXECUTIVE DIRECTOR									502 540-6000		09-12-09
									AREA	NUMBER	YEAR - MO - DAY

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

G - INFLUENT
E - SECONDARY EFFLUENT
1 - FINAL EFFLUENT

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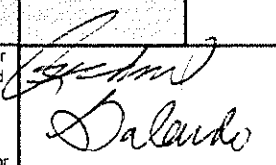
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LOUISVILLE, KY 40211-2497
FACILITY MSD MORRIS FORM WQTC
LOCATION LOUISVILLE, KY 40211

KY0022411	001 1
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD					
YEAR	MONTH	DAY	YEAR	MONTH	DAY
09	11	01	09	11	30

ATTN: ALEX E NOVAK, OPER DIR

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
NITROGEN, AMMONIA TOTAL (AS N) 00610 G 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	9365	10069	(26)	*****	12.8	15.3	(19)	0	30/30	COMPOS
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		DAILY	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 E 0 0 SEC/BIOL PRCS CMPLT	SAMPLE MEASUREMENT	91.0	160.5	(03)	*****	*****	*****	****	0	30/30	CONTIN
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		CONTIN UOUS	CONTIN
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	0.010	0.010	(19)	0	30/30	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	0.019 MO AVG	0.019 DAILY MX	MG/L		DAILY	GRAB
COLIFORM, FECAL GENERAL 74055 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	64	142	(13)	0	30/30	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	1000 30DA GEO	2000 7 DA GEO	#/ 100ML		DAILY	GRAB
BOD, 5-DAY PERCENT REMOVAL 81010 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	****	97	*****	*****	(23)	0	ONCE/ MONTH	CALCTD
	PERMIT REQUIREMENT	*****	*****	****	85 MO MIN	*****	*****	PER-CENT		ONCE/ MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	****	96	*****	*****	(23)	0	ONCE/ MONTH	CALCTD
	PERMIT REQUIREMENT	*****	*****	****	85 MO MIN	*****	*****	PER-CENT		ONCE/ MONTH	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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H. J. SCHARDEIN, JR. EXECUTIVE DIRECTOR									502 540-6000		09-12-09
									SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
G - INFLUENT
E - SECONDARY EFFLUENT
F - SECONDARY BYPASS AFTER PRIMARY TREATMENT.

DATE	WASTEWATER FLOWS (Million Gallons)			TEMP (DEGF)		pH		SETS (ML)		TSS (mg/L)		TS (mg/L)		D.O. (mg/L)		5-DAY BOD (mg/L)			RETURN SLUDGE FLOW TSS TVSS			AERATION BASIN D.O MLSS MLVSS SET SVI					ACTIVE Sludge Primary		CHLORINATION Chlorine Resid Coliform			FINAL EFFLUENT NH3-N Pump.			
	Final Sec.	Effluent	Bypass	raw	final	raw	final	raw	final	raw	final	raw	final	final	raw	prim. final	final	D.O.	MLSS	MLVSS	SET	SVI	Wasted MG	Sludge MG	Dosage KLS	mg/L	#/100 ml	mg/L	Hours						
																														MG	MG	KLBS	mg/L	#/100 ml	mg/L
11/1	181.3	128.5	34.8	58	82	7.4	8.5	5.5	0.1	156	23			9.8	130	88	23	24.1	11.3	9.4	20.0	2.2	1.9	227	104	0.85	0.21	3.84	0.010	103	5	0.00			
11/2	132.8	123.4	9.4	62	68	7.4	8.8	8.5	0.1	166	14			10.6	207	127	13	24.7	10.8	8.5	20.0	2.5	2.0	258	103	0.81	0.22	2.82	0.010	74	8	0.00			
11/3	117.4	117.4	0.0	64	68	7.3	8.7	10.0	0.1	264	10			9.9	215	141	8	24.8	12.5	10.2	19.8	3.2	2.7	280	93	0.98	0.29	1.87	0.010	88	9	0.00			
11/4	110.9	110.9	0.0	62	64	7.3	8.7	14.0	0.1	330	10			7.9	317	188	10	24.9	11.8	9.8	18.9	2.4	2.0	288	119	0.98	0.32	1.57	0.010	119	9	0.00			
11/5	99.6	99.6	0.0	64	68	7.2	7.1	13.0	0.1	304	10			8.6	374	202	10	24.4	11.0	9.3	18.9	2.7	2.3	287	105	1.00	0.28	1.45	0.010	800	11	0.00			
11/8	93.0	93.0	0.0	62	65	7.1	8.7	12.0	0.1	244	12			7.8	357	202	9	24.2	12.2	10.5	18.1	3.0	2.8	290	97	0.94	0.32	1.66	0.010	320	12	0.00			
11/7	93.9	93.9	0.0	63	67	7.2	8.5	9.0	0.1	248	10			7.9	321	241	8	25.7	12.1	10.4	18.8	3.4	2.9	357	108	0.92	0.35	1.69	0.010	77	11	0.00			
11/8	88.8	88.8	0.0	64	68	7.3	8.6	9.0	0.1	228	9			8.7	320	224	8	25.8	12.0	10.4	17.2	3.3	2.8	371	114	0.98	0.22	1.44	0.010	105	12	0.00			
11/9	89.0	89.0	0.0	64	68	7.1	8.7	11.0	0.1	228	10			7.1	315	218	14	26.1	10.8	9.2	18.5	3.3	2.9	338	104	1.05	0.22	1.53	0.010	74	15	0.00			
11/10	88.4	86.4	0.0	68	69	7.1	8.8	16.0	0.1	378	10			7.9	442	231	10	25.3	10.9	9.5	15.5	3.1	2.7	384	119	1.05	0.36	1.58	0.010	54	15	0.00			
11/11	62.4	62.4	0.0	64	69	7.1	8.6	12.0	0.1	294	10			6.3	357	251	10	25.7	10.7	9.2	14.8	4.5	3.8	498	113	1.05	0.33	1.28	0.010	44	12	0.00			
11/12	87.0	87.0	0.0	63	67	7.0	8.8	18.0	0.1	360	14			8.7	598	393	14	26.1	11.8	10.3	10.4	3.1	2.7	430	139	1.13	0.18	1.93	0.010	13	14	0.00			
11/13	80.2	80.2	0.0	63	67	7.1	8.6	14.0	0.1	298	16			7.0	412	308	15	26.4	12.6	11.4	10.8	4.1	3.7	454	114	1.23	0.29	1.80	0.010	42	19	0.00			
11/14	78.8	78.8	0.0	64	68	7.2	8.6	6.0	0.1	194	18			6.9	344	358	11	26.3	12.1	10.0	12.4	4.8	3.9	453	98	1.18	0.21	1.87	0.010	48	11	0.00			
11/15	77.3	77.3	0.0	80	69	7.0	8.6	4.0	0.1	138	11			7.5	287	260	12	27.0	12.5	11.6	13.9	3.5	3.2	484	143	1.13	0.27	1.71	0.010	42	12	0.00			
11/16	77.3	77.3	0.0	68	70	7.2	8.6	8.0	0.1	224	21			8.5	318	270	17	26.9	12.3	10.5	15.7	3.4	2.9	402	119	1.23	0.32	1.90	0.010	8	15	0.00			
11/17	186.1	111.2	74.9	80	63	7.1	8.6	12.5	0.7	336	58			7.0	254	205	62	27.0	12.2	10.4	16.5	3.7	3.1	467	127	1.22	0.38	6.87	0.010	3000	11	0.00			
11/18	154.8	118.3	38.5	80	80	7.2	8.6	10.5	0.1	284	28			9.2	253	108	19	26.3	12.5	10.5	18.4	3.1	2.8	339	105	1.18	0.37	3.39	0.010	74	7	0.00			
11/19	104.4	104.4	0.0	80	81	7.3	8.7	14.0	0.1	342	12			8.5	330	177	9	25.9	12.7	10.9	16.5	3.0	2.8	283	122	1.12	0.39	1.59	0.010	18	10	0.00			
11/20	93.9	93.9	0.0	60	62	7.2	8.7	15.0	0.1	308	11			8.3	438	259	10	26.2	13.8	11.7	15.2	3.0	2.5	337	115	1.05	0.33	1.51	0.010	42	10	0.00			
11/21	85.9	85.9	0.0	61	64	7.8	8.7	13.0	0.1	408	14			8.7	387	221	13	26.9	13.2	11.3	16.4	3.8	3.1	419	118	1.08	0.30	1.81	0.010	28	11	0.00			
11/22	83.1	83.1	0.0	60	64	7.5	8.7	8.5	0.1	234	12			8.1	204	142	11	28.4	12.9	11.0	18.8	3.7	3.1	443	124	1.08	0.27	1.46	0.010	44	14	0.00			
11/23	84.3	84.3	0.0	62	64	7.4	8.8	15.0	0.1	352	14			9.5	302	175	11	27.0	11.0	9.3	19.9	3.9	3.3	402	108	1.08	0.28	1.49	0.010	30	13	0.00			
11/24	86.1	86.1	0.0	62	64	7.5	8.7	8.0	0.1	184	8			9.0	257	203	12	26.8	10.8	8.7	20.0	3.1	2.9	340	109	1.03	0.32	1.80	0.010	48	15	0.00			
11/25	84.8	84.8	0.0	62	64	7.3	8.7	15.5	0.1	318	11			9.4	312	214	12	26.6	11.8	10.1	20.0	3.5	3.1	344	100	0.99	0.34	1.53	0.010	84	18	0.00			
11/26	75.5	75.5	0.0	62	63	7.4	8.6	14.0	0.1	238	12			7.4	218	142	10	27.8	11.2	9.8	19.8	3.4	3.0	384	109	1.03	0.27	1.25	0.010	42	18	0.00			
11/27	70.1	70.1	0.0	80	62	7.4	8.6	5.5	0.1	178	10			8.8	132	131	9	27.0	9.3	8.2	20.0	3.5	3.2	359	103	1.10	0.20	1.03	0.010	24	18	0.00			
11/28	71.8	71.8	0.0	60	61	7.4	8.7	18.0	0.1	348	6			9.2	368	142	8	26.4	8.8	8.3	20.0	3.5	3.0	308	89	0.97	0.23	1.01	0.010	112	17	0.00			
11/29	77.2	77.2	0.0	60	63	7.5	8.9	13.0	0.1	250	13			9.2	218	124	11	26.9	9.6	7.7	20.0	2.8	2.2	276	107	0.87	0.25	1.32	0.010	18	18	0.00			
11/30	93.9	92.4	1.5	58	60	7.4	8.8	18.0	0.1	354	14			9.6	294	145	14	26.8	8.4	7.5	19.0	2.1	1.9	300	144	1.03	0.15	1.81	0.010	303	13	0.00			
Total	2667.8	2730.7	157.1															782.4																	
Average	89.3	91.0	5.2	62	65	7.3	8.7	11.5	0.1	273	14			8.4	307	203	13	26.1	11.5	9.9	17.6	3.3	2.8	359	112	1.04	0.28	1.88	0.010	84	13	0.00			

SEWER CONNECTIONS

134819 TIMES 4 = 539276 SEWER POPULATION

IND. WASTER POPULATION EQ
 CUSTOMERS 329
 FLOW 377488
 BOD 909714
 TSS 504885

Authorized Agent

Certification No. 4683



Report Selections: Treatment Plant: MSD0278 MORRIS FORMAN, Excluding PPI, CSO, Result: WUS, Act Code: DISDW, DISREV, DISSUS

KPDES #	Facility ID	Water Quality Treatment Center	Receiving Stream of Treatment Center	Region
KY0022411	MSD0278	MORRIS FORMAN	OHIO RIVER	WEST

Facility Type	Facility ID	Facility Address	If Pump Station, Name of Pump Station:	Receiving Stream	Discharge to
SMH Sewer Manhole	45544	7904 BROWNSBORO RD		GOOSE CREEK	GROUND

Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Event Date	Problem	Result	Completed	Condition
DISDW: DRY WEATHER DISCHARGE	983491	11/20/09 09:30 AM	RICHARDSON	RICHARDSON	REPAIRED - ISSUE RESOLVED	11/20/09	GREASE BLOCKAGE	UNAUTHORIZED DISCHARGE - WATERS	11/20/09 05:06 PM	MAIN

Spot Inspections:

Discharge Amount:	75 GAL
Cause:	GREASE IN THE MAIN SEWER
Clean Up:	MSD PERSONNEL CLEANED AND SANITIZED THE IMPACTED AREA
Control Zone:	MSD PERSONNEL ADVISED CUSTOMER TO AVOID CONTACT WITH SEWAGE
Impact:	SEWAGE COMING FROM THE MANHOLE
Repair:	WORK ORDER 983493 - FLUSHED AND OPEN THE MAIN SEWER

Notifications:

11/20/09 09:15 AM	DISPUB	PLACED DISCHARGE SIGNS AND AVISED CUSTOMER ON SITE
11/20/09 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov

Report Selections: Treatment Plant: MSD0278 MORRIS FORMAN, Excluding PPI, CSO, Result: WUS, Act Code: DISDW, DISREV, DISSUS

KPDES #	Facility ID	Water Quality Treatment Center	Receiving Stream of Treatment Center	Region
KY0022411 (Cont'd)	MSD0278	MORRIS FORMAN	OHIO RIVER	WEST

Facility Type	Facility ID	Facility Address	If Pump Station, Name of Pump Station:	Receiving Stream	Discharge to
SMH Sewer Manhole	CSO016	4522 WINNROSE WAY		OHIO RIVER	STREAM

Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Event Date	Problem	Result	Completed	Condition
DISDW: DRY WEATHER DISCHARGE	979931	11/11/09 12:00 PM	MULLER		REPAIRED - ISSUE RESOLVED	11/12/09	MECHANICAL FAILURE	UNAUTHORIZED DISCHARGE - WATERS	11/12/09 12:17 AM	

Spot Inspections:

Discharge Amount	9,185,000 GAL
Cause:	MECHANICAL FAILURE OF THE GATE AT THE MAIN DIVERSION STRUCTURE
Clean Up:	NO CLEAN UP PERFORMED - PIPES DISCHARGE UNDERWATER, DIRECTLY INTO RIVER
Control Zone:	NO CONTROL ZONE SET UP, PERMANENT SIGN POSTED AT OUTFALL
Impact:	SUBMERGED DICHARGE
Repair:	TEMPORARY MODIFICATIONS MADE TO ALLOW OPERATION OF GATE

Notifications:

11/11/09 04:50 PM	DISPUB	Notification made through MSD website, email listserve and local news agencies.
11/11/09 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
11/11/09 01:00 PM	DISSNO	Supplemental Email notification of unauthorized discharge has been sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov

Report Selections: Treatment Plant: MSD0278 MORRIS FORMAN, Excluding PPI, CSO, Result: WUS, Act Code: DISDW, DISREV, DISSUS

KPDES #	Facility ID	Water Quality Treatment Center	Receiving Stream of Treatment Center	Region
KY0022411 (Cont'd)	MSD0278	MORRIS FORMAN	OHIO RIVER	WEST

Facility Type	Facility ID	Facility Address	If Pump Station, Name of Pump Station:	Receiving Stream	Discharge to
SMH Sewer Manhole	CSO020	147 BUCHANAN ST		OHIO RIVER	GROUND

Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Event Date	Problem	Result	Completed	Condition
DISDW: DRY WEATHER DISCHARGE	975993	11/01/09 01:00 PM	THOMPSON	THOMPSON	REPAIRED - ISSUE RESOLVED	11/01/09	POWER OUTAGE (LG&E)	UNAUTHORIZED DISCHARGE - WATERS	11/01/09 01:30 PM	

Spot Inspections:

Discharge Amount	1,073,000 GAL
Cause:	POWER ISSUE CAUSED PUMPS TO FAIL AND BYPASS OVER CSO 20 UNTIL PUMPS WERE ABLE TO BE RESTARTED.
Clean Up:	NONE REQUIRED; SUBMERGED OUTLET IN THE OHIO RIVER
Control Zone:	MSD HAS PERMANENT SIGNS LOCATED AT THE SUBMERGED OUTLET PIPE INTO THE OHIO RIVER
Impact:	NONE
Repair:	NONE REQUIRED. POWER WAS RESTORED AND PUMPS WERE RESTARTED

Notifications:

11/01/09 01:30 PM	DISPUB	Overflow signs installed at outfall to Ohio River
11/01/09 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov

Report Selections: Treatment Plant: MSD0278 MORRIS FORMAN, Excluding PPI, CSO, Result: WUS, Act Code: DISDW, DISREV, DISSUS

KPDES #	Facility ID	Water Quality Treatment Center	Receiving Stream of Treatment Center	Region
KY0022411 (Cont'd)	MSD0278	MORRIS FORMAN	OHIO RIVER	WEST

Facility Type	Facility ID	Facility Address	If Pump Station, Name of Pump Station:	Receiving Stream	Discharge to
SMH Sewer Manhole	CSO210	4522 WINNROSE WAY		OHIO RIVER	STREAM

Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Event Date	Problem	Result	Completed	Condition
DISDW: DRY WEATHER DISCHARGE	979932	11/11/09 10:45 AM	MULLER		REPAIRED - ISSUE RESOLVED	11/12/09	MECHANICAL FAILURE	UNAUTHORIZED DISCHARGE - WATERS	11/12/09 01:21 AM	

Spot Inspections:

Discharge Amount:	1,150,000 GAL
Cause:	MECHANICAL FAILURE OF THE GATE AT THE MAIN DIVERSION STRUCTURE
Clean Up:	NO CLEAN UP PERFORMED - PIPES DISCHARGE UNDERWATER, DIRECTLY INTO RIVER
Control Zone:	NO CONTROL ZONE SET UP. PERMANENT SIGN POSTED AT OUTFALL
Impact:	SUBMERGED OUTLET
Repair:	TEMPORARY MODIFICATIONS MADE TO ALLOW OPERATION OF GATE

Notifications:

11/11/09 04:53 PM	DISPUB	Notification made through MSD website, email listserve and local news agencies.
11/11/09 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
11/11/09 01:00 PM	DISSNO	Supplemental Email notification of unauthorized discharge has been sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov

Report Selections: Treatment Plant: MSD0278 MORRIS FORMAN, Excluding PPI, CSO, Result: WUS, Act Code: DISDW, DISREV, DISSUS

KPDES # KY0022411 (Cont'd)	Facility ID MSD0278	Water Quality Treatment Center MORRIS FORMAN	Receiving Stream of Treatment Center OHIO RIVER	Region WEST
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<u>Activity Code / Description</u>	<u>WO #</u>	<u>Initiated</u>	<u>Initiated By</u>	<u>Assigned To</u>	<u>Disch Status</u>	<u>Event Date</u>	<u>Problem</u>	<u>Result</u>	<u>Completed</u>	<u>Condition</u>
DISDW: DRY WEATHER DISCHARGE	980591	11/12/09 10:39 AM	FRENCH		REPAIRED - ISSUE RESOLVED	11/12/09	MECHANICAL FAILURE	UNAUTHORIZED DISCHARGE - WATERS	11/12/09 11:59 AM	

Spot Inspections:

Discharge Amount:	18,781 GAL
Cause:	DIVERSION GATE CLOSED TO FACILITATE REPAIR WORK
Clean Up:	NO CLEAN UP PERFORMED - PIPES DISCHARGE UNDERWATER, DIRECTLY INTO RIVER
Control Zone:	NO CONTROL ZONE SET UP. PERMANENT SIGN POSTED NEAR OUTFALL
Impact:	SUBMERGED DISCHARGE
Repair:	REPAIRS COMPLETE

Notifications:

11/12/09 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
11/13/09 01:15 PM	DISPUB	Notification made to public through MSD website, listserv and local media outlets.
11/12/09 01:00 PM	DISSNO	Supplemental Email notification of unauthorized discharge has been sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov



Report Selections: Treatment Plant: MSD0278 MORRIS FORMAN, Excluding PPI, CSO, Result: WUS, Act Code: DISDW, DISREV, DISSUS

KPDES # KY0022411 (Cont'd)	Facility ID MSD0278	Water Quality Treatment Center MORRIS FORMAN	Receiving Stream of Treatment Center OHIO RIVER	Region WEST
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Facility Type SMH Sewer Manhole	Facility ID CSO211	Facility Address 1423 SOUTHWESTERN PKY	If Pump Station, Name of Pump Station:	Receiving Stream OHIO RIVER	Discharge to STREAM
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<u>Activity Code / Description</u>	<u>WO #</u>	<u>Initiated</u>	<u>Initiated By</u>	<u>Assigned To</u>	<u>Disch Status</u>	<u>Event Date</u>	<u>Problem</u>	<u>Result</u>	<u>Completed</u>	<u>Condition</u>
DISDW: DRY WEATHER DISCHARGE	979933	11/11/09 07:00 AM	MULLER		DOCUMENTED	11/22/03	MECHANICAL FAILURE	UNAUTHORIZED DISCHARGE - WATERS	11/11/09 07:00 AM	

Spot Inspections:

Discharge Amount:	1 GAL
Cause:	MECHANICAL FAILURE OF THE GATE AT THE MAIN DIVERSION STRUCTURE - ADDITIONAL ANALYSIS INDICATES NO DISCHARGE OCCURRED AT THIS CSO.
Clean Up:	ADDITIONAL ANALYSIS INDICATES NO DISCHARGE OCCURRED AT THIS CSO.
Control Zone:	NO CONTROL ZONE SET UP. PERMANENT SIGN POSTED AT OUTFALL
Impact:	SUBMERGED OUTLET - ADDITIONAL ANALYSIS INDICATES NO DISCHARGE OCCURRED AT THIS CSO.
Repair:	REPAIRS ARE UNDERWAY - ADDITIONAL ANALYSIS INDICATES NO DISCHARGE OCCURRED AT THIS CSO.

Notifications:

11/11/09 04:54 PM	DISPUB	Notification made through MSD website, email listserve and local news agencies.
11/11/09 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
11/11/09 01:00 PM	DISSNO	Supplemental Email notification of unauthorized discharge has been sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov

Total Facilities Printed: 5
Total Work Orders Printed: 6