



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

March 17, 2010

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 February 1st to February 28th are enclosed. All permit requirements were met for the month of February, 2010.

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

Sincerely,

A handwritten signature in black ink that reads "Alex E. Novak". The signature is written in a cursive style.

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

paw

MFDMR0210.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/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	001 1
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD					
YEAR	MONTH	DAY	YEAR	MONTH	DAY
10	02	01	10	02	28

ATTN: ALEX E NOVAK, OPER DIR

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****	****	8.3	*****	*****	(19)	0	28/28	GRAB
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	2.0 INST MIN	*****	*****	MG/L		DAILY	GRAB
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	25,899	38,772	(26)	*****	27	39	(19)	0	28/28	COMPOS
00310 E 0 0 SEC/BIOLOGICAL COMPLIANCE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	30 MO AVG	45 MX WK AV	MG/L		DAILY	COMPOS
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	339,889	378,183	(26)	*****	327	400	(19)	0	28/28	COMPOS
00310 G 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		DAILY	COMPOS
PH	SAMPLE MEASUREMENT	*****	*****	****	6.6	*****	7.3	(12)	0	28/28	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	24,546	27,556	(26)	*****	26	31	(19)	0	28/28	COMPOS
00530 E 0 0 SEC/BIOLOGICAL COMPLIANCE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	30 MO AVG	45 MX WK AV	MG/L		DAILY	COMPOS
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	311,909	351,022	(26)	*****	299	353	(19)	0	28/28	COMPOS
00530 G 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		DAILY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	7,771	8,088	(26)	*****	8.4	9.1	(19)	0	28/28	COMPOS
00610 E 0 0 SEC/BIOLOGICAL COMPLIANCE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	20 MO AVG	30 MX WK AV	MG/L		DAILY	COMPOS
NAME/TITLE PRINCIPLE EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.							Telephone		DATE
H. J. SCHARDEIN, JR. EXECUTIVE DIRECTOR									502 540-6000		10-03-11
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							AREA	NUMBER	YEAR - MO - DAY

G - INFLUENT
E - SECONDARY EFFLUENT
1 - FINAL EFFLUENT

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

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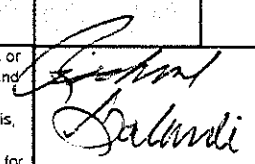
PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME MSD MORRIS FORMAN WQTC
ADDRESS C/O LOUISVILLE/JEFF CO MSD
4522 ALGONQUIN PKWY
LOUISVILLE, KY 40211-2497
FACILITY MSD MORRIS FORM WQTC
LOCATION LOUISVILLE, KY 40211

KY0022411	001 1
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD					
YEAR	MONTH	DAY	YEAR	MONTH	DAY
10	02	01	10	02	28

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	9748	10298	(26)	*****	10.5	11.6	(19)	0	28/28	COMPOS
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		DAILY	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 E 0 0 SEC/BIOLOGICAL PROC COMPLT	SAMPLE MEASUREMENT	113.7	159.1	(03)	*****	*****	*****	****	0	28/28	CONTIN
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		CONTINUOUS	CONTIN
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	0.010	0.010	(19)	0	28/28	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	*****	*****	****	*****	51	146	(13)	0	28/28	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	*****	*****	****	92	*****	*****	(23)	0	ONCE/MONTH	CALCTD
	PERMIT REQUIREMENT	*****	*****	****	85 MO MIN	*****	*****	PERCENT		ONCE/MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	****	92	*****	*****	(23)	0	ONCE/MONTH	CALCTD
	PERMIT REQUIREMENT	*****	*****	****	85 MO MIN	*****	*****	PERCENT		ONCE/MONTH	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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		10-03-11
									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.

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
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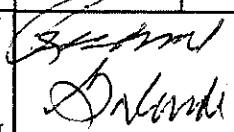
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ADDRESS C/O LOUISVILLE/JEFF CO MSD
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LOUISVILLE, KY 40211-2497
FACILITY MSD MORRIS FORM WQTC
LOCATION LOUISVILLE, KY 40211

KY0022411	001 B
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD					
YEAR	MONTH	DAY	YEAR	MONTH	DAY
10	02	01	10	02	28

ATTN: ALEX E NOVAK, OPER DIR

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BOD, 5-DAY (20 DEG. C) 00310 F 0 0 PRI/PRLM PRCS CMPLT	SAMPLE MEASUREMENT	*****	*****	****	*****	209	251	(19)	0	14/28	COMPOS
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	46	57	(19)	0	14/28	COMPOS
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
SOLIDS, TOTAL SUSPENDED 00530 F 0 0 PRI/PRLM PRCS CMPLT	SAMPLE MEASUREMENT	*****	*****	****	*****	132	155	(19)	0	14/28	COMPOS
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	47	63	(19)	0	14/28	COMPOS
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 F 0 0 PRI/PRLM PRCS CMPLT	SAMPLE MEASUREMENT	*****	*****	****	*****	11.7	14.3	(19)	0	14/28	COMPOS
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	8.1	11.3	(19)	0	14/28	COMPOS
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 F 0 0 PRI/PRLM PRCS CMPLT	SAMPLE MEASUREMENT	30.00	51.00	(03)	*****	*****	*****	****	0	14/28	CONTIN
	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									502 540-6000		10-03-11
									SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA

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.

MORRIS FORMAN WASTEWATER TREATMENT PLANT

JEFFERSON COUNTY, KY

Month of **Feb-10**

Average Flow

SETTLING TANKS	Primary	Secondary		
		Battery A	Battery B	Battery C
Average Flow (MGD)	115.8	51.35	46.57	28.02
Tanks in Service	3.25	8.00	7.00	3.86
Surface Area (Ft.2)	62562.50	69200.00	60550.00	33389.00
Volume (MG)	6.77	7.09	6.20	3.42
Weir Length (Ft.)	2323.75	2868.00	2509.50	1383.81
Avg. Weir Overflow (GPD/Ft)	49835.39	17903.52	18558.30	20247.31
Avg. Settling Rate (GPD/Ft2)	1851.03	924.13	938.12	910.26
Avg. Detention Time	1.40	3.31	3.20	2.93

AERATION TANKS

Battery A	Battery B	Battery C
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Volume (Gallons)	4200000	4200000	2100000
Avg. Flow (MGD)	63.95	56.80	31.49
Avg. Detention Time (Hours)	1.58	1.77	1.60

CHLORINE CONTACT CHAMBERS

Contact Chambers in Use	2.00
Volume (Gallons)	2340000
Avg. Detention Time (Hours)	0.48

Remarks: BY-PASS REPORTS (See Attached)



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	08935-SM	1001 BRECKENRIDGE LN		MIDDLE FORK BEARGRASS CREEK	STREAM

Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Event Date	Problem	Result	Completed	Condition
DISREV: RAIN EVENT DISCHARGE	1011589	02/05/10 08:43 PM	GRIFFITH	GRIFFITH	DOCUMENTED	11/29/01	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHARGE - WATERS	02/05/10 10:03 PM	

Spot Inspections:

Discharge Amount	272 GAL
Cause:	LACK OF SYSTEM CAPACITY-HEAVY RAIN
Clean Up:	NONE NEEDED-PIPE SUBMERGED
Control Zone:	PERMANENT SIGNS ARE PLACED AROUND DISCHARGE LOCATION
Impact:	NO IMPACT OBSERVED
Repair:	THIS LOCATION IS INCLUDED IN THE SANITARY SEWER DISCHARGE PLAN SUBMITTED ON DECEMBER 31, 2008

Notifications:

02/05/10 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
02/08/10 02:31 PM	DISPUB	PUBLIC NOTIFIED THROUGH PERMANENT SIGNS TO AVOID DIRECT CONTACT WITH DISCHARGED CONTENT
02/05/10 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

Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Event Date	Problem	Result	Completed	Condition
DISREV: RAIN EVENT DISCHARGE	1011582	02/05/10 02:40 PM	GRIFFITH	GRIFFITH	DOCUMENTED	01/24/02	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHARGE - WATERS	02/26/10 02:00 PM	

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	16649	1726 FRASER DR		SOUTH FORK BEARGRASS CREEK	DITCH

Spot Inspections:

Discharge Amount:	241,169 GAL
Cause:	LACK OF SYSTEM CAPACITY-HEAVY RAIN
Clean Up:	DISCLN WO# 1011783
Control Zone:	PIPE SUBMERGED-TEMPORARY SIGNS AND DOOR HANGERS
Impact:	LIGHT DEBRIS AND SOLIDS OBSERVED AROUND IMPACTED AREA
Repair:	THIS LOCATION IS INCLUDED IN THE SANITARY SEWER DISCHARGE PLAN SUBMITTED ON DECEMBER 31, 2008

Notifications:

02/05/10 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
02/08/10 10:54 AM	DISPUB	PUBLIC NOTIFIED THROUGH DOOR HANGERS, PERMANENT SIGNS, AND TEMPORARY SIGNS TO AVOID DIRECT CONTACT WITH DISCHARGED CONTENT
02/05/10 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	27005	1012 ALTA CIR		MIDDLE FORK BEARGRASS CREEK	GROUND

Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Event Date	Problem	Result	Completed	Condition
DISREV: RAIN EVENT DISCHARGE	1011588	02/05/10 08:08 PM	GRIFFITH	GRIFFITH	DOCUMENTED	09/02/03	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHARGE - WATERS	02/05/10 08:08 PM	

Spot Inspections:

Discharge Amount:	23,000 GAL
Cause:	LACK OF SYSTEM CAPACITY-HEAVY RAIN
Clean Up:	DISCLN WO# 1011620
Control Zone:	BARRICADES, CAUTION TAPE, AND TEMPORARY SIGNS WERE PLACED AROUND IMPACTED AREA
Impact:	LIGHT DEBRIS AND SOLIDS WERE OBSERVED AROUND DISCHARGE AREA
Repair:	THIS LOCATION IS INCLUDED IN THE SANITARY SEWER DISCHARGED PLAN SUBMITTED ON DECEMBER 31, 2008

Notifications:

02/05/10 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
02/06/10 03:41 PM	DISPUB	PUBLIC NOTIFIED THROUGH PERMANENT AND TEMPORARY SIGNS TO AVOID DIRECT CONTACT WITH DISCHARGED CONTENT
02/05/10 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	Facility ID	Facility Address	If Pump Station, Name of Pump Station:	Receiving Stream	Discharge to
SMH Sewer Manhole	51594	1418 TREVILIAN WAY		SOUTH FORK BEARGRASS CREEK	DITCH

<u>Activity Code / Description</u>	<u>WO #</u>	<u>Initiated</u>	<u>Initiated By</u>	<u>Assigned To</u>	<u>Disch Status</u>	<u>Event Date</u>	<u>Problem</u>	<u>Result</u>	<u>Completed</u>	<u>Condition</u>
DISREV: RAIN EVENT DISCHARGE	1011584	02/05/10 04:17 PM	MITCHELL	GRIFFITH	DOCUMENTED	09/12/06	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHARGE - WATERS	02/26/10 11:00 AM	

Spot Inspections:

Discharge Amount:	600 GAL
Cause:	LACK OF SYSTEM CAPACITY-HEAVY RAIN
Clean Up:	DISCLN WO# 1011729
Control Zone:	CAUTION TAPE AND TEMPORARY SIGNS WERE PLACED AROUND IMPACTED AREA
Impact:	LIGHT SOLIDS AND DEBRIS WERE OBSERVED AROUND DISCHARGE AREA
Repair:	THIS LOCATION IS INCLUDED IN THE SANITARY SEWER DISCHARGE PLAN SUBMITTED ON DECEMBER 31, 2008

Notifications:

02/05/10 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
02/08/10 09:34 AM	DISPUB	PUBLIC NOTIFIED THROUGH DOOR HANGERS TO AVOID DIRECT CONTACT WITH DISCHARGED CONTENT.
02/05/10 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	Facility ID	Facility Address	If Pump Station, Name of Pump Station:	Receiving Stream	Discharge to
SMH Sewer Manhole	68410	1533 LEXINGTON RD		MIDDLE FORK BEARGRASS CREEK	STREAM

<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>
DISSUS: SUSPECTED OVERFLOW EVID. FOUND	1010699	02/03/10 02:00 PM	FRENCH	GRIFFITH	NO REPORTED DISCHARGE	02/03/10	UTILITY DAMAGED MSD ASSET	UNAUTHORIZED DISCHARGE - WATERS	02/03/10 02:00 PM	

Spot Inspections:

Discharge Amount:	1 GAL
Cause:	MSD IWD INVESTIGATION INDICATED NO DISCHARGE, ODOR AND STREAM DISCOLORATION DUE TO SALT AND BRINE RUN OFF FROM HIGHWAY.
Clean Up:	NO CLEAN UP REQUIRED, NO DISCHARGE OCCURRED.
Control Zone:	CAUTION TAPE AND TEMPORARY SIGNS ALONG STREAM BANK BOTH SIDES OF DISCHARGE POINT. DOOR HANGERS PLACED ALONG LOCUST STREET.
Impact:	HYDROGEN SULFIDE, SOLIDS AND DISCOLORATION OBSERVED AT DRAINAGE HEADWALL ALONG CREEK
Repair:	NO REMEDIAL ACTION REQUIRED. MSD IWD INVESTIGATION INDICATED NO DISCHARGE, ODOR AND STREAM DISCOLORATION DUE TO SALT AND BRINE RUN OFF FROM HIGHWAY.

Notifications:

02/03/10 04:30 PM	DISPUB	Placed temporary signs and hung door hangers along Locust Street.
02/03/10 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
02/03/10 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 72571-X	Facility Address 4600 CHAMPIONS TRACE LN	If Pump Station, Name of Pump Station:	Receiving Stream SOUTH FORK BEARGRASS CREEK	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>
DISREV: RAIN EVENT DISCHARGE	1011583	02/05/10 05:41 PM	GRIFFITH	GRIFFITH	DOCUMENTED	11/29/01	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHARGE - WATERS	02/06/10 06:37 AM	

Spot Inspections:

Discharge Amount:	535,724 GAL
Cause:	LACK OF SYSTEM CAPACITY-HEAVY RAIN
Clean Up:	NONE NEEDED-PIPE SUBMERGED
Control Zone:	NONE NEEDED-PIPE SUBMERGED. PERMANENT SIGNS ARE PLACED NEAR DISCHARGE LOCATION
Impact:	NO IMPACT OBSERVED-PIPE SUBMERGED
Repair:	THIS LOCATION IS IN THE SANITARY SEWER DISCHARGE PLAN

Notifications:

02/05/10 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
02/08/10 02:25 PM	DISPUB	PUBLIC NOTIFIED BY PERMANENT SIGNS AND OVERFLOW ADVISORY ON PROJECT WIN WEBSITE
02/05/10 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 SLS Sewer Lift Station	Facility ID MSD0012-PS	Facility Address 3246 RADIANCE RD	If Pump Station, Name of Pump Station: HIGHGATE SPRINGS	Receiving Stream SOUTH FORK BEARGRASS CREEK	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>
DISREV: RAIN EVENT DISCHARGE	1011572	02/05/10 06:21 PM	ELDER	WRIGHT	DOCUMENTED	12/16/00	PUMPED OVERFLOW	UNAUTHORIZED DISCHARGE - WATERS	02/05/10 10:31 PM	

Spot Inspections:

Discharge Amount	125,580 GAL
Cause:	LACK OF CAPACITY DUE TO RAIN EVENT IN THE AREA
Clean Up:	PIPE SUBMERGED, NO CLEANUP
Control Zone:	PERMANENT SIGNS POSTED
Impact:	NO IMPACT OBSERVED- FACILITY UNDER ELEVATED CREEK LEVEL
Repair:	THIS LOCATION IS IN THE INTERIM SANITARY SEWER DISCHARGE PLAN

Notifications:

02/05/10 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
02/05/10 10:31 AM	DISPUB	PERMANENT SIGNS POSTED
02/05/10 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
SLS Sewer Lift Station	MSD0023-PS	501 MOCKINGBIRD VALLEY RD	MELLWOOD AVENUE	MUDDY FORK BEARGRASS CREEK	STREAM

Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Event Date	Problem	Result	Completed	Condition
DISREV: RAIN EVENT DISCHARGE	1011594	02/05/10 09:10 PM	ELDER	RHEINLAENDE R JR	DOCUMENTED	01/02/04	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHARGE - WATERS	02/06/10 03:00 AM	MAIN

Spot Inspections:

Discharge Amount	9,000 GAL
Cause:	LACK OF SYSTEM CAPACITY DUE TO RAIN EVENT IN AREA
Clean Up:	NO DEBRIS- PIPE SUBMERGED
Control Zone:	PERMANENT SIGNS POSTED IN AREA SUPPLEMENTED BY TEMPORARY SIGNS
Impact:	NONE OBSERVED - OUTLETS SUBMERGED
Repair:	THIS SITE FOUND DURING RAIN EVENT RECON- WILL BE MONITORED AND EVALUATED FOR REPAIR.

Notifications:

02/05/10 10:56 PM	DISPUB	PERMANENT SIGNS POSTED IN AREA SUPPLEMENTED BY TEMPORARY SIGNS
02/05/10 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
02/05/10 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: 8
 Total Work Orders Printed: 8