



January 26, 2011

Crystal Thompson 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. Thompson:

In accordance with the provisions of the KPDES Permit referenced above, the monthly operating report and the monthly Discharge Monitoring Report (DMR) for the reporting period December 1st to December 31st are enclosed. All permit requirements were met for the month of December, 2010. We would like to point out however that all BOD₅ results (influent/secondary/plant) for the time period of December 16th through December 20th were determined to be invalid. The cause was determined to be due to contamination of the laboratory de-ionized water system (refer to attached memo from Zonetta English to Alex Novak dated January 11, 2011). The DMR monthly BOD₅ average is therefore based on 26 days of data rather than 31 days and the maximum weekly average is based on 2 days of data rather than 7 days.

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

Sincerely,

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

May E. Word

paw MFDMR1210.doc Enclosures

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





DATE: January 11, 2011

TO: Alex E. Novak, Operations Director

FROM: Zonetta E. English, Laboratory Manager

SUBJECT: BOD Results for MFWQTC Dates: 12/16/10-12/20/10

I want to inform you that the BOD results for these days are invalid due to a contamination issue with our Deionized Water System. On December 15, 2010, we had a flow restriction problem and we called in our vendor Siemens Water Technologies Corp. Upon investigation, we found that we needed a filter replaced. Unfortunately, we had no idea the ill effect it would cause in our BOD determinations. The dilution water used for the BOD analytical test was contaminated with some undetermined biological source.

As you are aware, BOD analyses take 5 days to complete. As a result, we were unable to determine that we had a contamination issue until December 20, 2010.

It is my professional determination that the BOD results for these days mentioned above not be reported due to the fact that the Quality Control requirements failed for analytical test Standard Methods 5210B. Standard Methods 5210B is the method that is required for your permit for BOD analysis. The QC failed in the following areas:

- Standard Methods require that the blanks have a dissolved oxygen depletion of no more than 0.2 mg/L. The blanks for these days range from "could not be determined" to 7.21 mg/L.
- Standard Methods requires the use of a Laboratory Control Standard- Glucose Glutamic Acid (GGA) as a Standard. The method allows a range of 198 mg/L ± 30.5 mg/L. Our results during this time period range from "could not be determined" to 336 mg/L.

The "could not be determined" is due to the fact that the biological reaction in the dilution water consumed all the oxygen and there was none remaining to perform any calculations.

As our corrective action, the laboratory has since purchased some distilled water to have on site in case we have any issues with our DI water system. We will utilize the distilled water as precautionary measure in the future, until we can determine that the DI Water System has not been compromised. In our Laboratory Information Management System (LIMS), we will list all BOD results (permit and process control values) with the word "scratched" and narrative in the comment section.

If you have any questions, please let me know. In the 18 years I have been at MSD, this is the first time we have had such a catastrophic failure of BOD results. I am confident that we have



scientifically determined the problem and have implemented procedures to reduce the possibility of a reoccurrence.

File: V:\\winword\MSD Memo wBODMFWQTCIssueDec2010.doc

cc: W. Brian Bingham, Regulatory Services Director Douglas S. Porter, Assistant Legal Counsel

Form Approved. OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME MSD MORRIS FORMAN WQTC **ADDRESS** MAJOR C/O LOUISVILLE/JEFF CO MSD 001 1

KY0022411 PERMIT NUMBER (SUBR LV) 4522 ALGONQUIN PKWY DISCHARGE NUMBER F - FINAL **JEFFE** LOUISVILLE, KY 40211-2497 MUNICIPAL DISCHARGE FACILITY MSD MORRIS FORM WQTC MONITORING PERIOD EFFLUENT LOCATION LOUISVILLE, KY 40211 YEAR MONTH DAY YEAR MONTH DAY *** NO DISCHARGE *** FROM 01 TO 10 ATTN: ALEX E NOVAK, OPER DIR

Parameter		QUAN	TITY OR LOADIN	IG	a	UALITY OR CON	ICENTRATION		NO	FREQUENCY OF	SAMPLE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	ANALYSIS	TYPE
XYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	******	****	****	6.0	***	****	(19)	0	31/31	GRAB
0300 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	****	***	****	2.0 NST MIN	****	****	MG/L		DAILY	GRAB
OD, 5-DAY (20 DEG, C)	SAMPLE MEASUREMENT	13,245	17,428	(26)	****	18	25	(19)	0	26/31	сомро
0310 E 0 0 EC/BIOL PRCS CMPLT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	***	30 MO AVG	45 MX WK AV	MG/L		DAILY	СОМРО
OD, 5-DAY (20 DEG. C)	SAMPLE • MEASUREMENT	328,242	550,786	(26)	中东北北京	428	774	(19)	0	26/31	COMPO
0310 G 0 0 AW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	***	REPORT -MO AVG	REPORT MX WK AV	MG/L		DAILY	COMPOS
Н	SAMPLE MEASUREMENT	****	****	****	6.6	***	6.9	(12)	0	31/31	GRAB
0400 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	****	*****	****	6.0 MINIMUM	#-4 pt # #	9.0 MAXIMUM	SU		DAILY	GRAB
OLIDS, TOTAL USPENDED	SAMPLE MEASUREMENT	11,899	26,343	(26)	****	16	36	(19)	0	31/31	COMPOS
0530 E 0 0 EC/BIOL PRCS CMPLT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	****	30 MO AVG	45 MX WK AV	MG/L		DAILY	COMPOS
OLIDS, TOTAL JSPENDED	SAMPLE MEASUREMENT	301,652	334,434	(26)	***	391	466	(19)	0	31/31	COMPOS
0530 G 0 0 AW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		DAILY	COMPOS
TROGEN, AMMONIA DTAL (AS N)	SAMPLE MEASUREMENT	8,871	10,379	(26)	****	12.3	17.3	(19)	0	31/31	COMPOS
610 E 0 0 EC/BIOL PRCS CMPLT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	****	20 MO AVG	30 MX-WK AV	MG/L		DAILY	COMPOS
AME/TITLE PRINCIPLE EXECU J. SCHARDEIN, JR.	TIVE OFFICER	supervision in accordar evaluate the information		igned to assure to notice the industry of the	hat qualified personne e person or persons v	under my direction or il properly gather and	The Man	/	<u>_</u>	Telephone	DATE
ECUTIVE DIRECTOR		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 chowling violations. 502 540-6000 SIGNATURE OF PRINCIPAL EXECUTIVE									
MMENTS AND EXPLANATION OF ANY V	AOLATIONO (DAG			ALL BOD R			OFFICER OR AUTHORIZED	AGENT	ARFA N	IUMBER	YEAR - MO - DAY

E - SECONDARY EFFLUENT

^{1 -} FINAL EFFLUENT

DAY

01

MONITORING PERIOD

Form Approved. OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME MSD MORRIS FORMAN WQTC

ADDRESS

FACILITY

LOCATION

MSD MORRIS FORMAN WOTC

C/O LOUISVILLE/JEFF CO MSD 4522 ALGONQUIN PKWY

LOUISVILLE, KY 40211-2497 MSD MORRIS FORM WQTC

LOUISVILLE, KY 40211

YEAR

FROM

MONTH

KY0022411 001 1 PERMIT NUMBER DISCHARGE NUMBER

YEAR

TO

10

MONTH

DAY

MAJOR (SUBR LV) F - FINAL

JEFFE

MUNICIPAL DISCHARGE EFFLUENT

*** NO DISCHARGE ***

Parameter			ITY OR LOADIN		Q	UALITY OR CON	ICENTRATION		NO	FREQUENCY OF	SAMPLE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	ANALYSIS	TYPE
ITROGEN, AMMONIA OTAL (AS N)	SAMPLE MEASUREMENT	10122	10776	(26)	***	13.9	15.6	(19)	0	31/31	COMPOS
0610 G 0 0 AW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	当美生业 步	REPORT MO AVG	REPORT MX WK AV	MG/L	*****	DAILY	сомроз
LOW, IN CONDUIT OR HRU TREATMENT PLANT	SAMPLE MEASUREMENT	90.1	166,1	(03)	***	****	****	****	0	31/31	CONTIN
0050 E 0 0 EC/BIOL PRCS CMPLT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	****	****	***	***		CONTIN UOUS	CONTIN
HLORINE, TOTAL ESIDUAL	SAMPLE MEASUREMENT	****	****	****	****	****	0,010	(19)	0	31/31	GRAB
0060 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	***	***	1 ****	****	****	0.019 DAILY MX	MG/L		DAILY	GRAB
COLIFORM, FECAL SENERAL	SAMPLE MEASUREMENT	****	****	****	www.wh	35	91	(13)	0	31/31	GRAB
'4055 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	****	****	****	****	1000 30DA GEO	2000 7 DA GEO	#/ 100ML		DAILY	GRAB
BOD, 5-DAY PERCENT REMOVAL	SAMPLE MEASUREMENT	****	***	****	96	****	****	(23)	0	ONCE/ MONTH	CALCTD
1010 K 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	· ****	****	****	85 MO MIN	****	****	PER- CENT		ONCE/ MONTH	CALCTD
OLIDS, SUSPENDED ERCENT REMOVAL	SAMPLE MEASUREMENT	****	****	****	96	****	the side side side	(23)	0	ONCE/ MONTH	CALCTD
1011 K 0 0 ERCENT REMOVAL	PERMIT REQUIREMENT	***	****	****	85 MO MIN	水水安全水 -	****	PER- CENT		ONCE/ MONTH	CALCTD
	SAMPLE MEASUREMENT							***************************************	·		
	PERMIT REQUIREMENT										
AME/TITLE PRINCIPLE EXECU I. J. SCHARDEIN, JR.	JIVE OFFICER	I certify under penalty of supervision in accordar evaluate the Informatio	nce with a system desi	gned to assure t	hat qualified personne	ol properly gather and	Guen	P		Telephone	DATE
XECUTIVE DIRECTOR		system, or those perso to the best of my know significant penalties for knowing violations,	ns directly responsible ledge and bollef, true, :	for gathering the accurate, and co	e information, the information the information in t	mation submitted is, nat there are	Daln	-0	502	540-6000	11-01-25
							SIGNATURE OF PRINCIPA OFFICER OR AUTHORIZE			NUMBER	YEAR - MO - DA

G - INFLUENT

E - SECONDARY EFFLUENT

F - SECONDARY BYPASS AFTER PRIMARY TREATMENT.

Form Approved. OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Address if Different)
NAME MSD MÖRRIS FORMAN WQTC

ADDRESS

MSD MORRIS FORMAN WOTC

FROM

C/O LOUISVILLE/JEFF CO MSD 4522 ALGONQUIN PKWY LOUISVILLE, KY 40211-2497

KY0022411 001 B PERMIT NUMBER DISCHARGE NUMBER MAJOR (SUBR LV) JEFFE F - FINAL SECONDARY BYPASS

*** NO DISCHARGE ***

FACILITY LOCATION MSD MORRIS FORM WQTC LOUISVILLE, KY 40211

MONITORING PERIOD EFFLUENT YEAR MONTH DAY YEAR HTNOM DAY 01 70° 12 TO 10 12 31

ATTM: ALEY E MOVAK OPER DIR

Parameter		QUANT	ITY OR LOADIN	g	Q	UALITY OR CON	CENTRATION		NO	FREQUENCY OF	SAMPLE
- arometer		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	ANALYSIS	TYPE
BOD, 5-DAY (20 DEG, C)	SAMPLE MEASUREMENT	****	****	W-W-W-40	****	264	312	(19)	0	06/31	COMPOS
00310 F 0 0 PRI/PRLM PRCS CMPLT	PERMIT REQUIREMENT	# ± ± ÷ ÷	****	****	<u>u i. 4 4 4</u>	REPORT MO AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
OD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	****	****	****	****	65	34	(19)	0	06/31	COMPOS
0310 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	the stands	****	****	***	REPORT MO AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
OLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	***	安安安次安	****	****	256	347	(19)	0	06/31	COMPOS
0530 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	****	****	****	***	58	43	(19)	0	06/31	COMPOS
0530 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	****	#####	*#**	****	REPORT MO AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
NTROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	****	****	****	***	13.8	16.0	(19)	0	06/31	COMPOS
0610 F 0 0 PRI/PRLM PRCS CMPLT	PERMIT REQUIREMENT	****	****	****	****	REPORT MO AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
IITROGEN, AMMONIA OTAL (AS N)	SAMPLE MEASUREMENT	****	****	****	索索杂方士	12.8	14.5	(19)	0	06/31	COMPOS
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	. *****	***	***	****	REPORT MO AVG	REPORT MX WK AV	MG/L		WHEN DISCHG	COMPOS
LOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	21.32	16.83	(03)	****	service strike ser	****	****	0	06/31	CONTIN
0050 F 0 0 PRI/PRLM PRCS CMPLT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	MGD	****	****	3/14/3/14	***		WHEN DISCHG	CONTIN
IAME/TITLE PRINCIPLE EXECU	ITIVE OFFICER		nce with a system des	igned to assure	that qualified personn	under my direction or el properly gather and who manage the	Thu			Telephone	DATE
I. J. SCHARDEIN, JR. XECUTIVE DIRECTOR		system, or those perso to the best of my know significant penalties fo knowing violations.	ons directly responsible dedge and belief, true,	for gathering the accurate, and c	ne Information, the info omplete. I am aware	Halu Signature of PRINCIPA		502 540-6000		11-01-25	
							OFFICER OR AUTHORIZE		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.

01

Form Approved. OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Address if Different)
NAME MSD MORRIS FORMAN WQTC

ADDRESS

YEAR

FROM

10

MONTH

10

C/O LOUISVILLE/JEFF CO MSD 4522 ALGONQUIN PKWY LOUISVILLE, KY 40211-2497

KY0022411 001 Y PERMIT NUMBER DISCHARGE NUMBER

YEAR

10

TO

HTMOM

12

DAY

MONITORING PERIOD

MAJOR (SUBR LV) **JEFFE** F - FINAL BIOMONITORING/ONCE PER QUARTE

FACILITY LOCATION MSD MORRIS FORM WQTC LOUISVILLE, KY 40211

EFFLUENT *** NO DISCHARGE *** 31

ATTN: ALEX E NOVAK, OPER DIR

Parameter		QUAN ¹	TITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION	***	NO	FREQUENCY OF	SAMPLE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	ANALYSIS	TYPE
HARDNESS, TOTAL (AS CACO3)	SAMPLE MEASUREMENT	*****	****	***	****	337	391	(19)	0	QTRLY	GRAB-2
00900 1 0 2 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	****	***	****	****	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
CADMIUM, DISSOLVED (AS CD)	SAMPLE MEASUREMENT	****	****	****	****	0.003	0.003	(19)	0	QTRLY	GRAB-2
01025 1 0 2 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	****	***	****	****	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
COPPER, DISSOLVED (AS CU)	SAMPLE MEASUREMENT	****	***	***	****	0.014	0.018	(19)	0	QTRLY	GRAB-2
01040 1 0 2 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	±+++++	神龙舟神水	***	****	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
LEAD, DISSOLVED (AS PB)	SAMPLE MEASUREMENT	****	****	****	****	0.008	0.008	(19)	0	QTRLY	GRAB-2
01049 1 0 2 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	****	****	****	安克 罗安奈	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
ZINC, DISSOLVED (AS ZN)	SAMPLE MEASUREMENT	****	****	****	***	0.060	0.060	(19)	0	QTRLY	GRAB-2
01090 1 0 2 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	****	****	****	女女女女	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
ZINC TOTAL RECOVERABLE	SAMPLE MEASUREMENT	****	****	****	****	0.064	0.068	(19)	0	QTRLY	GRAB-2
01094 1 0 2 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	****	****	****	****	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
CADMIUM TOTAL RECOVERABLE	SAMPLE MEASUREMENT	****	***	***	****	0.003	0,003	(19)	0	QTRLY	GRAB-2
01113 1 0 2 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	****	****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
NAME/TITLE PRINCIPLE EXECU H. J. SCHARDEIN, JR.	JIIVE OFFICER	I certify under penalty o supervision in accordar evaluate the information	ice with a system desig	gned to assure t	hat qualified personne	of properly gather and	Sich	ul		Telephone	DATE
EXECUTIVE DIRECTOR		system, or those persor to the best of my knowl significant penalties for knowing violations.	ns directly responsible edge and bellef, true, a	for gathering the sccurate, and co	Information, the information aware the	mation submitted is, nat there are and imprisonment for	Dalar	rli	502 540-6000		11-01-25
COMMENTS AND EXPLANATION OF ANY	VIOLATIONS (Reference	all attachments here)					SIGNATURE OF PRINCIPA OFFICER OR AUTHORIZE		AREA I	NUMBER	(EAR - MO - DAY

Form Approved.
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Address if Different) NAME MSD MORRIS FORMAN WOTC MAJOR **ADDRESS** C/O LOUISVILLE/JEFF CO MSD KY0022411 001 Y (SUBR LV) PERMIT NUMBER 4522 ALGONQUIN PKWY DISCHARGE NUMBER F - FINAL JEFFE LOUISVILLE, KY 40211-2497 BIOMONITORING/ONCE PER QUARTE FACILITY MSD MORRIS FORM WOTC MONITORING PERIOD **EFFLUENT** YEAR MONTH TDAY LOCATION LOUISVILLE, KY 40211 YEAR MONTH DAY *** NO DISCHARGE *** **FROM** 01 TO '31 ATTN: ALEX E NOVAK, OPER DIR QUANTITY OR LOADING QUALITY OR CONCENTRATION NO SAMPLE FREQUENCY OF Parameter **AVERAGE** UNITS MAXIMUM MINIMUM **AVERAGE** MAXIMUM UNITS EX ANALYSIS TYPE **** *** LEAD **** SAMPLE 0.008 0.008 0 QTRLY GRAB-2 (19)MEASUREMENT TOTAL RECOVERABLE 01114 1 0 2 **** **** **** PERMIT REPORT REPORT MG/L QTRLY COMPOS REQUIREMENT EFFLUENT GROSS VALUE MO AVG MX WK AV COPPER **** **** **** **** SAMPLE 0.017 0.023 (19)0 QTRLY GRAB-2 MEASUREMENT TOTAL RECOVERABLE 01119 1 0 2 **** *** *** *** REPORT REPORT PERMIT MG/L QTRLY COMPOS REQUIREMENT EFFLUENT GROSS VALUE MO AVG MX WK AV **** **** TOXICITY, FINAL CONC SAMPLE **** **** ***** <1.00 (2F)QTRLY 0 GRAB-2 MEASUREMENT TOXICITY UNITS **** **** **** 61406 1 0 1 *** 1.00 ACUTE PERMIT **QTRLY** GRAB-2 REQUIREMENT EFFLUENT GROSS VALUE DAILY MAX TOXCTY SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT 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 Telephone DATE supervision in accordance with a system designed to assure that qualified personnel properly gather and H. J. SCHARDEIN, JR. 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, EXECUTIVE DIRECTOR to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are 502 540-6000 11-01-25 significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT AREA NUMBER YEAR - MO - DAY COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

MORRIS FORMAN WATER QUALITY TREATMENT CENTER JEFFERSON COUNTY, KENTUCKY MONTH OF December 2010 KPDE8 PERMIT NO. KY0022411 PLANT CAPACITY - 120 MGD RECEIVING STREAM-OHIO RIVER

				·	:=																										
	1444.000	7.11.7000	7 6040	TEN			рH	SE		TS		TS		.O.		5-DAY BOD															
		WATER F		DEC	(+د	-		(M/	L)	(mg/	<u>L) </u>	(mg/L)	(n	ng/L)		(mg/L)										TIVE		LORINA	TION	FIN	/AL
		Sec.	n8-)			·		ŀ		İ								RETUR					TION BASIN		Sluoge	-	Chlorine		Fecal	EFFL	
DATE	_	Effluent I	Amace	raw	finat	raw	final	72W	final	raw 1	inal l	aw fin:	. [<u>.</u> .	nal		prim. final	E						MLVSS SET	SVI		Sludge	Dosage	Resid		NH3-N	Pump.
12/		133.5	34.2	60					,	210	30	2.44 13134	111	7.2	1245	183	final 33	MG 28.4	g/L 18.0	g/L 12.6	mg/L 11.6	9/L 2.7	g/L 2.2 194		MG	MG	KLBS	mg/L	#/100 ml	mg/L	Hours
12/		116.6	0.0	64	-		6.9		0.1	324	20		1	6.0	334	216		28.3		13.8	1	2.7	23 216	72	0.98 0.88	0.24	3.09	0.010		8	0.00
12/		111.3	0.0	62					0.1	326	19			8.3	398	224	1	27.9		11.3		3.6	2.9 198	55	0.68	0.29 0.33	1.81	0,010	228	9	8.00
12/	130.7	116.6	14.1	58		1			0.1	296	26			7.8	362	284		28.2		11.9		3.6	3.1 234	64	0.78	0.22	2.04	0.010	146 10	12 13	24.00 24.00
12/	108.7	108.5	2.2	61	61	7.1	6.6			236	20		- 1	8.7	258	178		28.1	14.1	11.7		3.1	2,8 241	79	0.75	0.38		0.010		13	24.00
12/	83,4	93.4	0.0	58	59	7.2	6.7	15,0	0.1	338	18			7,5	370	207	13	28.8	15.3	12.5	14.6	3.6	3.0 263	74	0.83	0.36		0.010	1	13	24.00
12/	7 89.1	89.1	0.0	60	60	7.1	6.7	19.0	0.1	454	14			7,7	483	314	14	28.7	11.7	9.8	1	4.9	4.1 259	57	0.92	0.26	1.18	0.010		16	24.00
12/		88,2	0.0	59	60	7,0	6.7	14.0	0.1	398	20			8,6	367	309	16	28,0	14.0	11.6	11.8	4.1	3.5 302	74	0.95	0.19	1.18	0.010	-,	14	17.00
12/	1	86.2	0.0	80	60	7.0	6.9	14,0	0.1	424	19			9.6	396	350	14	27.4	13.4	11.3	11.3	4.2	3,6 279	87	0.94	0.26		0.010		17	14.00
12/1	r	62,0	0.0	62	63	7,6	6.6	17.5	0.1	496	18			8.4	405	304	12	27.7	13.8	11.5	11.6	4.0	3.3 294	73	1.04	0.34	1,33	0.010		16	15.00
12/1		80.1	8.3	62					20	604	45		Į	9.4	487	464	45	28.2	14.5	11.9	11.1	4.6	4.0 37	77	1.05	0,21	1,83	0.010	15	18	0.00
12/1:		105,2	6.1	59					0.3	328	40			8.4	321	160	23	29,1	15,3	12.5	12.2	3.9	3.2 274	70	1.12	0.19	1.82	0.010	450	11	0.00
12/1		62,2	0.0	57	57	7.4			0.1	420	17			8.6	430	216		28.9	13.7	11.3		4.3	3.6 327	75	1.18	0.32	0.83	0,010	7	14	0.00
12/1		74.7	0.0	59				1	0.1	448	20			7.7	435	227	13	26.9	12.7	10.6		4.6	3.9 331	72	1.22	0.34	1,14	0.010	40	14	0.00
12/1	1	77.0	0.0	58				1	0.1	522	23		- 1	8.4	499	260	13	28.8	12.2	10,2	11.3	4.2	3.5 289	69	1.18	0.33	•	0.010	12	19	0.00
12/1	1	110,6	0.0	64		7.2			1.3		108		Ī	7.3				29.1	13.0	11.0	124	5,4	4.5 26 6	58	1,13	0.14		0.010	820	16	0.00
12/1	1	85.1 83.1	0.0	64		7.3			0.5	244	77		-]	7.8				27.9	16.1	13.5		4.2	3,6 317	75	1.12	0.15		0.010	450	5	0.00
12/1		76,4	0,0 0.0	60 60		7.1 7.4	6.6 6.7		0.4	468	75			8.3				29.2	15.1	13.1	10.4	4.5	4.0 303	68	1.12	0.11	3,15	0.010	42	6	0.00
12/2		78.9	0.0	61		7.4		14.0 12.0	0.5 0.5	476 482	80 73		1	7.6				29.6	13.8	11,8		5.0	4.3 320	64	1.13	0.15		0.010	46	10	0.00
12/2			0.0	61		7.7	6.7	13.0	0.5	462 550	34			9.2 9.5	1050	700	اء،	29.4	15.7	13.5		5,3	4.6 359	67	1.18	0.34	2.82	0.010	80	13	0,00
12/2		81.8	0.0	61		7.2		18.0	0.6	432	62		- 1	9.0	791	736 682		24.8 29.8	15.2 17.5	13.2		4.4 4.8	3.8 267 4.1 347	81	1.16	0.25	1.87	0.010	74	15	0.00
12/2		78.2	0.0	61	61	7.3		16.0	0.0	340	36			8.7	563	650		30.1	18.2	14.9 13.9		6.2	4,1 347 5,3 432	72 70	1,27 1,29	0,13 0,17	1.91 1.91	0.010	95	13	0.00
12/2		74.2	0.0	61	61	7.3		14.0	0.1	314	29			8.4	480	337	28	30.1	15.3	13.2		5.4	4.5 383	71	1,31	0.17	1.12	0.010	100 11	15 18	0.00
12/2		70.5	0.0	61		7.4	6.8		0.3	284	48			8.6	358	196		29.8	14.7	12.4		5.5	4.7 389	71	1.33	0.36	1.07	0.010	25	20	0.00
12/2		88.3	0.0	57		7.4	6.9		0.1	334	33		- I -	11.0	342	238		29.0	11.1	9.4		4.4	3.7 351	80	1.28	0.13	1.07	0.010	10	21	0.00
12/2		72.7	0.0	57	57	7.4	6.9		0.1	416	22			11.0	404	318		29.0	11.1	9.4	1	4.4	3.7 351	80	1,25	0.13	0.82	0.010	8	23	0.00
12/2	70.0	70.0	0.0	59		7.3	6.8		0.1	454	34			11.3	458	228		28.6	9.9	8.5		5.5	4.6 326	62	1.26	0.32	1.14	0.010	10	27	0.00
12/2	74.0	74.0	0.0	61	61	7.3	6.9	18,0	0.1	310	25			9.2	316	236	16	27.7	10.9	9.1	19.9	4.3	3.8 303	71	1,22	0.38	0.94	0.010	2	26	0.00
12/3	192.7	129.7	63.0	59	59	7.2	8.9	17.0	120	428	187		-	9.4	324	334	243	28.6	14.3	12.0	19.9	3.8	3.2 241	64	1.25	0.30	5.06	0.010	88	16	0.00
12/3	98.3	98,3	0.0	62	62	7.4	8.8	9.0	0.1	244	21		:	10.6	243	144	13	28.6	15.2	12.6	19.9	3.8	3.2 242	64	1.29	0.38	1.21	0.010	13	12	0.00
-			Ţ										\neg				$\neg \neg$														
Total	2919.7	2791.8	127.9								ł		- 1	ı				886,6							34.180	7.990					174.00
Average	94.2	90.1	4.1	60	60	7,3	6.8	15.2	0.7	391	42			8.7	428	307	33	28,6	14.1	11.8	13.8	4.4	3.7 288	69	1.10	0.26	1.79	0.010	35	15	0,00

SEWER CONNECTIONS

130637 TIMES 4 = 522548 SEWER POPULATION

IND, WASTER POPULATION EQ CUSTOMERS 325 FLOW 374441 BOD

1453093 TSS 939363

MORRIS FORMAN WASTEWATER TREATMENT PLANT

JEFFERSON COUNTY, KY

Month of	Dec-10			•
Average Flow				
· · · · · · · · · · · · · · · · · · ·	Primary		Secondary	
SETTLING TANKS		Battery A	Battery B	Battery C
Average Flow (MGD)	102.0	39.94	39.49	21.06
Tanks in Service	4.00	7.65		4.00
Surface Area (Ft.2)	77000.00	66172.50	62539.50	
Volume (MG)	8.33	6.78		3.54
Weir Length (Ft.)	2860.00	2742.53		
Avg. Weir Overflow (GPD/Ft)	35672.59	14563.63		
Avg. Settling Rate (GPD/Ft2)	1324.98	811.73	807.20	
Avg. Detention Time	1.96	4.07	3.89	4.04
AERATION TANKS		Battery A	Battery B	Battery C
Volume (Gallons)		4200000	4200000	2100000
Avg. Flow (MGD)		51.85	49.75	25.24
Avg. Detention Time (Hours)		1.94	2.03	2.00
CHLORINE CONTACT CHAMBERS				
Contact Chambers in Use Volume (Gallons)	2.00 2340000		•	
Avg. Detention Time (Hours)	0.55			

Remarks: BY-PASS REPORTS (See Attached)



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

KPDES# KY0022411 Facility ID MSD0278

Water Quality Treatement Center **MORRIS FORMAN**

Receiving Stream of Treatment Center **OHIO RIVER**

Region WEST

Facility Type

Facility ID

Facility Address

If Pump Station, Name of Pump Station:

Receiving Stream

BEARGRASS CREEK

Discharge to

SMH Sewer Manhole

C\$0113

1215 ELLISON AVE

SOUTH FORK

STREAM

Activity Code / Description

WO#

Initiated

Initiated By

Assigned To Disch Status

REPAIRED -

Event Date 12/10/10

Problem OBSTRUCTION-NOT Result UNAUTHORIZED Completed 12/10/10 01:55

Condition

DISDW: DRY WEATHER

DISCHARGE

1177981 12/10/10 01:21 PM BRIGHT

BRIGHT

ISSUE **RESOLVED** GREASE / ROOTS

DISCHAGE -WATERS

PM

MAIN

Spot Inspections:

Discharge Amount	68 GAL
Cause:	OBSTRUCTION IN MAIN SEWER
Clean Up:	NO CLEAN UP PERFORMED- PIPE DISCHARGES DIRECTLY INTO STREAM
Control Zone:	NO CONTROL ZONE WAS SET UP, PIPE DISCHARGES DIRECTLY INTO STREAM AND THERE ARE PERMANENT SIGNS IN PLACE THROUGHOUT CHANNEL.
Impact:	SEWAGE/WATER DISCHARGING FROM OVERFLOW PIPE/FLAPGATE
Repair:	FLUSHED/VACTORED THE OBSTRUCTION/DEBRIS FROM SEWER

Notifications:

I	12/10/10 02:05 PM	DISPUB	PERMANENT SIGNS ALONG THIS PORTION OF CHANNEL ALREADY IN PLACE
- Control of the Control	12/10/10 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov

Total Facilities Printed: 1 Total Work Orders Printed: 1