

Apr 2008

**CENTRAL WASTEWATER TREATMENT PLANT  
CSO - 018 - 1st & VAN BUREN**

DATE	Effluent Flow MGD	Number of Discharges from Outfall	Rainfall causing a Discharge Inches	Rain Duration causing a Discharge Hours	Number of Rain Events Not causing a Discharge	Reason for Bypassing
1					1	
2						
3	0.093	1	1.86	12.00		Rain, Overflow Duration = 0.25 hours
4	0.355	1	1.52	16.00		Rain, Overflow Duration = 0.83 hours
5						
6						
7						
8						
9					1	
10						
11	0.446	1	2.23	9.00		Rain, Overflow Duration = 1.08 hours
12						
13						
14					1	
15						
16						
17						
18					1	
19					1	
20						
21						
22					1	
23						
24						
25						
26					1	
27					1	
28					1	
29						
30						

TOTAL	0.894	3	5.61	37.00	9
AVG	0.298	1	1.87	12.33	1
MAX	0.446	1	2.23	16.00	1
MIN	0.093	1	1.52	9.00	1
COUNT	3	3	3	3	9

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
 NAME NASHVILLE-CENTRAL  
 ADDRESS 1600 2ND AVENUE NORTH  
 NASHVILLE TN 37208-2206

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

MAJOR (SUBR 04)  
 F - FINAL  
 RAW SEW/IND WASTE WAT/SANT EFFLUENT

Form Approved  
 OMB NO. 2040-0004

EMH

TN0020575  
 PERMIT NUMBER

018 G  
 DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
2008	4	01		2008	4	30

FROM

TO

\*\*\* NO DISCHARGE [ ] \*\*\*

FACILITY NASHVILLE-CENTRAL  
 LOCATION DAVIDSON COUNTY TN 37208-2206  
 ATTN: MR. HAL BALTHROP

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.298			*****	*****	*****		0	-	-
	PERMIT REQUIREMENT	REPORT MO AVG		MGD	*****	*****	*****	****		DAILY	
Number of Discharges from Outfall	SAMPLE MEASUREMENT	3.00	*****	*****	*****	*****			0	-	-
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****				DAILY	
EFFLUENT GROSS VALUE Rainfall causing a Discharge	SAMPLE MEASUREMENT	5.61	*****		*****	*****			0		-
	PERMIT REQUIREMENT	*****	*****	INCHES	*****	*****				DAILY	
RAINFALL DURATION causing a Discharge	SAMPLE MEASUREMENT	37.00	*****		*****	*****	*****		0	-	-
	PERMIT REQUIREMENT		*****	HOURS	*****	*****	*****	****		DAILY	
EFFLUENT GROSS VALUE RAINFALL Events Not Causing a Discharge	SAMPLE MEASUREMENT	9.00			*****	*****	*****		0		-
	PERMIT REQUIREMENT				*****	*****	*****	****		DAILY	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL 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	
SCOTT A. POTTER DIRECTOR								615 862-4591		2008 5 10	
TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE NUMBER	

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

Apr 2008

**CENTRAL WASTEWATER TREATMENT PLANT  
CSO - 019 - KERRIGAN**

DATE	Effluent Flow MGD	Number of Discharges from Outfall	Rainfall causing a Discharge Inches	Rain Duration causing a Discharge Hours	Number of Rain Events Not causing a Discharge	Reason for Bypassing
1	17.587	1	0.52	4.00		Rain, Overflow Duration = 5.17 hours
2						
3	53.206	1	1.64	12.00		Rain, Overflow Duration = 11.42 hours
4	73.233		1.68	16.00		Rain, Overflow Duration = 17.17 hours
5	5.354					Rain, Overflow Duration = 10.00 hours
6						
7						
8						
9	1.689	1	0.24	3.00		Rain, Overflow Duration = 1.00 hour
10						
11	95.441	1	2.27	9.00		Rain, Overflow Duration = 16.92 hours
12	0.673					Rain, Overflow Duration = 2.50 hours
13					1	
14					1	
15						
16						
17						
18	12.056	1	0.61	4.00		Rain, Overflow Duration = 2.67 hours
19					1	
20						
21						
22						
23						
24						
25						
26					1	
27	3.567	1	0.25	3.00		Rain, Overflow Duration = 1.33 hours
28			0.07	4.00		
29					1	
30						

TOTAL	262.806	6	7.28	55.00	5
AVG	29.201	1	0.91	6.88	1
MAX	95.441	1	2.27	16.00	1
MIN	0.673	1	0.07	3.00	1
COUNT	9	6	8	8	5

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
 NAME NASHVILLE-CENTRAL  
 ADDRESS 1600 2ND AVENUE NORTH  
 NASHVILLE TN 37208-2206

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

MAJOR (SUBR 04)  
 F - FINAL  
 RAW SEW/IND WASTE WAT/SANT EFFLUENT

Form Approved  
 OMB NO. 2040-0004

EMH

TN0020575  
 PERMIT NUMBER

019 G  
 DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
2008	4	01		2008	4	30

FROM

TO

\*\*\* NO DISCHARGE [ ] \*\*\*

FACILITY NASHVILLE-CENTRAL  
 LOCATION DAVIDSON COUNTY TN 37208-2206  
 ATTN: MR. HAL BALTHROP

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	29.201		MGD	*****	*****	*****	****	0	-	-
	PERMIT REQUIREMENT	REPORT MO AVG			*****	*****	*****				
Number of Discharges from Outfall	SAMPLE MEASUREMENT	6.00	*****	*****	*****	*****		****	0	-	-
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	****				
EFFLUENT GROSS VALUE Rainfall causing a Discharge	SAMPLE MEASUREMENT	7.28	*****	INCHES	*****	*****	*****	****	0	-	-
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
RAINFALL DURATION causing a Discharge	SAMPLE MEASUREMENT	55.00	*****	HOURS	*****	*****	*****	****	0	-	-
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
EFFLUENT GROSS VALUE RAINFALL Events Not Causing a Discharge	SAMPLE MEASUREMENT	5.00			*****	*****	*****	****	0	-	-
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL 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	
SCOTT A. POTTER DIRECTOR								615 862-4591		2008 5 10	
TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE NUMBER	

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

Apr 2008

**CENTRAL WASTEWATER TREATMENT PLANT  
CSO - 020 - 1st & BROADWAY**

DATE	Effluent Flow MGD	Number of Discharges from Outfall	Rainfall causing a Discharge Inches	Rain Duration causing a Discharge Hours	Number of Rain Events Not causing a Discharge	Reason for Bypassing
1					1	
2						
3	0.010	1	1.64	12.00		Rain, Overflow Duration = 3 hours
4			1.68	16.00		
5						
6						
7						
8						
9					1	
10						
11					1	
12						
13					1	
14					1	
15						
16						
17						
18					1	
19					1	
20						
21						
22						
23						
24						
25						
26					1	
27					1	
28					1	
29					1	
30						

TOTAL	0.010	1	3.32	28.00	11
AVG	0.010	1	1.66	14.00	1
MAX	0.010	1	1.68	16.00	1
MIN	0.010	1	1.64	12.00	1
COUNT	1	1	2	2	11

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
 NAME NASHVILLE-CENTRAL  
 ADDRESS 1600 2ND AVENUE NORTH  
 NASHVILLE TN 37208-2206

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

MAJOR (SUBR 04)  
 F - FINAL  
 RAW SEW/IND WASTE WAT/SANT EFFLUENT

Form Approved  
 OMB NO. 2040-0004

EMH

TN0020575  
 PERMIT NUMBER

020 G  
 DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
2008	4	01	2008	4	30

FROM

TO

\*\*\* NO DISCHARGE [x] \*\*\*

FACILITY NASHVILLE-CENTRAL  
 LOCATION DAVIDSON COUNTY TN 37208-2206  
 ATTN: MR. HAL BALTHROP

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.010		MGD	*****	*****	*****	****	0	-	-
	PERMIT REQUIREMENT	REPORT MO AVG			*****	*****	*****				
Number of Discharges from Outfall	SAMPLE MEASUREMENT	1.00	*****	*****	*****	*****		****	0	-	-
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****					
EFFLUENT GROSS VALUE Rainfall causing a Discharge	SAMPLE MEASUREMENT	3.32	*****	INCHES	*****	*****	*****	****	0	-	-
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
RAINFALL DURATION causing a Discharge	SAMPLE MEASUREMENT	28.00	*****	HOURS	*****	*****	*****	****	0	-	-
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
EFFLUENT GROSS VALUE RAINFALL Events Not Causing a Discharge	SAMPLE MEASUREMENT	11.00			*****	*****	*****	****	0	-	-
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL 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		
SCOTT A. POTTER DIRECTOR		615 862-4591	2008	5	10
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	YEAR	MO

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

Apr 2008

**CENTRAL WASTEWATER TREATMENT PLANT  
CSO - 023 - BENEDICT & CRUTCHER**

DATE	Effluent Flow MGD	Number of Discharges from Outfall	Rainfall causing a Discharge Inches	Rain Duration causing a Discharge Hours	Number of Rain Events Not causing a Discharge	Reason for Bypassing
1	0.022	1	0.52	4.00		Rain, Overflow Duration = 0.33 hours
2						
3	2.335	1	1.86	12.00		Rain, Overflow Duration = 2.67 hours
4	0.231		1.52	16.00		Rain, Overflow Duration = 0.83 hours
5						
6						
7						
8						
9					1	
10						
11	1.372	1	2.23	9.00		Rain, Overflow Duration = 2.58 hours
12						
13						
14					1	
15						
16						
17						
18	0.006	1	0.66	4.00		Rain, Overflow Duration = 0.42 hours
19					1	
20						
21						
22					1	
23						
24						
25						
26					1	
27	0.032	1	0.23	3.00		Rain, Overflow Duration = 0.42 hours
28			0.11	4.00		
29						
30						

TOTAL	3.998	5	7.13	52.00	5
AVG	0.666	1	1.02	7.43	1
MAX	2.335	1	2.23	16.00	1
MIN	0.006	1	0.11	3.00	1
COUNT	6	5	7	7	5

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
 NAME NASHVILLE-CENTRAL  
 ADDRESS 1600 2ND AVENUE NORTH  
 NASHVILLE TN 37208-2206

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

MAJOR (SUBR 04)  
 F - FINAL  
 RAW SEW/IND WASTE WAT/SANT EFFLUENT

Form Approved  
 OMB NO. 2040-0004

EMH

TN0020575  
 PERMIT NUMBER

023 G  
 DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
2008	4	01		2008	4	30

FROM

TO

\*\*\* NO DISCHARGE [ ] \*\*\*

FACILITY NASHVILLE-CENTRAL  
 LOCATION DAVIDSON COUNTY TN 37208-2206  
 ATTN: MR. HAL BALTHROP

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.666			*****	*****	*****		0	-	-		
	PERMIT REQUIREMENT	REPORT MO AVG		MGD	*****	*****	*****	****					
Number of Discharges from Outfall	SAMPLE MEASUREMENT	5.00	*****	*****	*****	*****			0	-	-		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		****					
EFFLUENT GROSS VALUE Rainfall causing a Discharge	SAMPLE MEASUREMENT	7.13	*****		*****	*****			0	-	-		
	PERMIT REQUIREMENT	*****	*****	INCHES	*****	*****		****					
EFFLUENT GROSS VALUE RAINFALL DURATION causing a Discharge	SAMPLE MEASUREMENT	52.00	*****		*****	*****	*****		0	-	-		
	PERMIT REQUIREMENT		*****	HOURS	*****	*****	*****	****					
RAINFALL Events Not Causing a Discharge	SAMPLE MEASUREMENT	5.00			*****	*****	*****		0	-	-		
	PERMIT REQUIREMENT				*****	*****	*****	****					
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
NAME/TITLE PRINCIPAL 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			
	SCOTT A. POTTER DIRECTOR								615 862-4591		2008 5 10		
TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE NUMBER		YEAR MO DAY	

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



Apr 2008

**CENTRAL WASTEWATER TREATMENT PLANT  
CSO - 024 - WASHINGTON DC**

DATE	Effluent Flow MGD	Number of Discharges from Outfall	Rainfall causing a Discharge Inches	Rain Duration causing a Discharge Hours	Number of Rain Events Not causing a Discharge	Reason for Bypassing
1	3.773	1	0.53	5.00		Rain, Overflow Duration = 4.42 hours
2						
3	25.587	1	1.78	12.00		Rain, Overflow Duration = 18.58 hours
4	61.044		1.64	18.00		Rain, Overflow Duration = 13.75 hours
5						
6						
7	3.274					Delayed release - high river level, Overflow Duration = 7.58 hours
8	9.058					Delayed release - high river level, Overflow Duration = 24.00 hours
9	3.799	1	0.20	3.00		Rain, Overflow Duration = 12.58 hours
10						
11	41.489	1	2.06	9.00		Rain, Overflow Duration = 20.58 hours
12	3.232					Rain, Overflow Duration = 24.00 hours
13	9.754					Rain, Overflow Duration = 14.08 hours
14						
15						
16	0.001					Delayed release - high river level, Overflow Duration = 0.17 hours
17						
18	4.000	1	0.66	4.00		Rain, Overflow Duration = 5 hours
19					1	
20						
21						
22						
23						
24						
25						
26	1.605	1	0.50	5.00		Rain, Overflow Duration = 20.67 hours
27	2.933		0.29	4.00		Rain, Overflow Duration = 24.00 hours
28	0.850		0.13	4.00		Rain, Overflow Duration = 24.00 hours
29	0.253					Rain, Overflow Duration = 10.67 hours
30						

TOTAL	170.652	6	7.79	64.00	1
AVG	11.377	1	0.87	7.11	1
MAX	61.044	1	2.06	18.00	1
MIN	0.001	1	0.13	3.00	1
COUNT	15	6	9	9	1

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
 NAME NASHVILLE-CENTRAL  
 ADDRESS 1600 2ND AVENUE NORTH  
 NASHVILLE TN 37208-2206

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

MAJOR (SUBR 04)  
 F - FINAL  
 RAW SEW/IND WASTE WAT/SANT EFFLUENT

Form Approved  
 OMB NO. 2040-0004

EMH

TN0020575  
 PERMIT NUMBER

024 G  
 DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
2008	4	01		2008	4	30

FROM

TO

\*\*\* NO DISCHARGE [ ] \*\*\*

FACILITY NASHVILLE-CENTRAL  
 LOCATION DAVIDSON COUNTY TN 37208-2206  
 ATTN: MR. HAL BALTHROP

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	11.377			*****	*****	*****		0	-	-
	PERMIT REQUIREMENT	REPORT MO AVG		MGD	*****	*****	*****	****			
Number of Discharges from Outfall EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	6.00	*****	*****	*****	*****			0	-	-
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****					
Rainfall causing a Discharge EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	7.79	*****		*****	*****			0	-	-
	PERMIT REQUIREMENT	*****	*****	INCHES	*****	*****					
RAINFALL DURATION causing a Discharge EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	64.00	*****		*****	*****	*****		0	-	-
	PERMIT REQUIREMENT		*****	HOURS	*****	*****	*****	****			
RAINFALL Events Not Causing a Discharge EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.00			*****	*****	*****		0	-	-
	PERMIT REQUIREMENT				*****	*****	*****	****			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL 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	
SCOTT A. POTTER DIRECTOR								615 862-4591		2008 5 10	
TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE NUMBER	

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

Apr 2008

**CENTRAL WASTEWATER TREATMENT PLANT  
CSO - 033 - SCHRADER LANE**

DATE	Effluent Flow MGD	Number of Discharges from Outfall	Rainfall causing a Discharge Inches	Rain Duration causing a Discharge Hours	Number of Rain Events Not causing a Discharge	Reason for Bypassing
1	0.908	1	0.59	5.00		Rain, Overflow Duration = 1.42 hours
2						
3	4.871	1	1.79	12.00		Rain, Overflow Duration = 12.25 hours
4	6.700		1.78	17.00		Rain, Overflow Duration = 7.00 hours
5						
6						
7						
8						
9	0.023	1	0.37	4.00		Rain, Overflow Duration = 0.42 hours
10						
11	8.322	1	1.71	9.00		Rain, Overflow Duration = 17.83 hours
12						
13						
14					1	
15						
16						
17						
18	0.403	1	0.46	3.00		Rain, Overflow Duration = 1.50 hours
19					1	
20						
21						
22						
23						
24						
25						
26	0.106	1	0.47	5.00		Rain, Overflow Duration = 0.67 hours
27	0.009	1	0.15	4.00		Rain, Overflow Duration = 0.42 hours
28			0.14	4.00		
29					1	
30						

TOTAL	21.342	7	7.46	63.00	3	
AVG	2.668	1	0.83	7.00	1	
MAX	8.322	1	1.79	17.00	1	
MIN	0.009	1	0.14	3.00	1	
COUNT	8	7	9	9	3	

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
 NAME NASHVILLE-CENTRAL  
 ADDRESS 1600 2ND AVENUE NORTH  
 NASHVILLE TN 37208-2206

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

MAJOR (SUBR 04)  
 F - FINAL  
 RAW SEW/IND WASTE WAT/SANT EFFLUENT

Form Approved  
 OMB NO. 2040-0004

EMH

TN0020575  
 PERMIT NUMBER

033 G  
 DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
2008	4	01		2008	4	30

FROM

TO

\*\*\* NO DISCHARGE [ ] \*\*\*

FACILITY NASHVILLE-CENTRAL  
 LOCATION DAVIDSON COUNTY TN 37208-2206  
 ATTN: MR. HAL BALTHROP

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	2.668			*****	*****	*****		0	-	-	
	PERMIT REQUIREMENT	REPORT MO AVG		MGD	*****	*****	*****	****				
Number of Discharges from Outfall EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	7.00	*****	*****	*****	*****			0	-	-	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		****				
Rainfall causing a Discharge EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	7.46	*****		*****	*****			0	-	-	
	PERMIT REQUIREMENT	*****	*****	INCHES	*****	*****		****				
RAINFALL DURATION causing a Discharge EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	63.00	*****		*****	*****	*****		0	-	-	
	PERMIT REQUIREMENT		*****	HOURS	*****	*****	*****	****				
RAINFALL Events Not Causing a Discharge EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	3.00			*****	*****	*****		0	-	-	
	PERMIT REQUIREMENT				*****	*****	*****	****				
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL 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		
SCOTT A. POTTER DIRECTOR								615 862-4591		2008 5 10		
TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE NUMBER		YEAR MO DAY

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

Apr 2008

**CENTRAL WASTEWATER TREATMENT PLANT  
CSO - 035 - DRIFTWOOD**

DATE	Effluent Flow MGD	Number of Discharges from Outfall	Rainfall causing a Discharge Inches	Rain Duration causing a Discharge Hours	Number of Rain Events Not causing a Discharge	Reason for Bypassing
1					1	
2						
3			1.64	12.00		
4	7.000	1	1.68	16.00		Rain, Overflow Duration = 18.18 hours
5	5.000					Rain, Overflow Duration = 24.00 hours
6	3.000					Rain, Overflow Duration = 11.57 hours
7						
8						
9					1	
10						
11	4.000	1	2.27	9.00		Rain, Overflow Duration = 6.20 hours
12						
13					1	
14					1	
15						
16						
17						
18					1	
19					1	
20						
21						
22						
23						
24						
25						
26					1	
27					1	
28					1	
29					1	
30						

TOTAL	19.000	2	5.59	37.00	10	
AVG	4.750	1	1.86	12.33	1	
MAX	7.000	1	2.27	16.00	1	
MIN	3.000	1	1.64	9.00	1	
COUNT	4	2	3	3	10	

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
 NAME NASHVILLE-CENTRAL  
 ADDRESS 1600 2ND AVENUE NORTH  
 NASHVILLE TN 37208-2206

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

MAJOR (SUBR 04)  
 F - FINAL  
 RAW SEW/IND WASTE WAT/SANT EFFLUENT

Form Approved  
 OMB NO. 2040-0004

EMH

TN0020575  
 PERMIT NUMBER

035 G  
 DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
2008	4	01		2008	4	30

FROM

TO

\*\*\* NO DISCHARGE [x] \*\*\*

FACILITY NASHVILLE-CENTRAL  
 LOCATION DAVIDSON COUNTY TN 37208-2206  
 ATTN: MR. HAL BALTHROP

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	4.750		MGD	*****	*****	*****	****	0	-	DAILY		
	PERMIT REQUIREMENT	REPORT MO AVG			*****	*****	*****						
Number of Discharges from Outfall	SAMPLE MEASUREMENT	2.00	*****	*****	*****	*****		****	0	-	-		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****							
EFFLUENT GROSS VALUE Rainfall causing a Discharge	SAMPLE MEASUREMENT	5.59	*****	INCHES	*****	*****		****	0	-	-		
	PERMIT REQUIREMENT	*****	*****		*****	*****							
RAINFALL DURATION causing a Discharge	SAMPLE MEASUREMENT	37.00	*****	HOURS	*****	*****	*****	****	0	-	-		
	PERMIT REQUIREMENT	*****	*****		*****	*****							
EFFLUENT GROSS VALUE RAINFALL Events Not Causing a Discharge	SAMPLE MEASUREMENT	10.00			*****	*****	*****	****	0	-	-		
	PERMIT REQUIREMENT	*****	*****		*****	*****							
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
NAME/TITLE PRINCIPAL 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			
SCOTT A. POTTER DIRECTOR								615 862-4591		2008 5 10			
TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE NUMBER		YEAR MO DAY	

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

Apr 2008

**CENTRAL WASTEWATER TREATMENT PLANT  
CSO - 047 - BOSCOBEL**

DATE	Effluent Flow MGD	Number of Discharges from Outfall	Rainfall causing a Discharge Inches	Rain Duration causing a Discharge Hours	Number of Rain Events Not causing a Discharge	Reason for Bypassing
1	0.205	1	0.53	5.00		Rain, Overflow Duration = 0.67 hours
2						
3	1.884	1	1.78	12.00		Rain, Overflow Duration = 5.50 hours
4	3.441		1.64	18.00		Rain, Overflow Duration = 16.00 hours
5	0.212					Rain, Overflow Duration = 3.17 hours
6						
7						
8						
9	0.001	1	0.20	3.00		Rain, Overflow Duration = 0.67 hours
10						
11	3.329	1	2.06	9.00		Rain, Overflow Duration = 13.00 hours
12	0.143					Rain, Overflow Duration = 0.58 hours
13						
14						
15						
16						
17						
18	0.309	1	0.66	4.00		Rain, Overflow Duration = 1.58 hours
19					1	
20						
21						
22						
23						
24						
25						
26					1	
27					1	
28					1	
29					1	
30						
TOTAL	9.524	5	6.87	51.00	5	
AVG	1.191	1	1.15	8.50	1	
MAX	3.441	1	2.06	18.00	1	
MIN	0.001	1	0.20	3.00	1	
COUNT	8	5	6	6	5	

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
 NAME NASHVILLE-CENTRAL  
 ADDRESS 1600 2ND AVENUE NORTH  
 NASHVILLE TN 37208-2206

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

MAJOR (SUBR 04)  
 F - FINAL  
 RAW SEW/IND WASTE WAT/SANT EFFLUENT

Form Approved  
 OMB NO. 2040-0004

EMH

TN0020575  
 PERMIT NUMBER

047 G  
 DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
2008	4	01		2008	4	30

FROM

TO

\*\*\* NO DISCHARGE [ ] \*\*\*

FACILITY NASHVILLE-CENTRAL  
 LOCATION DAVIDSON COUNTY TN 37208-2206  
 ATTN: MR. HAL BALTHROP

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.191		MGD	*****	*****	*****	****	0	-	-
	PERMIT REQUIREMENT	REPORT MO AVG			*****	*****	*****				
Number of Discharges from Outfall EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	5.00	*****	*****	*****	*****		****	0	-	-
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****					
Rainfall causing a Discharge EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	6.87	*****	INCHES	*****	*****		****	0	-	-
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
RAINFALL DURATION causing a Discharge EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	51.00	*****	HOURS	*****	*****	*****	****	0	-	-
	PERMIT REQUIREMENT		*****		*****	*****	*****				
RAINFALL Events Not Causing a Discharge EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	5.00			*****	*****	*****	****	0	-	-
	PERMIT REQUIREMENT				*****	*****	*****				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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SCOTT A. POTTER DIRECTOR								615 862-4591		2008 5 10	
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