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

		Number of	Rainfall	Rain Duration	Number of	
	Effluent	Discharges	causing a	causing a	Rain Events	
	Flow	from	Discharge	Discharge	Not causing	
DATE	MGD	Outfall	Inches	Hours	a Discharge	Reason for Bypassing
DATE	MOD	Outlan	IIICIICS	Hours	a Discharge	Reason to Dypassing
1						
2					1	
3	0.102	1	1.57	7.00		Rain, Overflow Duration = 0.58 hours
4						,
5						
6						
7					1	
8					1	
9					1	
10					1	
11					1	
12						
13						
14					1	
15					1	
16						
17						
18						
19						
20						
21 22						
23					1	
24					ı	
25						
26					1	
27						
28					1	
29						
30						
31						
TOTAL	0.102	1	1.57	7.00	11	
AVG	0.102	1	1.57	7.00	1	
MAX	0.102	1	1.57	7.00	1	
MIN	0.102	1	1.57	7.00	1	
COUNT	1	1	1	1	11	

PERMITTEE NAME/ADDRESS (Include NATIONAL POLLULTANT DISCHARGE ELIMINATION SYSTEM (NPDES) Form Approved Facility Name/Location if different DISCHARGE MONITORING REPORT (DMR) MAJOR OMB NO. 2040-0004 NASHVILLE-CENTRAL (SUBR 04) 1600 2ND AVENUE NORTH **EMH** ADDRESS TN0020575 018 G F - FINAL NASHVILLE TN 37208-2206 PERMIT NUMBER RAW SEW/IND WASTE WAT/SANT DISCHARGE NUMBER EFFLUENT MONITORING PERIOD *** NO DISCHARGE [] *** FACILITY NASHVILLE-CENTRAL YEAR МО DAY MO DAY 5 2008 01 LOCATION DAVIDSON COUNTY TN 37208-2206 FROM TO 2008 5 31

ATTN: MR. HAL BALTHROP			NOTE: Read instructions before completing this form.								
PARAMETER		QUA	NTITY OR LOA	DING		QUALITY OR CO	DNCENTRATIC	N	NO.	FREQUENCY OF	SAMPLE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	ANALYSIS	TYPE
FLOW, IN CONDUIT OR	SAMPLE										
THRU TREATMENT PLANT	MEASUREMENT	0.102			*****	*****	*****		0	-	-
50050 1 0 0	PERMIT	REPORT						****		DAILY	
EFFLUENT GROSS VALUE	REQUIREMENT	MO AVG		MGD	*****	*****	*****	****			
Number of Discharges	SAMPLE	4.00		*****							
from Outfall	MEASUREMENT	1.00	*****	*****	*****	*****		1	0		-
	PERMIT	*****	*****	*****	*****	*****				DAILY	
EFFLUENT GROSS VALUE	REQUIREMENT	***************************************	27,3382	*****	***************************************	2.55.20					
Rainfall causing	SAMPLE	1.57	*****		*****	*****			0		
a Discharge	MEASUREMENT PERMIT	1.37						3	U	DAILY	-
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	INCHES	*****	*****				DAILI	
RAINFALL DURATION	SAMPLE			INCITES							
causing a Discharge	MEASUREMENT	7.00	*****		*****	*****	*****		0		
Causing a Discharge	PERMIT	7.00						****	U	DAILY	-
EFFLUENT GROSS VALUE	REQUIREMENT		*****	HOURS	*****	*****	*****	****		DAILI	
RAINFALL Events	SAMPLE										
Not Causing a Discharge	MEASUREMENT	11.00			*****	*****	*****		0		-
	PERMIT							****		DAILY	
EFFLUENT GROSS VALUE	REQUIREMENT				*****	*****	*****	****			
	SAMPLE										
	MEASUREMENT										
	PERMIT										
	REQUIREMENT								***************************************		
	SAMPLE MEASUREMENT										
	PERMIT							8			
	REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		of law that this docume	nt and all attachmen	ts were							1
	prepared under my di	rection or supervision in	accordance with a s	ystem designed				TELEPHONE			DATE
SCOTT A. POTTER		rsonnel property gather and									
DIDECTOR		my inquiry of the persor	·					0.4	4=04		4.0
DIRECTOR		ctly responsible for gathe						615 862-	4591	2008 6	10
		est of my knowledge and are significant penalties			SIGN	IATURE OF PRINCIPAL EXEC	CHTIVE	AREA		 	
TYPED OR PRINTED		ty of fine and imprisonme				CER OR AUTHORIZED AGEN		CODE NUME	BER	YEAR MO	DAY

CENTRAL WASTEWATER TREATMENT PLANT CSO - 019 - KERRIGAN

Number of Rainfall Rain Duration Number of

		Number of				
	Effluent	Discharges	causing a	causing a	Rain Events	
	Flow	from	Discharge	Discharge	Not causing	
DATE	MGD	Outfall	Inches	Hours	a Discharge	Reason for Bypassing
	1					
1						
2	7.657	1	0.30	2.00		Rain, Overflow Duration = 1.33 hours
3	62.396	1	1.57	7.00		Rain, Overflow Duration = 13.41 hours
4						
5						
6						
7					1	
8	6.110	1	0.46	6.00		Rain, Overflow Duration = 1.58 hours
9					1	
10			0.21	2.00		
11	3.397	1	0.07	1.00		Rain, Overflow Duration = 1.17 hours
12						
13						
14	2.329	1	0.33	6.00		Rain, Overflow Duration = 0.83 hours
15	12.663	1	0.70	10.00		Rain, Overflow Duration = 3.75 hours
16						·
17						
18						
19						
20						
21						
22						
23					1	
24						
25						
26	4.939	1	0.57	5.00		Rain, Overflow Duration = 2.50 hours
27						·
28					1	
29						
30						
31						
TOTAL	99.491	7	4.21	39.00	4	
AVG	14.213	1	0.53	4.88	1	
MAX	62.396	1	1.57	10.00	1	
MIN	2.329	1	0.07	1.00	1	
COUNT	7	7	8	8	4	
		•		Ū	•	

PERMITTEE NAME/ADDRESS (Include NATIONAL POLLULTANT DISCHARGE ELIMINATION SYSTEM (NPDES) Form Approved Facility Name/Location if different DISCHARGE MONITORING REPORT (DMR) MAJOR OMB NO. 2040-0004 NASHVILLE-CENTRAL (SUBR 04) 1600 2ND AVENUE NORTH ADDRESS TN0020575 019 G F - FINAL EMH NASHVILLE TN 37208-2206 RAW SEW/IND WASTE WAT/SANT PERMIT NUMBER DISCHARGE NUMBER EFFLUENT *** NO DISCHARGE [] *** MONITORING PERIOD FACILITY NASHVILLE-CENTRAL YEAR DAY YEAR DAY MO MO 5 LOCATION DAVIDSON COUNTY TN 37208-2206 FROM 2008 01 TO 2008 5 31

ATTN: MR. HAL BALTHROP NOTE: Read instructions before completing this form.

ATTN: MR. HALBALTHROP							NOTE: Read in		rore comp		
PARAMETER		QUA	NTITY OR LOA	ADING		QUALITY OR CO	ONCENTRATIO	N	NO.	FREQUENCY OF	SAMPLE
PARAMETER									_	-	TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	ANALYSIS	ITPE
FLOW, IN CONDUIT OR	SAMPLE								†		
THRU TREATMENT PLANT	MEASUREMENT	14.213			*****	*****	*****		0	-	-
50050 1 0 0	PERMIT	REPORT						****	***************************************	DAILY	
EFFLUENT GROSS VALUE	REQUIREMENT	MO AVG		MGD	*****	*****	*****	****			
Number of Discharges	SAMPLE										
from Outfall	MEASUREMENT	7.00	*****	*****	*****	*****			0	-	-
FFFI LIENT ODOGO VALLIF	PERMIT	*****	*****	*****	*****	*****		200 100 101 101 101 101 101 101		DAILY	
EFFLUENT GROSS VALUE Rainfall causing	REQUIREMENT SAMPLE							on the state of th			
a Discharge		4.21	*****		*****	*****			0		
a Discharge	MEASUREMENT PERMIT	4.21							U	DAILY	-
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	INCHES	*****	*****		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0		DAILI	
RAINFALL DURATION	SAMPLE								_		
causing a Discharge	MEASUREMENT	39.00	*****		*****	*****	*****		0	-	-
	PERMIT							****		DAILY	
EFFLUENT GROSS VALUE	REQUIREMENT		*****	HOURS	*****	*****	*****	****			
RAINFALL Events	SAMPLE										
Not Causing a Discharge	MEASUREMENT	4.00			*****	*****	*****		0		-
	PERMIT				*****	*****	*****	****		DAILY	
EFFLUENT GROSS VALUE	REQUIREMENT				*****	******	******	****			
	SAMPLE										
	MEASUREMENT PERMIT										
	REQUIREMENT							OCA			
	SAMPLE										
	MEASUREMENT										
	PERMIT								***************************************		
	REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		of law that this docume									
SCOTT A DOTTED	prepared under my dire	·		,				TELEPHONE			DATE
SCOTT A. POTTER	to assure that qualified pers submitted. Based on n										
DIRECTOR	or those persons direct		•					615 862-	./501	2008 6	10
DINECTOR	or those persons direct sumbitted is, to the bes							010 002-	4 331	2000 0	10
		re significant penalties		'	SIGN	IATURE OF PRINCIPAL EXEC	CUTIVE	AREA			
TYPED OR PRINTED	including the possibility	of fine and imprisonme	ent for knowing viola	tions.	OFFI	CER OR AUTHORIZED AGEN	IT	CODE NUMI	BER	YEAR MO	DAY

CENTRAL WASTEWATER TREATMENT PLANT CSO - 020 - Ist & BROADWAY

	1			1		1
		Number of	Rainfall	Rain Duration		
	Effluent	Discharges	causing a	causing a	Rain Events	
	Flow	from	Discharge	Discharge	Not causing	
DATE	MGD	Outfall	Inches	Hours	a Discharge	Reason for Bypassing
i.						
1						
2					1	
3					1	
4						
5						
6						
7					1	
8					1	
9					1	
10					1	
11					1	
12						
13						
14					1	
15					1	
16						NO DISCHARGE FOR THIS SITE FOR THIS MONTH
17						
18						
19						
20						
21						
22						
23					1	
24						
25						
26					1	
27						
28					1	
29						
30						
31						
L						
TOTAL	0.000	0	0.00	0.00	12	
AVG	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	1	
MAX	0.000	0	0.00		1	
MIN	0.000	0	0.00		1	
COUNT	0		0		12	
	Ū	· ·	·	Ů		

PERMITTEE NAME/ADDRESS (Include NATIONAL POLLULTANT DISCHARGE ELIMINATION SYSTEM (NPDES) Form Approved Facility Name/Location if different DISCHARGE MONITORING REPORT (DMR) MAJOR OMB NO. 2040-0004 NASHVILLE-CENTRAL (SUBR 04) 1600 2ND AVENUE NORTH ADDRESS TN0020575 020 G F - FINAL **EMH** NASHVILLE TN 37208-2206 PERMIT NUMBER RAW SEW/IND WASTE WAT/SANT DISCHARGE NUMBER EFFLUENT MONITORING PERIOD *** NO DISCHARGE [x] *** FACILITY NASHVILLE-CENTRAL YEAR МО DAY DAY MO 5 LOCATION DAVIDSON COUNTY TN 37208-2206 FROM 2008 01 TO 2008 5 31 ATTN: MR HAI BAITHROP NOTE: Read instructions before completing this form

ATTN: MR. HAL BALTHROP			NOTE: Read instructions before completing this form.								
		QUA	NTITY OR LOA	DING		QUALITY OR CO	NCENTRATIO	N		FREQUENCY	
PARAMETER									NO.	OF	SAMPLE
									EX	ANALYSIS	TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	1		
FLOW, IN CONDUIT OR	SAMPLE										
THRU TREATMENT PLANT	MEASUREMENT	#DIV/0!			*****	*****	*****		0	-	-
50050 1 0 0	PERMIT	REPORT						****		DAILY	
EFFLUENT GROSS VALUE	REQUIREMENT	MO AVG		MGD	*****	*****	*****	****			
Number of Discharges	SAMPLE										
from Outfall	MEASUREMENT	0.00	*****	*****	*****	*****			0	-	-
	PERMIT									DAILY	
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	*****	*****	*****					
Rainfall causing	SAMPLE										
a Discharge	MEASUREMENT	0.00	*****		*****	*****			0		-
	PERMIT									DAILY	
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	INCHES	*****	*****					
RAINFALL DURATION	SAMPLE										
causing a Discharge	MEASUREMENT	0.00	*****		*****	*****	*****		0	-	-
	PERMIT							****		DAILY	
EFFLUENT GROSS VALUE	REQUIREMENT		*****	HOURS	*****	*****	*****	****			
RAINFALL Events	SAMPLE										
Not Causing a Discharge	MEASUREMENT	12.00			*****	*****	*****		0		_
	PERMIT							****		DAILY	
EFFLUENT GROSS VALUE	REQUIREMENT				*****	*****	*****	****			
	SAMPLE										
	MEASUREMENT								!		
	PERMIT										
	REQUIREMENT										
	SAMPLE										
	MEASUREMENT								!		
	PERMIT										
	REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	, , ,	of law that this docume									
20077 / 207777	prepared under my dir	ection or supervision in	accordance with a s	ystem designed				TELEPHONE			DATE
SCOTT A. POTTER		rsonnel property gather and							ļ		
DIDECTOR		my inquiry of the person	•						4=0.4		4.0
DIRECTOR		tly responsible for gathe						615 862-	4591	2008 6	10
		st of my knowledge and are significant penalties			CICAL	ATURE OF PRINCIPAL EXEC	NITIVE	AREA			
TYPED OR PRINTED						CER OR AUTHORIZED AGEN		CODE NUME	BER	YEAR MO	DAY
TYPED OR PRINTED including the possibility of fine and imprisonment for knowing violations.						OFFICER OR AUTHORIZED AGENT				: _: :: : : : : : : : : : : : : : : : :	5,

CENTRAL WASTEWATER TREATMENT PLANT CSO - 023 - BENEDICT & CRUTCHER

	Effluent	Number of Discharges	Rainfall causing a	Rain Duration causing a	Number of Rain Events	
	Flow	from	Discharge	Discharge	Not causing	
DATE	MGD	Outfall	Inches	Hours	a Discharge	Reason for Bypassing
					u 2.00u.go	
1						
2	0.019	1	0.30	2.00		Rain, Overflow Duration = 0.42 hours
3	0.346	1	1.57	7.00		Rain, Overflow Duration = 2.17 hours
4						
5						
6						
7					1	
8	0.011	1	0.46	6.00		Rain, Overflow Duration = 0.33 hours
9					1	
10					1	
11					1	
12						
13						
14	0.001	1	0.33			Rain, Overflow Duration = 0.08 hours
15	0.031	1	0.70	10.00		Rain, Overflow Duration = 0.33 hours
16						
17 18						
19						
20						
21						
22						
23					1	
24						
25						
26	0.007	1	0.57	5.00		Rain, Overflow Duration = 0.17 hours
27						
28					1	
29						
30						
31						
	= 1	_ 1		65.5	-	
TOTAL	0.415	6	3.93		6	
AVG	0.069	1	0.66		1	
MAX	0.346	1	1.57	10.00	1	
MIN	0.001	1	0.30	2.00	1	
COUNT	6	6	6	6	6	

PERMITTEE NAME/ADDRESS (Include NATIONAL POLLULTANT DISCHARGE ELIMINATION SYSTEM (NPDES) Form Approved Facility Name/Location if different DISCHARGE MONITORING REPORT (DMR) MAJOR OMB NO. 2040-0004 NASHVILLE-CENTRAL NAME (SUBR 04) ADDRESS 1600 2ND AVENUE NORTH F - FINAL TN0020575 023 G EMH NASHVILLE TN 37208-2206 PERMIT NUMBER RAW SEW/IND WASTE WAT/SANT DISCHARGE NUMBER EFFLUENT MONITORING PERIOD *** NO DISCHARGE [] *** FACILITY NASHVILLE-CENTRAL YEAR МО DAY DAY MO 5 LOCATION DAVIDSON COUNTY TN 37208-2206 FROM 2008 TO 2008 5 31 ATTN: MR HAI BAITHROP

ATTN: MR. HAL BALTHROP	_	•		<u> </u>	NOTE: Read instructions before completing this form.							
PARAMETER		QUA	NTITY OR LOA	ADING		QUALITY OR CO	ONCENTRATIC	N	NO.	FREQUENCY OF	SAMPLE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	ANALYSIS	TYPE	
FLOW, IN CONDUIT OR	SAMPLE											
THRU TREATMENT PLANT	MEASUREMENT	0.069			*****	*****	*****		0	-	-	
50050 1 0 0	PERMIT	REPORT						****		DAILY		
EFFLUENT GROSS VALUE	REQUIREMENT	MO AVG		MGD	*****	*****	*****	****				
Number of Discharges	SAMPLE	6.00	*****	*****	****	*****			0			
from Outfall	MEASUREMENT	6.00							U	- DAILY	-	
EFFLUENT GROSS VALUE	PERMIT	*****	*****	*****	*****	*****			***************************************	DAILY		
Rainfall causing	REQUIREMENT SAMPLE								***************************************			
a Discharge	MEASUREMENT	3.93	*****		*****	*****			0		_	
a Bloomargo	PERMIT	0.00						7 7 8		DAILY		
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	INCHES	*****	*****						
RAINFALL DURATION	SAMPLE											
causing a Discharge	MEASUREMENT	36.00	*****		*****	*****	*****		0	-	-	
	PERMIT							****		DAILY		
EFFLUENT GROSS VALUE	REQUIREMENT		*****	HOURS	*****	*****	*****	****				
RAINFALL Events	SAMPLE											
Not Causing a Discharge	MEASUREMENT	6.00			*****	*****	*****		0		-	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT				*****	*****	*****	**** ****		DAILY		
ETTEGENT GROOG VALUE	SAMPLE											
	MEASUREMENT											
	PERMIT							AND THE STATE OF T				
	REQUIREMENT							OF				
	SAMPLE											
	MEASUREMENT PERMIT											
	REQUIREMENT							de d				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		of law that this docume	nt and all attachmen	ts were	***************************************							
	prepared under my dir	rection or supervision in	accordance with a s	system designed				TELEPHONE			DATE	
SCOTT A. POTTER		rsonnel property gather and my inquiry of the persor										
DIRECTOR		triy inquiry of the persor	•					615 862-	4591	2008 6	10	
DIRECTOR		est of my knowledge and						010 002	- 551	2000	10	
	I am aware that there	are significant penalties	for submitting false	information,	SIGN	NATURE OF PRINCIPAL EXEC	CUTIVE	AREA				
TYPED OR PRINTED	including the possibility	ty of fine and imprisonme	ent for knowing viola	itions.	OFFI	ICER OR AUTHORIZED AGEN	NT	CODE NUME	BER	YEAR MO	DAY	

CENTRAL WASTEWATER TREATMENT PLANT CSO - 024 - WASHINGTON DC

Effluent Flow	Discharges		causing a	Rain Events	
	from	causing a Discharge	Discharge	Not causing	
		-		•	Reason for Bypassing
	Outlan		Hours	a Dioonal go	Notice 101 Dypassing
1.195	1	0.41	3.00		Rain, Overflow Duration = 2.00 hours
	1				Rain, Overflow Duration = 13.92 hours
					,
0.012	1				Isolated shower in the area, Overflow Duration = 3.00 hours
0.064	1	0.16	2.00		Rain, Overflow Duration = 0.58 hours
1.962	1	0.49	7.00		Rain, Overflow Duration = 6.00 hours
0.233	1	0.26	2.00		Rain, Overflow Duration = 0.58 hours
0.711		0.11	1.00		Rain, Overflow Duration = 1.92 hours
					Rain, Overflow Duration = 5.83 hours
1.926	1	0.67	10.00		Rain, Overflow Duration = 6.17 hours
				1	
				1	
2 370	1	U 82	6 00		Rain, Overflow Duration = 4.25 hours
2.513	!	0.02	0.00		Train, Overnow Buration – 4.20 nouis
				1	
				•	
				1	
<u>L</u>	<u>I</u>	<u> </u>			
24.173	9	5.08	44.00	4	
2.417	1	0.56	4.89	1	
14.793	1	1.49	10.00	1	
0.012	1	0.11	1.00	1	
10	9	9	9	4	
	0.064 1.962 0.233 0.711 0.898 1.926 2.379 2.417 14.793 0.012	1.195 1 14.793 1 0.012 1 0.064 1 1.962 1 0.233 1 0.711 0.898 1 1.926 1 2.379 1 2.379 1 24.173 9 2.417 1 14.793 1 0.012 1	1.195	1.195	1.195

PERMITTEE NAME/ADDRESS (Include NATIONAL POLLULTANT DISCHARGE ELIMINATION SYSTEM (NPDES) Form Approved Facility Name/Location if different DISCHARGE MONITORING REPORT (DMR) MAJOR OMB NO. 2040-0004 NASHVILLE-CENTRAL NAME (SUBR 04) ADDRESS 1600 2ND AVENUE NORTH F - FINAL TN0020575 024 G EMH NASHVILLE TN 37208-2206 PERMIT NUMBER RAW SEW/IND WASTE WAT/SANT DISCHARGE NUMBER EFFLUENT MONITORING PERIOD *** NO DISCHARGE [] *** FACILITY NASHVILLE-CENTRAL YEAR МО DAY DAY MO 5 LOCATION DAVIDSON COUNTY TN 37208-2206 FROM 2008 TO 2008 5 31 ATTN: MR HAI BAITHROP

ATTN: MR. HAL BALTHROP				<u> </u>	NOTE: Read instructions before completing this form.						
PARAMETER		QUA	NTITY OR LOA	ADING		QUALITY OR CO	ONCENTRATIC	DN .	NO.	FREQUENCY OF	SAMPLE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	ANALYSIS	TYPE
FLOW, IN CONDUIT OR	SAMPLE										
THRU TREATMENT PLANT	MEASUREMENT	2.417			*****	*****	*****		0	-	-
50050 1 0 0	PERMIT	REPORT						****		DAILY	
EFFLUENT GROSS VALUE	REQUIREMENT	MO AVG		MGD	*****	*****	*****	****			
Number of Discharges	SAMPLE	0.00	*****	*****	*****	*****			0		
from Outfall	MEASUREMENT	9.00	*****		*****	*****		_	0	-	-
EFFLUENT GROSS VALUE	PERMIT	*****	*****	*****	*****	*****				DAILY	
Rainfall causing	REQUIREMENT SAMPLE								***************************************		
a Discharge	MEASUREMENT	5.08	*****		*****	*****			0		_
a Discharge	PERMIT	0.00						X.	V	DAILY	
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	INCHES	*****	*****		X. X		J.,,1	
RAINFALL DURATION	SAMPLE										
causing a Discharge	MEASUREMENT	44.00	*****		*****	*****	*****		0	-	-
	PERMIT							****		DAILY	
EFFLUENT GROSS VALUE	REQUIREMENT		*****	HOURS	*****	*****	*****	****			
RAINFALL Events	SAMPLE										
Not Causing a Discharge	MEASUREMENT	4.00			*****	*****	*****		0		-
EEELLENT ODOOG VALUE	PERMIT				*****	*****	*****	**** ****		DAILY	
EFFLUENT GROSS VALUE	REQUIREMENT							***************************************			
	SAMPLE MEASUREMENT										
	PERMIT							A.			
	REQUIREMENT							0. X X X X X X X X X X X X X X X X X X X			
	SAMPLE										
	MEASUREMENT										
	PERMIT										
	REQUIREMENT							A STATE OF THE STA			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		of law that this docume					_	TELEBLIONE			DATE
SCOTT A. POTTER	, ,	ection or supervision in sonnel property gather and						TELEPHONE			DATE
		my inquiry of the persor									
DIRECTOR	or those persons direc	tly responsible for gathe	ering the information	, the information				615 862-	4591	2008 6	10
	sumbitted is, to the bes	st of my knowledge and	belief, true, accurat	e, and complete.							
TYPED OR PRINTED		are significant penalties of fine and imprisonme				NATURE OF PRINCIPAL EXEC		AREA CODE NUME	DED	YEAR MO	DAY
LILED OK EKINIED	including the possibility	y or nine and imprisonme	ention knowing viola	1110115.	OFFI	CER OR AUTHORIZED AGEN	NI	CODE MOM	コニバ	TEAR MO	DAY

CENTRAL WASTEWATER TREATMENT PLANT CSO - 033 - SCHRADER LANE

		Number of	Rainfall	Rain Duration	Number of	
	Effluent	Discharges	causing a	causing a	Rain Events	
	Flow	from	Discharge	Discharge	Not causing	
DATE	MGD	Outfall	Inches	Hours	a Discharge	Reason for Bypassing
1						
2	0.327	1	0.30	6.00		Rain, Overflow Duration = 0.92 hours
3	3.049	1	1.63	5.00		Rain, Overflow Duration = 3.83 hours
4						
5						
6						
7					1	
8	0.246	1	0.53	6.00		Rain, Overflow Duration = 0.75 hours
9					1	
10	0.004	1	0.22	2.00		Rain, Overflow Duration = 0.42 hours
11	0.023		0.11	1.00		Rain, Overflow Duration = 0.75 hours
12						
13						
14	0.004	1	0.60			Rain, Overflow Duration = 0.25 hours
15	0.268	1	0.61	11.00		Rain, Overflow Duration = 1.08 hours
16						
17						
18					1	
19						
20						
21						
22						
23						
24						
25 26	0.042	1	0.38	5.00		Pain Overflow Duration - 0.33 hours
27	0.042	1	0.38	5.00		Rain, Overflow Duration = 0.33 hours
28					1	
29					ı	
30						
31						
TOTAL	3.963	7	4.38	43.00	4	
AVG	0.495	1	0.55	5.38	1	
MAX	3.049	1	1.63	11.00	1	
MIN	0.004	1	0.11	1.00	1	
COUNT	8	7	8		4	
COUNT	. 0	,		ı		

PERMITTEE NAME/ADDRESS (Include NATIONAL POLLULTANT DISCHARGE ELIMINATION SYSTEM (NPDES) Form Approved Facility Name/Location if different DISCHARGE MONITORING REPORT (DMR) MAJOR OMB NO. 2040-0004 NASHVILLE-CENTRAL NAME (SUBR 04) ADDRESS 1600 2ND AVENUE NORTH F - FINAL TN0020575 033 G EMH NASHVILLE TN 37208-2206 PERMIT NUMBER RAW SEW/IND WASTE WAT/SANT DISCHARGE NUMBER EFFLUENT MONITORING PERIOD *** NO DISCHARGE [] *** FACILITY NASHVILLE-CENTRAL YEAR МО DAY DAY MO 5 2008 LOCATION DAVIDSON COUNTY TN 37208-2206 FROM TO 2008 5 31 ATTN: MR HAI BAITHROP NOTE: Bood instructions before completing this form

ATTN: MR. HAL BALTHROP	_				·	NOTE: Read instructions before completing this form.							
PARAMETER		QUA	NTITY OR LOA	ADING		QUALITY OR CO	NCENTRATIC	N	NO.	FREQUENCY OF	SAMPLE		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	ANALYSIS	TYPE		
FLOW, IN CONDUIT OR	SAMPLE												
THRU TREATMENT PLANT	MEASUREMENT	0.495			*****	*****	*****		0	-	-		
50050 1 0 0	PERMIT	REPORT						****		DAILY			
EFFLUENT GROSS VALUE	REQUIREMENT	MO AVG		MGD	*****	*****	*****	***					
Number of Discharges from Outfall	SAMPLE MEASUREMENT	7.00	****	*****	*****	****			0	-	-		
	PERMIT							ori		DAILY			
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	*****	*****	*****		0.00 0.00 0.00 0.00 0.00 0.00					
Rainfall causing	SAMPLE												
a Discharge	MEASUREMENT	4.38	*****		*****	*****			0		-		
	PERMIT							1		DAILY			
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	INCHES	*****	*****							
RAINFALL DURATION	SAMPLE	40.00											
causing a Discharge	MEASUREMENT	43.00	*****		*****	*****	*****		0	-	-		
	PERMIT		*****		*****	*****	*****	****		DAILY			
EFFLUENT GROSS VALUE	REQUIREMENT		*****	HOURS	*****	*****	*****	****					
RAINFALL Events	SAMPLE								_				
Not Causing a Discharge	MEASUREMENT	4.00			*****	*****	*****		0		-		
	PERMIT							****		DAILY			
EFFLUENT GROSS VALUE	REQUIREMENT				*****	*****	*****	****					
	SAMPLE												
	MEASUREMENT												
	PERMIT							100 100 100 100 100 100 100 100 100 100					
	REQUIREMENT								***************************************				
	SAMPLE MEASUREMENT												
	PERMIT												
	REQUIREMENT							100 000 000 000 000 000 000 000					
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		of law that this docume	nt and all attachmen	ts were									
	prepared under my dir	rection or supervision in	accordance with a s	ystem designed				TELEPHONE			DATE		
SCOTT A. POTTER		rsonnel property gather and my inquiry of the persor											
DIRECTOR		ctly responsible for gatherst of my knowledge and						615 862-	4591	2008 6	10		
TVDED OD DDINTED		are significant penalties				IATURE OF PRINCIPAL EXEC		AREA		VEAD	D411		
TYPED OR PRINTED	including the possibility	y of fine and imprisonme	ent tor knowing viola	tions.	OFFI	CER OR AUTHORIZED AGEN	IT	CODE NUM	3ER	YEAR MO	DAY		

CENTRAL WASTEWATER TREATMENT PLANT CSO - 035 - DRIFTWOOD

				1		
		Number of	Rainfall	Rain Duration		
	Effluent	Discharges	causing a	causing a	Rain Events	
	Flow	from	Discharge	Discharge	Not causing	
DATE	MGD	Outfall	Inches	Hours	a Discharge	Reason for Bypassing
1						
2					1	
3					1	
4						
5						
6						
7					1	
8					1	
9					1	
10					1	
11					1	
12						
13						
14					1	
15					1	
16						NO DISCHARGE FOR THIS SITE FOR THIS MONTH
17						
18					1	
19						
20						
21						
22						
23					1	
24						
25						
26					1	
27					· ·	
28					1	
29					· ·	
30						
31						
TOTAL	0.000	0	0.00	0.00	13	
AVG	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	13	
MAX	0.000	0	0.00	0.00	1	
MIN	0.000	0	0.00	0.00	1	
COUNT	0.000		0.00		13	
COUNT	U	U		U	13	

PERMITTEE NAME/ADDRESS (Include NATIONAL POLLULTANT DISCHARGE ELIMINATION SYSTEM (NPDES) Form Approved Facility Name/Location if different DISCHARGE MONITORING REPORT (DMR) MAJOR OMB NO. 2040-0004 NASHVILLE-CENTRAL (SUBR 04) ADDRESS 1600 2ND AVENUE NORTH TN0020575 035 G F - FINAL **EMH** NASHVILLE TN 37208-2206 PERMIT NUMBER RAW SEW/IND WASTE WAT/SANT DISCHARGE NUMBER EFFLUENT *** NO DISCHARGE [x] *** MONITORING PERIOD FACILITY NASHVILLE-CENTRAL YEAR МО DAY MO DAY 5 2008 LOCATION DAVIDSON COUNTY TN 37208-2206 FROM TO 2008 5 31

ATTN: MR. HAL BALTHROP	114 07200 2200		2000	0 01	2000	0 01	NOTE: Read in	structions be	fore comp	oleting this form	n.
PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATIO			N NO.		FREQUENCY OF	SAMPLE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	ANALYSIS	TYPE
FLOW, IN CONDUIT OR	SAMPLE										
THRU TREATMENT PLANT	MEASUREMENT	#DIV/0!			*****	*****	*****		0	-	-
50050 1 0 0	PERMIT	REPORT						**** ****	***************************************	DAILY	
EFFLUENT GROSS VALUE	REQUIREMENT	MO AVG		MGD	*****	*****	*****	****			
Number of Discharges	SAMPLE			*****							
from Outfall	MEASUREMENT	0.00	*****	*****	*****	*****			0	-	-
EFFLUENT OBOOD VALUE	PERMIT	*****	*****	*****	*****	*****		A STATE OF THE STA		DAILY	
EFFLUENT GROSS VALUE Rainfall causing	REQUIREMENT							A control of the cont			
· ·	SAMPLE	0.00	*****		*****	*****			0		
a Discharge	MEASUREMENT PERMIT	0.00							U	DAILY	-
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	INCHES	*****	*****		Months of the control		DAILI	
RAINFALL DURATION	SAMPLE										
causing a Discharge	MEASUREMENT	0.00	*****		*****	*****	*****		0	-	-
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT		*****	HOURS	*****	*****	*****	****		DAILY	
RAINFALL Events	SAMPLE										
Not Causing a Discharge	MEASUREMENT	13.00			*****	*****	*****		0		-
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT				*****	*****	*****	**** ****		DAILY	
	SAMPLE										
	MEASUREMENT										
	PERMIT							de d			
	REQUIREMENT SAMPLE							A. A			
	MEASUREMENT										
	PERMIT										
	REQUIREMENT								***************************************		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		of law that this docume							***************************************		
SCOTT A. POTTER	to assure that qualified pe	rection or supervision in	evaluate the information				TELEPHONE			DATE	
DIRECTOR or those person		ased on my inquiry of the person or persons who manage the system, ons directly responsible for gathering the information, the information o the best of my knowledge and belief, true, accurate, and complete.							4591	2008 6	10
TYPED OR PRINTED	I am aware that there	are significant penalties	for submitting false	information,		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			EA DE NUMBER YEAR MO DAY		

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

CENTRAL WASTEWATER TREATMENT PLANT CSO - 047 - BOSCOBEL

Number of Rainfall Rain Duration Number of

DATE Flow MgD Discharge Inches Hours Abischarge Hours Abischarge Reason for Bypassing			Number of		Kain Duration		
DATE MGD Outfall Inches Hours a Discharge Reason for Bypassing		Effluent	Discharges	causing a	causing a	Rain Events	
1		Flow	from	Discharge	Discharge		
2	DATE	MGD	Outfall	Inches	Hours	a Discharge	Reason for Bypassing
2							
3							
4 5 6 6 7 1 1 8 9 1 1 1 1 1 1 1 1 1	2					1	
5 6	3	0.001	1	1.49	6.00		Rain, Overflow Duration = 2.58 hours
6	4						
7	5						
8	6						
9 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7					1	
10	8					1	
10	9						
11						1	
12							
13							
14							
15		0.044	1	0.67	6.00		Rain Overflow Duration = 0.17 hours
16							Rain Overflow Duration = 0.92 hours
17 18 19 20 21 22 23 24 25 26 27 1 28 29 30 31 1 TOTAL 0.507 3 2.83 22.00 10 AVG 0.169 1 0.94 7.33 1 MAX 0.462 1 1.49 10.00 1 MIN 0.001 1 0.67 6.00 1		0.102		0.07	10.00	1	Train, Overnow Burdien = 0.02 hours
18							
19						1	
20							
21							
22							
23							
24 25 26 27 28 29 30 31 TOTAL 0.507 3 2.83 22.00 10 AVG 0.169 1 0.94 7.33 1 MAX 0.462 1 1.49 MIN 0.001 1 0.67 6.00 1							
1 26							
26 1 27 1 28 1 29 1 30 1 TOTAL 0.507 3 2.83 22.00 10 AVG 0.169 1 0.94 7.33 1 MAX 0.462 1 1.49 10.00 1 MIN 0.001 1 0.67 6.00 1						1	
27						1	
28						4	
29						1	
30 1 31 1 TOTAL 0.507 3 2.83 22.00 10 AVG 0.169 1 0.94 7.33 1 MAX 0.462 1 1.49 10.00 1 MIN 0.001 1 0.67 6.00 1							
TOTAL 0.507 3 2.83 22.00 10							
TOTAL 0.507 3 2.83 22.00 10 AVG 0.169 1 0.94 7.33 1 MAX 0.462 1 1.49 10.00 1 MIN 0.001 1 0.67 6.00 1						4	
AVG 0.169 1 0.94 7.33 1 MAX 0.462 1 1.49 10.00 1 MIN 0.001 1 0.67 6.00 1	31					1	
AVG 0.169 1 0.94 7.33 1 MAX 0.462 1 1.49 10.00 1 MIN 0.001 1 0.67 6.00 1		0 = 0 =	_		00.00		
MAX 0.462 1 1.49 10.00 1 MIN 0.001 1 0.67 6.00 1							
MIN 0.001 1 0.67 6.00 1							
Maanuma 1 21 21 21 21 40							
	COUNT	3	3	3	3	10	

PERMITTEE NAME/ADDRESS (Include NATIONAL POLLULTANT DISCHARGE ELIMINATION SYSTEM (NPDES) Form Approved Facility Name/Location if different DISCHARGE MONITORING REPORT (DMR) MAJOR OMB NO. 2040-0004 NASHVILLE-CENTRAL (SUBR 04) 1600 2ND AVENUE NORTH **EMH** ADDRESS TN0020575 047 G F - FINAL NASHVILLE TN 37208-2206 PERMIT NUMBER RAW SEW/IND WASTE WAT/SANT DISCHARGE NUMBER EFFLUENT MONITORING PERIOD *** NO DISCHARGE [x] *** FACILITY NASHVILLE-CENTRAL YEAR МО DAY MO DAY 5 2008 01 LOCATION DAVIDSON COUNTY TN 37208-2206 FROM TO 2008 5 31

ATTN: MR. HAL BALTHROP	NOTE: Read instructions before completing this form.										
PARAMETER		QUA	NTITY OR LOA	ADING		NO.		FREQUENCY OF	SAMPLE		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	ANALYSIS	TYPE
FLOW, IN CONDUIT OR	SAMPLE										
THRU TREATMENT PLANT	MEASUREMENT	0.169			*****	*****	*****		0	-	-
50050 1 0 0	PERMIT	REPORT						****		DAILY	
EFFLUENT GROSS VALUE	REQUIREMENT	MO AVG		MGD	*****	*****	*****	****			
Number of Discharges	SAMPLE	0.00		*****							
from Outfall	MEASUREMENT	3.00	*****	*****	*****	*****		1	0		-
	PERMIT	*****	*****	*****	*****	*****				DAILY	
EFFLUENT GROSS VALUE	REQUIREMENT	***************************************	22.5.5.2	*****	***************************************	2.55.20					
Rainfall causing	SAMPLE	2.83	*****		*****	*****			0		
a Discharge	MEASUREMENT PERMIT	2.03						3	U	DAILY	-
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	INCHES	*****	*****				DAILI	
RAINFALL DURATION	SAMPLE			INCITES							
causing a Discharge	MEASUREMENT	22.00	*****		*****	*****	*****		0		
Causing a Discharge	PERMIT	22.00						****	U	DAILY	-
EFFLUENT GROSS VALUE	REQUIREMENT		*****	HOURS	*****	*****	*****	****		DAILI	
RAINFALL Events	SAMPLE										
Not Causing a Discharge	MEASUREMENT	10.00			*****	*****	*****		0		-
	PERMIT							****		DAILY	
EFFLUENT GROSS VALUE	REQUIREMENT				*****	*****	*****	****			
	SAMPLE										
	MEASUREMENT										
	PERMIT										
	REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT										
	REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		of law that this docume	nt and all attachmen	ts were							
	prepared under my di	rection or supervision in	accordance with a s	ystem designed				TELEPHONE			DATE
SCOTT A. POTTER		rsonnel property gather and									
DIDECTOR		my inquiry of the persor						0.4	4=04		4.0
DIRECTOR		ctly responsible for gathe				615 862-4591		2008 6	10		
		est of my knowledge and are significant penalties	SIGN	SIGNATURE OF PRINCIPAL EXECUTIVE			AREA				
TYPED OR PRINTED		ty of fine and imprisonme	OFFICER OR AUTHORIZED AGENT						DAY		