

Nov 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						
2						
3						
4						
5						
6						
7					1	
8						
9						
10						
11						
12					1	
13					1	
14					1	
15					1	<b>NO DISCHARGE FOR THIS SITE FOR THIS MONTH</b>
16						
17						
18						
19						
20						
21						
22						
23						
24					1	
25						
26						
27						
28						
29						
30					1	

TOTAL	0.000	0	0.00	0.00	7
AVG	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	1
MAX	0.000	0	0.00	0.00	1
MIN	0.000	0	0.00	0.00	1
COUNT	0	0	0	0	7

Enter in new months and dates.

2008 11 01 2008 12

11 30



**NO DISCHARGE FOR THIS SITE FOR THIS MONTH**

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

FACILITY NASHVILLE-CENTRAL STP  
 LOCATION NASHVILLE TN 37208-2206  
 ATTN: MR. SCOTT POTTER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

MAJOR (SUBR 04)  
 F - FINAL  
 VAN BUREN AT MI 189.5 CSO  
 EFFLUENT

Form Approved  
 OMB NO. 2040-0004

TN0020575  
 PERMIT NUMBER

018 G  
 DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
2008	11	01	2008	11	30

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

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			
RAINFALL DURATION	SAMPLE MEASUREMENT	0.00	*****	(8A)	*****	*****	*****				
00135 1 0 0	PERMIT REQUIREMENT	REPORT MO TOTAL	*****	HOURS	*****	*****	*****	****		DLYWHNCALCTD DISCHG	
RAINFALL	SAMPLE MEASUREMENT	0.00	*****	(61)	*****	*****					
46529 1 0 0	PERMIT REQUIREMENT	REPORT MO TOTAL	*****	INCHES	*****	*****				DLYWHNCALCTD DISCHG	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	#DIV/0!	0.000	(03)	*****	*****	*****				
50050 1 0 0	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		DLYWHNCALCTD DISCHG	
RAINFALL EVENTS	SAMPLE MEASUREMENT	7.00		(93)	*****	*****	*****				
51407 1 0 0	PERMIT REQUIREMENT	REPORT MO TOTAL		OCCUR / MONTH	*****	*****	*****	****		DLYWHNCALCTD DISCHG	
DISCHARGE EVENT OBSERVATION	SAMPLE MEASUREMENT	0.00	*****	(94)	*****	*****					
84165 1 0 0	PERMIT REQUIREMENT	REPORT MO TOTAL	*****	YES = 1 NO = 0	*****	*****				DLYWHNCALCTD DISCHG	
	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 12 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)

Nov 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						
2						
3						
4						
5						
6						
7	1.318	1	0.41	5.00		Rain, Overflow Duration = 0.67 hours
8						
9						
10						
11						
12					1	
13					1	
14					1	
15					1	
16						
17						
18						
19						
20						
21						
22						
23						
24					1	
25						
26						
27						
28						
29						
30					1	

TOTAL	1.318	1	0.41	5.00	6
AVG	1.318	1	0.41	5.00	1
MAX	1.318	1	0.41	5.00	1
MIN	1.318	1	0.41	5.00	1
COUNT	1	1	1	1	6

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

FACILITY NASHVILLE-CENTRAL STP  
 LOCATION NASHVILLE TN 37208-2206  
 ATTN: MR. SCOTT POTTER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

MAJOR (SUBR 04)  
 F - FINAL  
 KERRIGAN AT MI 190.4 CSO  
 EFFLUENT

Form Approved  
 OMB NO. 2040-0004

TN0020575  
 PERMIT NUMBER

019 G  
 DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
2008	11	01	2008	11	30

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

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			
RAINFALL DURATION	SAMPLE MEASUREMENT	5.00		(8A)	*****	*****	*****			-	-
00135 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO TOTAL		HOURS	*****	*****	*****	****		DLYWHNCALCTD DISCHG	
RAINFALL	SAMPLE MEASUREMENT	0.41	*****	(61)	*****	*****				-	
46529 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO TOTAL	*****	INCHES	*****	*****				DLYWHNCALCTD DISCHG	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	1.318	1.318	(03)	*****	*****				-	-
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****				DLYWHNCONTIN DISCHG	
RAINFALL EVENTS	SAMPLE MEASUREMENT	6.00	*****	(93)	*****	*****	*****			-	
51407 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO TOTAL	*****	OCCUR / MONTH	*****	*****	*****	****		DLYWHNCALCTD DISCHG	
DISCHARGE EVENT OBSERVATION	SAMPLE MEASUREMENT	1.00		(94)	*****	*****	*****			-	-
84165 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO TOTAL		YES = 1 NO = 0	*****	*****	*****	****		DLYWHNCALCTD DISCHG	
	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	12	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)

Nov 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						
2						
3						
4						
5						
6						
7					1	
8						
9						
10						
11						
12					1	
13					1	
14					1	
15					1	<b>NO DISCHARGE FOR THIS SITE FOR THIS MONTH</b>
16						
17						
18						
19						
20						
21						
22						
23						
24					1	
25						
26						
27						
28						
29						
30					1	

TOTAL	0.000	0	0.00	0.00	7
AVG	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	1
MAX	0.000	0	0.00	0.00	1
MIN	0.000	0	0.00	0.00	1
COUNT	0	0	0	0	7

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

FACILITY NASHVILLE-CENTRAL STP  
 LOCATION NASHVILLE TN 37208-2206  
 ATTN: MR. SCOTT POTTER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

MAJOR (SUBR 04)  
 F - FINAL  
 1ST & BROADWAY MI 191.0 CSO  
 EFFLUENT

Form Approved  
 OMB NO. 2040-0004

TN0020575  
 PERMIT NUMBER

020 G  
 DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
2008	11	01	2008	11	30

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

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			
RAINFALL DURATION	SAMPLE MEASUREMENT	0.00	*****	(8A)	*****	*****	*****			-	-
00135 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO TOTAL	*****	HOURS	*****	*****	*****	***		DLYWHNCALCTD DISCHG	
RAINFALL	SAMPLE MEASUREMENT	0.00	*****	(61)	*****	*****					-
46529 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO TOTAL	*****	INCHES	*****	*****				DLYWHNCALCTD DISCHG	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	#DIV/0!	0.00	(03)	*****	*****	*****			-	-
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		DLYWHNCONTIN DISCHG	
RAINFALL EVENTS	SAMPLE MEASUREMENT	7.00		(93)	*****	*****	*****				-
51407 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO TOTAL		OCCUR / MONTH	*****	*****	*****	***		DLYWHNCALCTD DISCHG	
DISCHARGE EVENT OBSERVATION	SAMPLE MEASUREMENT	0.00	*****	(94)	*****	*****				-	-
84165 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO TOTAL	*****	YES = 1 NO = 0	*****	*****				DLYWHNCALCTD DISCHG	
	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
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)

Nov 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						
2						
3						
4						
5						
6						
7	0.484	1	0.41	5.00		Rain, Overflow Duration = 0.33 hours
8						
9						
10						
11						
12					1	
13					1	
14					1	
15					1	
16						
17						
18						
19						
20						
21						
22						
23						
24					1	
25						
26						
27						
28						
29						
30					1	

TOTAL	0.484	1	0.41	5.00	6
AVG	0.484	1	0.41	5.00	1
MAX	0.484	1	0.41	5.00	1
MIN	0.484	1	0.41	5.00	1
COUNT	1	1	1	1	6



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

FACILITY NASHVILLE-CENTRAL STP  
 LOCATION NASHVILLE TN 37208-2206  
 ATTN: MR. SCOTT POTTER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

Form Approved  
 OMB NO. 2040-0004

MAJOR (SUBR 04)  
 F - FINAL  
 BENEDICT & CRUTCHER 191.6 CSO  
 EFFLUENT

TN0020575  
 PERMIT NUMBER

023 G  
 DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
2008	11	01	2008	11	30

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

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			
RAINFALL DURATION	SAMPLE MEASUREMENT	5.00	*****	(8A)	*****	*****	*****			-	-
00135 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO TOTAL	*****	HOURS	*****	*****	*****	***		DLYWHNCALCTD DISCHG	
RAINFALL	SAMPLE MEASUREMENT	0.41	*****	(61)	*****	*****				-	-
46529 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO TOTAL	*****	INCHES	*****	*****				DLYWHNCALCTD DISCHG	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.484	0.484	(03)	*****	*****	*****			-	-
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		DLYWHNCONTIN DISCHG	
RAINFALL EVENTS	SAMPLE MEASUREMENT	6.00		(93)	*****	*****	*****			-	-
51407 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO TOTAL		OCCUR / MONTH	*****	*****	*****	***		DLYWHNCALCTD DISCHG	
DISCHARGE EVENT OBSERVATION	SAMPLE MEASUREMENT	1.00	*****	(94)	*****	*****				-	-
84165 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO TOTAL	*****	YES = 1 NO = 0	*****	*****				DLYWHNCALCTD DISCHG	
	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
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)

Nov 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						
2						
3						
4						
5						
6						
7	1.736	1	0.46	4.00		Rain, Overflow Duration = 18.83 hours
8	0.076					Rain, Overflow Duration = 11.83 hours
9						
10						
11					1	
12					1	
13					1	
14	0.075	1	0.21	5.00		Rain, Overflow Duration = 1.25 hours
15	0.076		0.20	9.00		Rain, Overflow Duration = 4.00 hours
16						
17						
18						
19						
20						
21						
22						
23					1	
24	0.884	1	0.55	10.00		Rain, Overflow Duration = 10.33 hours
25						
26						
27						
28						
29						
30					1	
TOTAL	2.847	3	1.42	28.00	5	
AVG	0.569	1	0.36	7.00	1	
MAX	1.736	1	0.55	10.00	1	
MIN	0.075	1	0.20	4.00	1	
COUNT	5	3	4	4	5	

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

FACILITY NASHVILLE-CENTRAL STP  
 LOCATION NASHVILLE TN 37208-2206  
 ATTN: MR. SCOTT POTTER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

MAJOR (SUBR 04)  
 F - FINAL  
 WASHINGTON AT MILE 190.4 CSO  
 EFFLUENT

Form Approved  
 OMB NO. 2040-0004

TN0020575  
 PERMIT NUMBER

024 G  
 DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
2008	11	01	2008	11	30

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

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			
RAINFALL DURATION	SAMPLE MEASUREMENT	28.00	*****	(8A)	*****	*****	*****			-	-
00135 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO TOTAL	*****	HOURS	*****	*****	*****	***		DLYWHNCALCTD DISCHG	
RAINFALL	SAMPLE MEASUREMENT	1.42	*****	(61)	*****	*****				-	-
46529 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO TOTAL	*****	INCHES	*****	*****				DLYWHNCALCTD DISCHG	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.569	1.736	(03)	*****	*****	*****			-	-
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		DLYWHNCALCTD DISCHG	
RAINFALL EVENTS	SAMPLE MEASUREMENT	5		(93)	*****	*****	*****			-	-
51407 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO TOTAL		OCCUR / MONTH	*****	*****	*****	***		DLYWHNCALCTD DISCHG	
DISCHARGE EVENT OBSERVATION	SAMPLE MEASUREMENT	3	*****	(94)	*****	*****				-	-
84165 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO TOTAL	*****	YES = 1 NO = 0	*****	*****				DLYWHNCALCTD DISCHG	
	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 12 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)

Nov 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						
2						
3						
4						
5						
6						
7	0.010	1	0.46	6.00		Rain, Overflow Duration = 0.25 hours
8						
9						
10						
11						
12					1	
13					1	
14					1	
15					1	
16						
17						
18						
19						
20						
21						
22						
23					1	
24					1	
25						
26						
27						
28						
29						
30					1	

TOTAL	0.010	1	0.46	6.00	7	
AVG	0.010	1	0.46	6.00	1	
MAX	0.010	1	0.46	6.00	1	
MIN	0.010	1	0.46	6.00	1	
COUNT	1	1	1	1	7	

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

FACILITY NASHVILLE-CENTRAL STP  
 LOCATION NASHVILLE TN 37208-2206  
 ATTN: MR. SCOTT POTTER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

MAJOR (SUBR 04)  
 F - FINAL  
 SCHRADER LN MI 184.7 CSO  
 EFFLUENT

Form Approved  
 OMB NO. 2040-0004

TN0020575  
 PERMIT NUMBER

033 G  
 DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
2008	11	01	2008	11	30

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

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				
RAINFALL DURATION	SAMPLE MEASUREMENT	6.00	*****	(8A)	*****	*****	*****			-	-	
00135 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO TOTAL	*****	HOURS	*****	*****	*****	***		DLYWHNCALCTD DISCHG		
RAINFALL	SAMPLE MEASUREMENT	0.46	*****	(61)	*****	*****				-	-	
46529 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO TOTAL	*****	INCHES	*****	*****				DLYWHNCALCTD DISCHG		
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.010	0.010	(03)	*****	*****	*****			-	-	
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		DLYWHNCALCTD DISCHG		
RAINFALL EVENTS	SAMPLE MEASUREMENT	7		(93)	*****	*****	*****			-	-	
51407 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO TOTAL		OCCUR / MONTH	*****	*****	*****	***		DLYWHNCALCTD DISCHG		
DISCHARGE EVENT OBSERVATION	SAMPLE MEASUREMENT	1	*****	(94)	*****	*****				-	-	
84165 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO TOTAL	*****	YES = 1 NO = 0	*****	*****				DLYWHNCALCTD DISCHG		
	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 12 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)

Nov 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						
2						
3						
4						
5						
6						
7					1	
8						
9						
10						
11						
12					1	
13					1	
14					1	
15					1	<b>NO DISCHARGE FOR THIS SITE FOR THIS MONTH</b>
16						
17						
18						
19						
20						
21						
22						
23						
24					1	
25						
26						
27						
28						
29						
30					1	

TOTAL	0.000	0	0.00	0.00	7
AVG	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	1
MAX	0.000	0	0.00	0.00	1
MIN	0.000	0	0.00	0.00	1
COUNT	0	0	0	0	7

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

FACILITY NASHVILLE-CENTRAL STP  
 LOCATION NASHVILLE TN 37208-2206  
 ATTN: MR. SCOTT POTTER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

Form Approved  
 OMB NO. 2040-0004

MAJOR (SUBR 04)  
 F - FINAL  
 DRIFTWOOD AT MI 192.0 CSO  
 EFFLUENT

TN0020575  
 PERMIT NUMBER

035 G  
 DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
2008	11	01	2008	11	30

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

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			
RAINFALL DURATION	SAMPLE MEASUREMENT	0.00	*****	(8A)	*****	*****	*****			-	-
00135 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO TOTAL	*****	HOURS	*****	*****	*****	***		DLYWHNCALCTD DISCHG	
RAINFALL	SAMPLE MEASUREMENT	0.00	*****	(61)	*****	*****					-
46529 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO TOTAL	*****	INCHES	*****	*****				DLYWHNCALCTD DISCHG	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	#DIV/0!	0.000	(03)	*****	*****	*****			-	-
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		DLYWHNCONTIN DISCHG	
RAINFALL EVENTS	SAMPLE MEASUREMENT	7		(93)	*****	*****	*****				-
51407 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO TOTAL		OCCUR / MONTH	*****	*****	*****	***		DLYWHNCALCTD DISCHG	
DISCHARGE EVENT OBSERVATION	SAMPLE MEASUREMENT	0	*****	(94)	*****	*****				-	-
84165 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO TOTAL	*****	YES = 1 NO = 0	*****	*****				DLYWHNCALCTD DISCHG	
	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 12 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)

Nov 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						
2						
3						
4						
5						
6						
7	0.031	1	0.46	4.00		Rain, Overflow Duration = 0.17 hours
8						
9						
10						
11					1	
12					1	
13					1	
14					1	
15					1	
16						
17						
18						
19						
20						
21						
22						
23					1	
24					1	
25						
26						
27						
28						
29						
30					1	

TOTAL	0.031	1	0.46	4.00	8
AVG	0.031	1	0.46	4.00	1
MAX	0.031	1	0.46	4.00	1
MIN	0.031	1	0.46	4.00	1
COUNT	1	1	1	1	8



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

FACILITY NASHVILLE-CENTRAL STP  
 LOCATION NASHVILLE TN 37208-2206  
 ATTN: MR. SCOTT POTTER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

MAJOR (SUBR 04)  
 F - FINAL  
 BOSCOBEL AT MI 192.6 CSO  
 EFFLUENT

Form Approved  
 OMB NO. 2040-0004

TN0020575  
 PERMIT NUMBER

047 G  
 DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
2008	11	01	2008	11	30

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

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				
RAINFALL DURATION	SAMPLE MEASUREMENT	4.00	*****	(8A)	*****	*****	*****			-	-	
00135 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO TOTAL	*****	HOURS	*****	*****	*****	***		DLYWHNCALCTD DISCHG		
RAINFALL	SAMPLE MEASUREMENT	0.46	*****	(61)	*****	*****					-	
46529 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO TOTAL	*****	INCHES	*****	*****				DLYWHNCALCTD DISCHG		
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.031	0.031	(03)	*****	*****	*****			-	-	
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		DLYWHNCALCTD DISCHG		
RAINFALL EVENTS	SAMPLE MEASUREMENT	8		(93)	*****	*****	*****				-	
51407 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO TOTAL		OCCUR / MONTH	*****	*****	*****	***		DLYWHNCALCTD DISCHG		
DISCHARGE EVENT OBSERVATION	SAMPLE MEASUREMENT	1	*****	(94)	*****	*****				-	-	
84165 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO TOTAL	*****	YES = 1 NO = 0	*****	*****				DLYWHNCALCTD DISCHG		
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
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SCOTT A. POTTER DIRECTOR								615 862-4591	2008	12	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)