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

	1					
		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					1	
2						
3						
4					1	
5					1	
6						
7						
8						
9						
10	0.033	1	1.00	1.00		Rain, Overflow Duration = 0.08 hours
11						
12						
13						
14						
15						
16						
17					1	
18					1	
19						
20	0.143	1	0.65	3.00		Rain, Overflow Duration = 0.42 hours
21					1	
22						
23						
24						
25						
26						
27						
28	0.086	1	0.41	3.00		Rain, Overflow Duration = 0.17 hours
29						,
30						
31						
TOTAL	0.262	3	2.06	7.00	6	
AVG	0.087	1	0.69	2.33		
MAX	0.143	1	1.00	3.00		
MIN	0.033	1	0.41	1.00		
COUNT	3		3			
COUNT	<u> </u>	<u> </u>				

NATIONAL POLLULTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

MONITORING PERIOD

DISCHARGE MONITORING REPORT (DMR)

MM/DD/YYYY

08/31/2009

DMR Mailing ZIP CODE: 372082206

Form Approved OMB NO. 2040-0004

NASHVILLE-CENTRAL STP NAME 1600 2ND AVENUE NORTH ADDRESS NASHVILLE TN 372082206

TN0020575 PERMIT NUMBER

MM/DD/YYYY

гом 08/01/2009 то

018 G DISCHARGE NUMBER MAJOR \$ (SUBR 04)

VAN BUREN AT MI 189.5 CSO

External Outfall

NO DISCHARGE []

NASHVILLE-CENTRAL STP **FACILITY** LOCATION 1600 2ND AVENUE NORTH NASHVILLE TN 372082206

ATTN: MR. SCOTT POTTER											
BARAMETER		QUA	NTITY OR LO	ADING		QUALITY OR CO	NCENTRATIO	N			
PARAMETER			T				T		NO.	FREQUENCY	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE										
	MEASUREMENT	7.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.								Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****	hr	*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	2.06	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	0.087	0.143		*****	*****	*****	****			
50050 1 0	PERMIT	Req. Mon.	Req. Mon.	Mgal/d						Daily When	
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX		*****	*****	*****	****		Discharging	CONTIN
Rainfall events with no discharge	SAMPLE										
_	MEASUREMENT	6.00			*****	*****	*****	***			
51407 1 0	PERMIT	Req. Mon.		occur/mo						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL			*****	*****	*****	****		Discharging	CALCTD
Discharge event observation	SAMPLE										
	MEASUREMENT	3.00	*****		*****	*****	*****	****			
84165 1 0	PERMIT	Req. Mon.		Y=1;N=0						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD

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		TELEPHONE	DATE
SCOTT A. POTTER	to assure that qualified personnel property gather and evaluate the information			
DIRECTOR	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		615 862-4591	09/10/2009
	sumbitted 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,	SIGNATURE OF PRINCIPAL EXECUTIVE	AREA	
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	CODE NUMBER	MM/DD/YYYY
COMMENT AND EXPLANATION OF ANY VIC	DLATIONS (Reference all attachments here)		_	_

CENTRAL WASTEWATER TREATMENT PLANT CSO - 019 - KERRIGAN

	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
1					1	
2					1	
3						
4			0.86			
5	0.019	1	0.32	2.00		Rain, Overflow Duration = 0.18 hours
6						
7						
8						
9						
10					1	
11					1	
12						
13						
14						
15						
16						
17						
18					1	
19					1	
20	3.478	1	0.46	2.00		Rain, Overflow Duration = 0.63 hours
21						
22						
23						
24						
25						
26						
27	0.007		0.40	0.00		D : 0 # D :: 0.751
28	0.607	1	0.19	2.00		Rain, Overflow Duration = 0.75 hours
29						
30						
31						
	4 404		4.00	44.00		
TOTAL	4.104	3	1.83		6	
AVG	1.368	1	0.46	2.75	1	
MAX	3.478	1	0.86		1	
MIN	0.019	1	0.19	2.00	1	
COUNT	3	3	4	4	6	

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

MONITORING PERIOD

08/01/2009 то

DMR Mailing ZIP CODE: 372082206

Form Approved OMB NO. 2040-0004

NASHVILLE-CENTRAL STP NAME 1600 2ND AVENUE NORTH ADDRESS NASHVILLE

TN 372082206

NASHVILLE-CENTRAL STP FACILITY LOCATION 1600 2ND AVENUE NORTH

NASHVILLE TN 372082206

TN0020575 PERMIT NUMBER

MM/DD/YYYY

019 G DISCHARGE NUMBER

MM/DD/YYYY

08/31/2009

MAJOR \$ (SUBR 04) EJM

KERRIGAN AT MI 190.4 CSO

External Outfall

NO DISCHARGE []

ATTN: MR. SCOTT POTTER

PARAMETER		QUA	NTITY OR LO	DADING		QUALITY OR CO	NCENTRATIC	N	NO.		SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	
Rainfall duration	SAMPLE										
	MEASUREMENT	11.00	*****		*****	*****	*****	***			
00135 1 0	PERMIT	Req. Mon.								Daily When	1
Effluent Gross	REQUIREMENT	MO TOTAL	*****	hr	*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	1.83	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	1.368	3.478		*****	*****	*****	****			
50050 1 0	PERMIT	Req. Mon.	Req. Mon.	Mgal/d						Daily When	
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX		*****	*****	*****	****		Discharging	CONTIN
Rainfall events with no discharge	SAMPLE										
	MEASUREMENT	6.00	*****		*****	*****	*****	****			
51407 1 0	PERMIT	Req. Mon.		occur/mo						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Discharge event observation	SAMPLE			•							
	MEASUREMENT	3.00	*****		*****	*****	*****	****			
84165 1 0	PERMIT	Req. Mon.		Y=1;N=0						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD

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		TELEPHONE	DATE
SCOTT A. POTTER	to assure that qualified personnel property gather and evaluate the information			
	submitted. Based on my inquiry of the person or persons who manage the system,			
DIRECTOR	or those persons directly responsible for gathering the information, the information		615 862-4591	09/10/2009
	sumbitted 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,	SIGNATURE OF PRINCIPAL EXECUTIVE	AREA	
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	CODE NUMBER	MM/DD/YYYY

CENTRAL WASTEWATER TREATMENT PLANT CSO - 020 - Ist & BROADWAY

	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
					-	
1					1	
2					1	
3						
4	0.007	1	0.86	5.00		Rain, Overflow Duration = 0.25 hours
5			0.32	2.00		
6						
7						
8						
9						
10					1	
11					1	
12						
13						
14						
15						
16						
17					1	
18					1	
19 20	0.015	1	0.46	2.00	ı	Rain, Overflow Duration = 0.17 hours
21	0.015		0.40	2.00		Rain, Overnow Duration = 0.17 hours
22						
23						
24						
25						
26						
27						
28	0.006	1	0.19	2.00		Rain, Overflow Duration = 0.33 hours
29	3.330	·	50			. ,
30						
31						
	L					
TOTAL	0.028	3	1.83	11.00	6	
AVG	0.009	1	0.46		1	
MAX	0.015	1	0.86		1	
MIN	0.006	1	0.19		1	
COUNT	3	3	4		6	

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

MONITORING PERIOD

DMR	Mailing	7IP	CODE:	372082206

Form Approved OMB NO. 2040-0004

NASHVILLE-CENTRAL STP NAME 1600 2ND AVENUE NORTH ADDRESS NASHVILLE TN 372082206

TN0020575 PERMIT NUMBER

MM/DD/YYYY

08/01/2009 то

020 G DISCHARGE NUMBER

MM/DD/YYYY

08/31/2009

MAJOR (SUBR 04) 1ST & BROADWAY MI 191.0 CSO External Outfall

NO DISCHARGE []

NASHVILLE-CENTRAL STP **FACILITY** LOCATION 1600 2ND AVENUE NORTH

NASHVILLE TN 372082206

ATTN: MR. SCOTT POTTER	T.				•						
PARAMETER		QUA	NTITY OR LC	DADING		QUALITY OR CO	NCENTRATIO	N		FREQUENCY	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE										
	MEASUREMENT	11.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.		hr				1		Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	1.83	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	0.009	0.015		*****	*****	*****	****			
50050 1 0	PERMIT	Req. Mon.	Req. Mon.	Mgal/d						Daily When	
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX		*****	*****	*****	****		Discharging	CONTIN
Rainfall events with no discharge	SAMPLE										
	MEASUREMENT	6.00	*****		*****	*****	*****	****			
51407 1 0	PERMIT	Req. Mon.		occur/mo						Daily When	1
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Discharge event observation	SAMPLE										
	MEASUREMENT	3.00	*****		*****	*****	*****	****			
84165 1 0	PERMIT	Req. Mon.		Y=1;N=0						Daily When	1
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD

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		TELEPHONE	DATE
SCOTT A. POTTER	to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system,			
DIRECTOR	or those persons directly responsible for gathering the information, the information sumbitted is, to the best of my knowledge and belief, true, accurate, and complete.		615 862-4591	09/10/2009
TYPED OR PRINTED	I am aware that there are 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 CODE NUMBER	MM/DD/YYYY
COMMENT AND EXPLANATION OF ANY VIO	OLATIONS (Reference all attachments here)		•	-

CENTRAL WASTEWATER TREATMENT PLANT CSO - 023 - BENEDICT & CRUTCHER

		Number of	Rainfall	Rain Duration	Number of	1
	Effluent	Discharges	causing a	causing a	Rain Events	
	Flow	from	Discharge	Discharge	Not causing	
DATE	MGD	Outfall	Inches	Hours	a Discharge	Reason for Bypassing
					y -	у
1					1	
2						
3						
4	0.006	1	0.61	4.00		Rain, Overflow Duration = 1.33 hours
5	0.004		0.31	2.00		Rain, Overflow Duration = 1.58 hours
6						
7						
8						
9						
10	0.060	1	1.00	1.00		Rain, Overflow Duration = 0.33 hours
11						
12						
13						
14						
15						
16					1	
17 18					1	
19	0.009	1	0.08	2.00	Į į	Rain, Overflow Duration = 0.58 hours
20	0.009	1	0.08	3.00		Rain, Overflow Duration = 0.35 hours
21	0.000	'	0.00	3.00	1	Italii, Overilow Buration = 0.25 hours
22					'	
23						
24						
25						
26						
27						
28	0.397	1	0.41	3.00		Rain, Overflow Duration = 2.33 hours
29						
30						
31						
TOTAL	0.564	5	3.06	15.00	4	
AVG	0.094	1	0.51	2.50	1	
MAX	0.397	1	1.00	4.00	1	
MIN	0.004	1	0.08	1.00	1	
COUNT	6	5	6	6	4	

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

MONITORING PERIOD

08/01/2009 то

DMR Mailing ZIP CODE: 372082206

Form Approved OMB NO. 2040-0004

NASHVILLE-CENTRAL STP NAME 1600 2ND AVENUE NORTH ADDRESS

NASHVILLE TN 372082206

NASHVILLE-CENTRAL STP LOCATION 1600 2ND AVENUE NORTH

> NASHVILLE TN 372082206

TN0020575 PERMIT NUMBER

FROM

MM/DD/YYYY

023 G DISCHARGE NUMBER

MM/DD/YYYY 08/31/2009 **MAJOR** \$ (SUBR 04) BENEDICT & CRUTCHER 191.6 CSO External Outfall

NO DISCHARGE []

ATTN: MR. SCOTT POTTER

FACILITY

PARAMETER		QUA	ANTITY OR L	OADING		QUALITY OR CO	NCENTRATIC	N	NO.	FREQUENCY	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	
Rainfall duration	SAMPLE										T
	MEASUREMENT	15.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.		hr						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	3.06	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	0.094	0.397		*****	*****	*****	****			
50050 1 0	PERMIT	Req. Mon.	Req. Mon.	Mgal/d						Daily When	
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX		*****	*****	*****	****		Discharging	CONTIN
Rainfall events with no discharge	SAMPLE										
	MEASUREMENT	4.00	*****		*****	*****	*****	****			
51407 1 0	PERMIT	Req. Mon.		occur/mo						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Discharge event observation	SAMPLE			_							
	MEASUREMENT	5.00	*****		*****	*****	*****	****			
84165 1 0	PERMIT	Req. Mon.		Y=1;N=0						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD

AME/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		TELEPHONE	DATE
SCOTT A. POTTER	to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system,			
DIRECTOR	or those persons directly responsible for gathering the information, the information sumbitted is, to the best of my knowledge and belief, true, accurate, and complete.		615 862-4591	09/10/2009
TYPED OR PRINTED	I am aware that there are 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 CODE NUMBER	MM/DD/YYYY

CENTRAL WASTEWATER TREATMENT PLANT CSO - 024 - WASHINGTON DC

		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
DAIL	MOD	Outlan	ilicites	Hours	a Discharge	Neason for Bypassing
1					1	
2						
3						
4	0.284	1	0.47	4.00		Rain, Overflow Duration = 1.33 hours
5	0.477		0.29	2.00		Rain, Overflow Duration = 1.67 hours
6						
7						
8						
9						
10	0.705	1	1.77	2.00		Rain, Overflow Duration = 0.58 hours
11	0.977		0.01	1.00		Rain, Overflow Duration = 7.67 hours
12						
13						
14						
15						
16						
17						
18					1	
19	0.132	1	0.08	2.00		Rain, Overflow Duration = 0.83 hours
20	4.965	1	1.00	3.00		Rain, Overflow Duration = 11.83 hours
21	0.084		0.01	1.00		Rain, Overflow Duration = 8.67 hours
22						
23						
24						
25						
26						
27	4 404	4	0.00	2.00		Dain Overflow Duration 2.00 haves
28	4.464	1	0.66	3.00		Rain, Overflow Duration = 2.83 hours
29						
30 31						
ادا						
TOTAL	12.088	5	4.29	18.00	2	
AVG	1.511	1	0.54	2.25	1	
MAX	4.965	1	1.77	4.00	1	
MIN	0.084	1	0.01	1.00	1	
COUNT	8	5	8		2	
COUNT	0	၁	0	0		I

TN 372082206

REQUIREMENT

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

NASHVILLE-CENTRAL STP

1600 2ND AVENUE NORTH

NASHVILLE-CENTRAL STP

NASHVILLE

NAME

ADDRESS

FACILITY

Effluent Gross

51407 1 0

84165 1 0

Effluent Gross

Effluent Gross

Rainfall events with no discharge

Discharge event observation

NATIONAL POLLULTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

MONITORING PERIOD

08/01/2009 то

Form Approve	ed
OMB NO 2040-000)4

SAMPLE TYPE

CALCTD

CALCTD

CONTIN

CALCTD

CALCTD

DISCHARGE MONITORING REPORT (DMR)

MM/DD/YYYY

TN0020575
PERMIT NUMBER

FROM

MO AVG

2

Req. Mon.

MO TOTAL

5

Req. Mon.

MO TOTAL

DAILY MX

024G DISCHARGE NUMBER

MM/DD/YYYY

08/31/2009

MAJOR \$
(SUBR 04) EMH
WASHINGTON MI 190.4 CSO
External Outfall

DMR Mailing ZIP CODE: 372082206

NO DISCHARGE []

Discharging

Daily When

Discharging

Daily When

Discharging

LOCATION 1600 2ND AVENUE NORTH

NASHVILLE TN 372082206

PARAMETER		QUA	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS
Rainfall duration	SAMPLE									
	MEASUREMENT	18.00	*****		*****	*****	*****	****		
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	****	*****	***		Daily When Discharging
Rainfall	SAMPLE MEASUREMENT	4.29	*****		*****	****	****	***		
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	***		Daily When Discharging
Flow, in conduit	SAMPLE									
	MEASUREMENT	1.511	4.965		*****	*****	*****	****		
50050 1 0	PERMIT	Req. Mon.	Req. Mon.	Mgal/d						Daily When

occur/mo

Y=1;N=0

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		TELEPHONE	DATE
SCOTT A. POTTER DIRECTOR	to assure that qualified personnel property 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		615 862-4591	09/10/2009
	sumbitted 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,	SIGNATURE OF PRINCIPAL EXECUTIVE	AREA	
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	CODE NUMBER	MM/DD/YYYY

CENTRAL WASTEWATER TREATMENT PLANT CSO - 033 - SCHRADER LANE

_		-		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		
1					1	
2						
3	0.400		0.75	4.00		D : 0 # D # 0.751
4	0.463	1	0.75			Rain, Overflow Duration = 0.75 hours
5	0.030		0.30	2.00		Rain, Overflow Duration = 0.92 hours
<u>6</u> 7						
8						
9						
10	0.049	1	0.94	1.00		Rain, Overflow Duration = 0.33 hours
11	0.043		0.01	1.00		Italii, Overnow Buration = 0.00 nouis
12			0.01	1.00		
13						
14						
15					1	
16						
17						
18					1	
19					1	
20	1.041	1	0.84	2.00		Rain, Overflow Duration = 0.83 hours
21					1	
22						
23						
24						
25						
26						
27	0.005	4	0.00	2.00		Dain Overflow Dureties 0.50 haves
28	0.285	1	0.20	3.00		Rain, Overflow Duration = 0.58 hours
29 30						
31						
<u> </u>				<u> </u>		
TOTAL	1.868	4	3.04	13.00	5	
AVG	0.374	1	0.51	2.17	1	
MAX	1.041	1	0.94	4.00	1	
MIN	0.030	1	0.01	1.00	1	
COUNT	5	4	6			

NASHVILLE-CENTRAL STP

1600 2ND AVENUE NORTH

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

033 G

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 372082206

MAJOR \$ (SUBR 04) EMH

SCHRADER LN MI 184.7 CSO

External Outfall

NO DISCHARGE []

Form Approved

OMB NO. 2040-0004

NASHVILLE TN 372082206 NASHVILLE-CENTRAL STP LOCATION 1600 2ND AVENUE NORTH NASHVILLE TN 372082206

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 08/31/2009 FROM 08/01/2009 то

TN0020575

PERMIT NUMBER

ATTN: MR SCOTT POTTER

NAME

ADDRESS

FACILITY

PARAMETER		QU	ANTITY OR L	OADING		QUALITY OR CO	NCENTRATIO	N	NO.	FREQUENCY	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE										
	MEASUREMENT	13.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.		hr						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	3.04	*****		*****	*****	*****	***			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	0.374	1.041		*****	*****	*****	***			
50050 1 0	PERMIT	Req. Mon.	Req. Mon.	Mgal/d						Daily When	
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX		*****	*****	*****	****		Discharging	CONTIN
Rainfall events with no discharge	SAMPLE										
	MEASUREMENT	5	*****		*****	*****	*****	****			
51407 1 0	PERMIT	Req. Mon.		occur/mo						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Discharge event observation	SAMPLE										
	MEASUREMENT	4	*****		*****	*****	*****	****			
84165 1 0	PERMIT	Req. Mon.		Y=1;N=0						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD

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		TELEPHONE	DATE
SCOTT A. POTTER	to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system,			
DIRECTOR	or those persons directly responsible for gathering the information, the information sumbitted is, to the best of my knowledge and belief, true, accurate, and complete.		615 862-4591	09/10/2009
TYPED OR PRINTED	I am aware that there are 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 CODE NUMBER	MM/DD/YYYY
COMMENT AND EXPLANATION OF ANY VIO	DLATIONS (Reference all attachments here)		•	

CENTRAL WASTEWATER TREATMENT PLANT CSO - 035 - DRIFTWOOD

		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					1	
2					1	
3						
4					1	
5					1	
6						
7						
8						
9						
10					1	
11					1	
12						
13						
14						
15						NO DISCHARGE FOR THIS SITE FOR THIS MONTH
16						
17						
18					1	
19					1	
20					1	
21						
22						
23						
24						
25						
26						
27						
28					1	
29						
30						
31						
TOTAL	0.000	0	0.00	0.00	10	
AVG	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	1	
MAX	0.000	0			1	
MIN	0.000	0		0.00	1	
COUNT	0	0			10	
					. 0	

NASHVILLE-CENTRAL STP

1600 2ND AVENUE NORTH

NASHVILLE

NAME

ADDRESS

NATIONAL POLLULTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

08/01/2009 то

TN0020575
PERMIT NUMBER D

MM/DD/YYYY

035 G DISCHARGE NUMBER

MM/DD/YYYY

08/31/2009

DMR Mailing ZIP CODE: 372082206 MAJOR \$

(SUBR 04) DRIFTWOOD MI 192.0 CSO External Outfall

NO DISCHARGE [x]

Form Approved

OMB NO. 2040-0004

 FACILITY
 NASHVILLE-CENTRAL STP

 LOCATION
 1600 2ND AVENUE NORTH

 NASHVILLE
 TN 372082206

NASHVILLE TN 372082206 FROM ATTN: MR. SCOTT POTTER

TN 372082206

QUANTITY OR LOADING QUALITY OR CONCENTRATION PARAMETER SAMPLE NO. FREQUENCY EX OF ANALYSIS **TYPE** VALUE VALUE **UNITS VALUE VALUE VALUE UNITS** Rainfall duration SAMPLE ***** ***** ***** ***** **** 0.00 MEASUREMENT 00135 1 0 PERMIT Reg. Mon. hr Daily When MO TOTAL ***** ***** ***** ***** **** Discharging CALCTD Effluent Gross REQUIREMENT Rainfall SAMPLE ***** ***** 0.00 ***** ***** **** MEASUREMENT 46529 1 0 PERMIT Req. Mon. in Daily When MO TOTAL ***** Effluent Gross CALCTD REQUIREMENT Discharging Flow, in conduit SAMPLE #DIV/0! 0.000 MEASUREMENT 50050 1 0 Reg. Mon. Req. Mon. Mgal/d Daily When PERMIT MO AVG DAILY MX ***** ***** ***** **** **Effluent Gross** REQUIREMENT Discharging CONTIN Rainfall events with no discharge SAMPLE ***** ***** ***** ***** **** 10 MEASUREMENT 51407 1 0 PERMIT Req. Mon. occur/mo Daily When ***** ***** ***** ***** **** MO TOTAL CALCTD **Effluent Gross** REQUIREMENT Discharging Discharge event observation SAMPLE 0 ***** ***** ***** ***** **** MEASUREMENT 84165 1 0 PERMIT Req. Mon. Y=1;N=0 Daily When ***** ***** ***** ***** **** Effluent Gross MO TOTAL Discharging CALCTD REQUIREMENT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were		TEL EDITONIE	5.475
ĺ	prepared under my direction or supervision in accordance with a system designed		TELEPHONE	DATE
SCOTT A. POTTER	to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system,			
DIRECTOR	or those persons directly responsible for gathering the information, the information sumbitted is, to the best of my knowledge and belief, true, accurate, and complete.		615 862-4591	09/10/2009
	I am aware that there are significant penalties for submitting false information,	SIGNATURE OF PRINCIPAL EXECUTIVE	AREA	
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	CODE NUMBER	MM/DD/YYYY
COMMENT AND EXPLANATION OF ANY VI	OLATIONS (Reference all attachments here)			

CENTRAL WASTEWATER TREATMENT PLANT CSO - 047 - BOSCOBEL

DATE 1	Effluent Flow MGD	Discharges from Outfall	causing a Discharge Inches	causing a Discharge	Rain Events Not causing	
					NOL Causing	
				Hours	a Discharge	Reason for Bypassing
1						7. 0
					1	
2						
3						
4					1	
5					1	
6						
7						
8						
9						
10	0.103	1	1.77	2.00		Rain, Overflow Duration = 0.42 hours
11			0.01	1.00		
12						
13						
14						
15						
16						
17						
18					1	
19	0.004	4	4.00	0.00	1	
20	0.031	1	1.00	3.00		Rain, Overflow Duration = 0.17 hours
21					1	
22						
23						
25						
26						
27						
28	0.118	1	0.66	3.00		Rain, Overflow Duration = 1.17 hours
29	0.110	'	0.00	3.00		Italii, Overnow Bulation = 1.17 flours
30						
31						
<u> </u>						
TOTAL	0.252	3	3.44	9.00	6	
AVG	0.084	1	0.86	2.25	1	
MAX	0.118	1	1.77	3.00	1	
MIN	0.031	1	0.01	1.00	1	
COUNT	3	3	4		6	

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

Form Approved OMB NO. 2040-0004

NAME NASHVILLE-CENTRAL STP
ADDRESS 1600 2ND AVENUE NORTH

NASHVILLE TN 372082206

FACILITY NASHVILLE-CENTRAL STP
LOCATION 1600 2ND AVENUE NORTH

NASHVILLE TN 372082206

TN0020575
PERMIT NUMBER

047 G DISCHARGE NUMBER

	MONITORING) PE	RIOD
	MM/DD/YYYY		MM/DD/YYYY
FROM	08/01/2009	то	08/31/2009

DMR Mailing ZIP CODE: 372082206

MAJOR \$ (SUBR 04)

BOSCOBEL MI 192.6 CSO

External Outfall

NO DISCHARGE []

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE										
	MEASUREMENT	9.00	*****		*****	*****	*****	****			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	***		Daily When Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	3.44	*****		*****	*****	*****	****			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	***		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	0.084	0.118		*****	*****	*****	****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	****	*****	****		Daily When Discharging	CONTIN
Rainfall events with no discharge	SAMPLE MEASUREMENT	6	*****		*****	*****	*****	***			
51407 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	****	*****	*****	***		Daily When Discharging	CALCTD
Discharge event observation	SAMPLE										
	MEASUREMENT	3	*****		*****	*****	*****	****			
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	Y=1;N=0	*****	*****	*****	***		Daily When Discharging	CALCTD

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		TELEPHONE	DATE
SCOTT A. POTTER	to assure that qualified personnel property gather and evaluate the information			
	submitted. Based on my inquiry of the person or persons who manage the system,			
DIRECTOR	or those persons directly responsible for gathering the information, the information		615 862-4591	09/10/2009
	sumbitted 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,	SIGNATURE OF PRINCIPAL EXECUTIVE	AREA	
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	CODE NUMBER	MM/DD/YYYY
COMMENT AND EXPLANATION OF ANY VIC	DLATIONS (Reference all attachments here)			