

May 2010

**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	4.364	1	5.48	17.00		Rain, Overflow Duration = 5.17 hours
2	32.729		7.27	14.00		Rain, Overflow Duration = 17.75 hours
3			0.02	2.00		
4						
5						
6						
7						
8						
9						
10					1	
11					1	
12						
13					1	
14	0.252	1	0.84	5.00		Intense Rain, Overflow Duration = 0.17 hours
15			0.06	3.00		
16					1	
17					1	
18						
19						
20					1	
21					1	
22					1	
23						
24						
25						
26						
27						
28					1	
29					1	
30					1	
31						
TOTAL	37.345	2	13.67	41.00	11	
AVG	12.448	1	2.73	8.20	1	
MAX	32.729	1	7.27	17.00	1	
MIN	0.252	1	0.02	2.00	1	
COUNT	3	2	5	5	11	

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

TN0020575	018 G
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 372082206

MAJOR \$
 (SUBR 04)
 VAN BUREN AT MI 189.5 CSO
 External Outfall

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

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 05/01/2010	TO 05/31/2010

NO DISCHARGE []

ATTN: MR. SCOTT POTTER

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Rainfall duration	SAMPLE MEASUREMENT	41.00	*****		*****	*****	*****	****			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	****		Daily When Discharging	CALCTD
Rainfall	SAMPLE MEASUREMENT	13.67	*****		*****	*****	*****	****			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	****		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE MEASUREMENT	12.448	32.729		*****	*****	*****	****			
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	11.00			*****	*****	*****	****			
51407 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL		occur/mo	*****	*****	*****	****		Daily When Discharging	CALCTD
Discharge event observation	SAMPLE MEASUREMENT	2.00	*****		*****	*****	*****	****			
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	Y=1;N=0	*****	*****	*****	****		Daily When Discharging	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER SCOTT A. POTTER DIRECTOR	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 615 862-4591	DATE
			06/10/2010
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	MM/DD/YYYY
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			

May 2010

**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	237.585	1	6.72	17.00		Rain, Overflow Duration = 17.18 hours
2	307.310		7.61	14.00		Rain, Overflow Duration = 24 hours
3	2.874		0.01	1.00		Rain, Overflow Duration = 24 hours
4	37.486					High River Hold, Overflow Duration = 24 hours
5	12.413					High River Hold, Overflow Duration = 24 hours
6	15.419					High River Hold, Overflow Duration = 24 hours
7	0.246					High River Hold, Overflow Duration = 3.07 hours
8						
9						
10					1	
11						
12						
13					1	
14					1	
15					1	
16					1	
17					1	
18					1	
19						
20					1	
21					1	
22					1	
23						
24						
25						
26						
27						
28					1	
29					1	
30					1	
31						
TOTAL	613.333	1	14.34	32.00	13	
AVG	87.619	1	4.78	10.67	1	
MAX	307.310	1	7.61	17.00	1	
MIN	0.246	1	0.01	1.00	1	
COUNT	7	1	3	3	13	

DISCHARGE MONITORING REPORT (DMR)

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

TN0020575	019 G
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 372082206
 MAJOR \$
 (SUBR 04) EJM
 KERRIGAN AT MI 190.4 CSO
 External Outfall

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

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 05/01/2010	TO 05/31/2010

NO DISCHARGE []

ATTN: MR. SCOTT POTTER

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Rainfall duration	SAMPLE MEASUREMENT	32.00	*****		*****	*****	*****	****			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	****		Daily When Discharging	CALCTD
Rainfall	SAMPLE MEASUREMENT	14.34	*****		*****	*****	*****	****			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	****		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE MEASUREMENT	87.619	307.310		*****	*****	*****	****			
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	13.00	*****		*****	*****	*****	****			
51407 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	*****	*****	*****	****		Daily When Discharging	CALCTD
Discharge event observation	SAMPLE MEASUREMENT	1.00	*****		*****	*****	*****	****			
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 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	06/10/2010
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			

May 2010

**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	1.917	1	6.72	17.00		Rain, Overflow Duration = 1.75 hours
2			7.61	14.00		
3			0.01	1.00		
4						
5						
6						
7						
8						
9						
10					1	
11						
12						
13					1	
14					1	
15					1	
16					1	
17					1	
18					1	
19						
20					1	
21					1	
22					1	
23						
24						
25						
26						
27						
28					1	
29						
30					1	
31						
TOTAL	1.917	1	14.34	32.00	12	
AVG	1.917	1	4.78	10.67	1	
MAX	1.917	1	7.61	17.00	1	
MIN	1.917	1	0.01	1.00	1	
COUNT	1	1	3	3	12	

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved

OMB NO. 2040-0004

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

TN0020575
 PERMIT NUMBER

020 G
 DISCHARGE NUMBER

DMR Mailing ZIP CODE: 372082206

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

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

MONITORING PERIOD
 FROM 05/01/2010 TO 05/31/2010

NO DISCHARGE [x]

ATTN: MR. SCOTT POTTER

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Rainfall duration	SAMPLE MEASUREMENT	32.00	*****		*****	*****	*****	****			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	****		Daily When Discharging	CALCTD
Rainfall	SAMPLE MEASUREMENT	14.34	*****		*****	*****	*****	****			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	****		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE MEASUREMENT	1.917	1.917		*****	*****	*****	****			
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	12.00	*****		*****	*****	*****	****			
51407 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	*****	*****	*****	****		Daily When Discharging	CALCTD
Discharge event observation	SAMPLE MEASUREMENT	1.00	*****		*****	*****	*****	****			
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	Y=1;N=0	*****	*****	*****	****		Daily When Discharging	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER SCOTT A. POTTER DIRECTOR	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
		615 862-4591	06/10/2010
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER MM/DD/YYYY
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			

May 2010

**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	23.131	1	5.48	17.00		Rain, Overflow Duration = 15.17 hours
2	18.360		7.27	14.00		Rain, Overflow Duration = 12.00 hours
3			0.02	2.00		
4						
5						
6						
7						
8						
9						
10					1	
11					1	
12						
13	0.135	1	0.10	1.00		Rain, Overflow Duration = 0.25 hours
14	0.001	1	0.84	5.00		Rain, Overflow Duration = 0.58 hours
15	0.001		0.06	3.00		Rain, Overflow Duration = 0.33 hours
16	0.876	1	0.75	10.00		Rain, Overflow Duration = 4.25 hours
17	0.025	1	0.10	1.00		Rain, Overflow Duration = 0.25 hours
18						
19						
20	0.004	1	0.64	5.00		Rain, Overflow Duration = 0.17 hours
21			0.14	2.00		
22					1	
23						
24						
25						
26						
27						
28	0.001	1	0.39	3.00		Rain, Overflow Duration = 0.25 hours
29			0.01	1.00		
30	0.006	1	0.33	4.00		Rain, Overflow Duration = 0.58 hours
31						
TOTAL	42.540	8	16.13	68.00	3	
AVG	4.254	1	1.24	5.23	1	
MAX	23.131	1	7.27	17.00	1	
MIN	0.001	1	0.01	1.00	1	
COUNT	10	8	13	13	3	

DISCHARGE MONITORING REPORT (DMR)

DMR Mailing ZIP CODE: 372082206

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

TN0020575
 PERMIT NUMBER

023 G
 DISCHARGE NUMBER

MAJOR \$
 (SUBR 04)
 BENEDICT & CRUTCHER 191.6 CSO
 External Outfall

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

MONITORING PERIOD

FROM 05/01/2010 TO 05/31/2010

NO DISCHARGE []

ATTN: MR. SCOTT POTTER

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Rainfall duration 00135 1 0 Effluent Gross	SAMPLE MEASUREMENT	68.00	*****		*****	*****	*****	****			
	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	****		Daily When Discharging	CALCTD
Rainfall 46529 1 0 Effluent Gross	SAMPLE MEASUREMENT	16.13	*****		*****	*****	*****	****			
	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	****		Daily When Discharging	CALCTD
Flow, in conduit 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	4.254	23.131		*****	*****	*****	****			
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	****		Daily When Discharging	CONTIN
Rainfall events with no discharge 51407 1 0 Effluent Gross	SAMPLE MEASUREMENT	3.00	*****		*****	*****	*****	****			
	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	*****	*****	*****	****		Daily When Discharging	CALCTD
Discharge event observation 84165 1 0 Effluent Gross	SAMPLE MEASUREMENT	8.00	*****		*****	*****	*****	****			
	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	Y=1;N=0	*****	*****	*****	****		Daily When Discharging	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER SCOTT A. POTTER DIRECTOR	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
		615 862-4591	06/10/2010
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			MM/DD/YYYY

May 2010

**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	134.695	1	5.48	17.00		Rain, Overflow Duration = 16.67 hours
2	122.937		7.27	14.00		Rain, Overflow Duration = 12.33 hours
3	3.544		0.02	2.00		Rain, Overflow Duration = 1.00 hours
4						
5	8.830					High River Hold, Overflow Duration = 1.67 hours
6	20.342					High River Hold, Overflow Duration = 3.50 hours
7						
8	0.103					High River Hold, Overflow Duration = 0.42 hours
9	0.057					High River Hold, Overflow Duration = 0.17 hours
10	3.719	1	0.12	5.00		Rain, Overflow Duration = 6.08 hours
11	0.539					Rain, Overflow Duration = 1.00 hour
12	4.821					High River/Bar Rack Clog, Overflow Duration=11.67 hours
13	2.228	1	0.04	1.00		High River Hold / Rain, Overflow Duration = 5.17 hours
14	1.579	1	0.80	5.00		Rain, Overflow Duration = 1.83 hours
15	0.047		0.04	2.00		Rain, Overflow Duration = 0.33 hours
16	21.891	1	1.12	12.00		Rain, Overflow Duration = 8.17 hours
17	0.504		0.02	1.00		Rain, Overflow Duration = 0.75 hours
18						
19						
20	8.544	1	0.55	5.00		Rain, Overflow Duration = 11.00 hours
21	4.910		0.24	2.00		Rain, Overflow Duration = 15.17 hours
22	0.598		0.01	1.00		Rain, Overflow Duration = 0.92 hours
23						
24						
25						
26					1	
27						
28	0.063	1	0.11	2.00		Rain, Overflow Duration = 1.00 hour
29						
30	2.159	1	0.14	4.00		Rain, Overflow Duration = 9.58 hours
31	2.050		0.02	1.00		Rain, Overflow Duration = 24 hours
TOTAL	344.160	8	15.98	74.00	1	
AVG	16.389	1	1.07	4.93	1	
MAX	134.695	1	7.27	17.00	1	
MIN	0.047	1	0.01	1.00	1	
COUNT	21	8	15	15	1	

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved

OMB NO. 2040-0004

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

TN0020575
 PERMIT NUMBER

024G
 DISCHARGE NUMBER

DMR Mailing ZIP CODE: 372082206

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

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

MONITORING PERIOD
 FROM 05/01/2010 TO 05/31/2010

NO DISCHARGE []

ATTN: MR. SCOTT POTTER

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Rainfall duration	SAMPLE MEASUREMENT	74.00	*****		*****	*****	*****	****			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	****		Daily When Discharging	CALCTD
Rainfall	SAMPLE MEASUREMENT	15.98	*****		*****	*****	*****	****			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	****		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE MEASUREMENT	16.389	134.695		*****	*****	*****	****			
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	1	*****		*****	*****	*****	****			
51407 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	*****	*****	*****	****		Daily When Discharging	CALCTD
Discharge event observation	SAMPLE MEASUREMENT	8	*****		*****	*****	*****	****			
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 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	06/10/2010
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			

May 2010

**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	44.346	1	5.74	17.00		Rain, Overflow Duration = 17.25 hours
2	47.800		7.35	13.00		Rain, Overflow Duration = 6.58 hours
3			0.01	1.00		
4						
5						
6						
7						
8						
9						
10					1	
11						
12						
13						
14	1.996	1	0.73	5.00		Rain, Overflow Duration = 2.58 hours
15			0.03	2.00		
16	0.228	1	0.83	10.00		Rain, Overflow Duration = 3.25 hours
17	0.095		0.07	2.00		Rain, Overflow Duration = 0.42 hours
18						
19						
20	0.769	1	0.59	6.00		Rain, Overflow Duration = 3.33 hours
21			0.19	2.00		
22	0.019	1	0.01	1.00		Rain, Overflow Duration = 0.33 hours
23						
24						
25						
26						
27						
28	0.244	1	0.31	3.00		Rain, Overflow Duration = 0.50 hours
29						
30	0.912	1	0.82	5.00		Rain, Overflow Duration = 0.50 hours
31			0.01	1.00		
TOTAL	96.409	7	16.69	68.00	1	
AVG	10.712	1	1.28	5.23	1	
MAX	47.800	1	7.35	17.00	1	
MIN	0.019	1	0.01	1.00	1	
COUNT	9	7	13	13	1	

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

TN0020575	033 G
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 372082206
 MAJOR \$
 (SUBR 04) EMH
 SCHRADER LN MI 184.7 CSO
 External Outfall

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

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 05/01/2010	TO 05/31/2010

NO DISCHARGE []

ATTN: MR. SCOTT POTTER

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Rainfall duration	SAMPLE MEASUREMENT	68.00	*****		*****	*****	*****	****			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	****		Daily When Discharging	CALCTD
Rainfall	SAMPLE MEASUREMENT	16.69	*****		*****	*****	*****	****			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	****		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE MEASUREMENT	10.712	47.800		*****	*****	*****	****			
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	1	*****		*****	*****	*****	****			
51407 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	*****	*****	*****	****		Daily When Discharging	CALCTD
Discharge event observation	SAMPLE MEASUREMENT	7	*****		*****	*****	*****	****			
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 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	06/10/2010
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			

May 2010

**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	6.72	17.00		Basin started overflowing at 5:31 PM
2			7.61	14.00		River overtopped basin, No data available
3			0.01	1.00		
4						
5						
6						
7						
8						
9						
10					1	
11						
12						
13					1	
14					1	
15					1	
16					1	
17					1	
18					1	
19						
20					1	
21					1	
22					1	
23						
24						
25						
26						
27						
28					1	
29					1	
30					1	
31						

TOTAL	0.000	1	14.34	32.00	13	
AVG	#DIV/0!	1	4.78	10.67	1	
MAX	0.000	1	7.61	17.00	1	
MIN	0.000	1	0.01	1.00	1	
COUNT	0	1	3	3	13	

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved

OMB NO. 2040-0004

DISCHARGE MONITORING REPORT (DMR)

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

TN0020575
 PERMIT NUMBER

035 G
 DISCHARGE NUMBER

DMR Mailing ZIP CODE: 372082206

MAJOR \$
 (SUBR 04)
 DRIFTWOOD MI 192.0 CSO
 External Outfall

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

MONITORING PERIOD
 FROM 05/01/2010 TO 05/31/2010

NO DISCHARGE [x]

ATTN: MR. SCOTT POTTER

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Rainfall duration	SAMPLE MEASUREMENT	32.00	*****		*****	*****	*****	****			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	****		Daily When Discharging	CALCTD
Rainfall	SAMPLE MEASUREMENT	14.34	*****		*****	*****	*****	****			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	****		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE MEASUREMENT	#DIV/0!	0.000		*****	*****	*****	****			
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	13	*****		*****	*****	*****	****			
51407 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	*****	*****	*****	****		Daily When Discharging	CALCTD
Discharge event observation	SAMPLE MEASUREMENT	1	*****		*****	*****	*****	****			
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 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	06/10/2010
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	MM/DD/YYYY
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			

May 2010

**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	1.506	1	5.48	17.00		Rain, Overflow Duration = 12.25 hours
2	0.212		7.27	14.00		Rain, Overflow Duration = 6.58 hours
3	0.319		0.02	2.00		Rain, Overflow Duration = 12.92 hours
4						
5						
6						
7						
8						
9						
10					1	
11						
12						
13					1	
14					1	
15					1	
16	0.064	1	1.12	12.00		Rain, Overflow Duration = 0.67 hours
17	0.002		0.02	1.00		Rain, Overflow Duration = 0.08 hours
18						
19						
20	0.015	1	0.55	5.00		Rain, Overflow Duration = 0.25 hours
21	0.008		0.24	2.00		Rain, Overflow Duration = 0.17 hours
22			0.01	1.00		
23						
24						
25						
26					1	
27						
28					1	
29						
30					1	
31					1	
TOTAL	2.126	3	14.71	54.00	8	
AVG	0.304	1	1.84	6.75	1	
MAX	1.506	1	7.27	17.00	1	
MIN	0.002	1	0.01	1.00	1	
COUNT	7	3	8	8	8	

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved
OMB NO. 2040-0004

DISCHARGE MONITORING REPORT (DMR)

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

TN0020575
PERMIT NUMBER

047 G
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 372082206

MAJOR \$
(SUBR 04)
BOSCOBEL MI 192.6 CSO
External Outfall

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

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
FROM 05/01/2010 TO 05/31/2010

NO DISCHARGE []

ATTN: MR. SCOTT POTTER

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Rainfall duration	SAMPLE MEASUREMENT	54.00	*****		*****	*****	*****	****			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	****		Daily When Discharging	CALCTD
Rainfall	SAMPLE MEASUREMENT	14.71	*****		*****	*****	*****	****			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	****		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE MEASUREMENT	0.304	1.506		*****	*****	*****	****			
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	8	*****		*****	*****	*****	****			
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

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SCOTT A. POTTER DIRECTOR		615 862-4591	06/10/2010
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			