

Mar 2011

**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	0.020	1	1.31	15.00		Rain, Overflow Duration = 0.25 hours
6						
7						
8					1	
9					1	
10					1	
11						
12						
13					1	
14					1	
15						
16						
17						
18						
19						
20						
21						
22						
23					1	
24						
25					1	
26					1	
27						
28					1	
29					1	
30					1	
31						

TOTAL	0.020	1	1.31	15.00	11
AVG	0.020	1	1.31	15.00	1
MAX	0.020	1	1.31	15.00	1
MIN	0.020	1	1.31	15.00	1
COUNT	1	1	1	1	11

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

OMB

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

TN0020575  
 PERMIT NUMBER

018 G  
 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  
 ATTN: MR. SCOTT POTTER

MONITORING PERIOD  
 FROM 03/01/2011 TO 03/31/2011

NO DISCHARGE

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Rainfall duration	SAMPLE MEASUREMENT	15.00	*****		*****	*****	*****	****		
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	****		Daily When Discharging
Rainfall	SAMPLE MEASUREMENT	1.31	*****		*****	*****	*****	****		
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	****		Daily When Discharging
Flow, in conduit	SAMPLE MEASUREMENT	0.020	0.020		*****	*****	*****	****		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	****		Daily When Discharging
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
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

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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
SCOTT A. POTTER DIRECTOR			615 862-4591	04/10/2011
TYPED OR PRINTED			AREA CODE NUMBER	MM/DD/YYYY
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)				

3E [ ]

<b>SAMPLE TYPE</b>
CALCTD
CALCTD
CONTIN
CALCTD
CALCTD

Mar 2011

**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	0.400					2.14" rain on 2-28, Overflow Duration = 4.57 hours
2						
3						
4			0.02	2.00		
5	18.218	1	1.18	17.00		Rain, Overflow Duration = 11.18 hours
6						
7						
8			0.25	7.00		
9	0.350	1	0.38	5.00		Rain, Overflow Duration = 2.63 hours
10					1	
11						
12						
13			0.17	6.00		
14	0.326	1	0.31	5.00		Rain, Overflow Duration = 2.65 hours
15					1	
16						
17						
18						
19						
20						
21						
22						
23	0.345	1	0.51	2.00		Rain, Overflow Duration = 0.25 hours
24						
25					1	
26					1	
27					1	
28					1	
29			0.15	3.00		
30	23.915	1	0.93	9.00		Rain, Overflow Duration = 4.30 hours
31						

TOTAL	43.554	5	3.90	56.00	6
AVG	7.259	1	0.43	6.22	1
MAX	23.915	1	1.18	17.00	1
MIN	0.326	1	0.02	2.00	1
COUNT	6	5	9	9	6

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

OMB

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

TN0020575  
 PERMIT NUMBER

019 G  
 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  
 ATTN: MR. SCOTT POTTER

MONITORING PERIOD  
 FROM 03/01/2011 TO 03/31/2011

NO DISCHARGE

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Rainfall duration	SAMPLE MEASUREMENT	56.00	*****		*****	*****	*****	****		
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	****		Daily When Discharging
Rainfall	SAMPLE MEASUREMENT	3.90	*****		*****	*****	*****	****		
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	****		Daily When Discharging
Flow, in conduit	SAMPLE MEASUREMENT	7.259	23.915		*****	*****	*****	****		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	****		Daily When Discharging
Rainfall events with no discharge	SAMPLE MEASUREMENT	6.00	*****		*****	*****	*****	****		
51407 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	*****	*****	*****	****		Daily When Discharging
Discharge event observation	SAMPLE MEASUREMENT	5.00	*****		*****	*****	*****	****		
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	Y=1;N=0	*****	*****	*****	****		Daily When Discharging

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	04/10/2011
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			

SE [ ]

<b>SAMPLE TYPE</b>
CALCTD
CALCTD
CONTIN
CALCTD
CALCTD

Mar 2011

**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			0.02	2.00		
5	0.009	1	1.18	17.00		Rain, Overflow Duration = 0.08 hours
6						
7						
8					1	
9					1	
10					1	
11						
12						
13					1	
14					1	
15					1	
16						
17						
18						
19						
20						
21						
22						
23					1	
24						
25					1	
26					1	
27					1	
28					1	
29					1	
30					1	
31						

TOTAL	0.009	1	1.20	19.00	13	
AVG	0.009	1	0.60	9.50	1	
MAX	0.009	1	1.18	17.00	1	
MIN	0.009	1	0.02	2.00	1	
COUNT	1	1	2	2	13	

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

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

OMB

NAME NASHVILLE-CENTRAL STP  
 ADDRESS 1600 2ND AVENUE NORTH  
 NASHVILLE TN 372082206  
 FACILITY NASHVILLE-CENTRAL STP  
 LOCATION 1600 2ND AVENUE NORTH  
 NASHVILLE TN 372082206  
 ATTN: MR. SCOTT POTTER

TN0020575	020 G
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 372082206  
 MAJOR \$  
 (SUBR 04)  
 1ST & BROADWAY MI 191.0 CSO  
 External Outfall

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 03/01/2011	TO 03/31/2011

NO DISCHARGE

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Rainfall duration	SAMPLE MEASUREMENT	19.00	*****		*****	*****	*****	****		
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	****		Daily When Discharging
Rainfall	SAMPLE MEASUREMENT	1.20	*****		*****	*****	*****	****		
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	****		Daily When Discharging
Flow, in conduit	SAMPLE MEASUREMENT	0.009	0.009		*****	*****	*****	****		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	****		Daily When Discharging
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
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

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	04/10/2011
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)			



3E [ x ]

<b>SAMPLE TYPE</b>
CALCTD
CALCTD
CONTIN
CALCTD
CALCTD

Mar 2011

**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	0.589	1	1.31	15.00		Rain, Overflow Duration = 4.33 hours
6						
7						
8	0.104	1	0.29	7.00		Rain, Overflow Duration = 0.75 hours
9	0.138		0.35	6.00		Rain, Overflow Duration = 1.00 hours
10					1	
11						
12						
13	0.006	1	0.26	6.00		Rain, Overflow Duration = 0.50 hours
14	0.004		0.30	5.00		Rain, Overflow Duration = 0.83 hours
15						
16						
17						
18						
19						
20						
21						
22						
23	0.111	1	0.31	2.00		Rain, Overflow Duration = 0.58 hours
24						
25					1	
26	0.004	1	0.24	4.00		Rain, Overflow Duration = 2.25 hours
27						
28					1	
29			0.08	3.00		
30	0.544	1	0.73	10.00		Rain, Overflow Duration = 3.92 hours
31						

TOTAL	1.500	6	3.87	58.00	3
AVG	0.188	1	0.43	6.44	1
MAX	0.589	1	1.31	15.00	1
MIN	0.004	1	0.08	2.00	1
COUNT	8	6	9	9	3

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

OMB

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

TN0020575  
 PERMIT NUMBER

023 G  
 DISCHARGE NUMBER

DMR Mailing ZIP CODE: 372082206  
 MAJOR \$  
 (SUBR 04)  
 BENEDICT & CRUTCHER 191.6 CSO  
 External Outfall

FACILITY NASHVILLE-CENTRAL STP  
 LOCATION 1600 2ND AVENUE NORTH  
 NASHVILLE TN 372082206  
 ATTN: MR. SCOTT POTTER

MONITORING PERIOD  
 FROM 03/01/2011 TO 03/31/2011

NO DISCHARG

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Rainfall duration	SAMPLE MEASUREMENT	58.00	*****		*****	*****	*****	****		
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	****		Daily When Discharging
Rainfall	SAMPLE MEASUREMENT	3.87	*****		*****	*****	*****	****		
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	****		Daily When Discharging
Flow, in conduit	SAMPLE MEASUREMENT	0.188	0.589		*****	*****	*****	****		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	****		Daily When Discharging
Rainfall events with no discharge	SAMPLE MEASUREMENT	3.00	*****		*****	*****	*****	****		
51407 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	*****	*****	*****	****		Daily When Discharging
Discharge event observation	SAMPLE MEASUREMENT	6.00	*****		*****	*****	*****	****		
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	Y=1;N=0	*****	*****	*****	****		Daily When Discharging

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	04/10/2011
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)			

iE [ ]

<b>SAMPLE TYPE</b>
CALCTD
CALCTD
CONTIN
CALCTD
CALCTD

Mar 2011

**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	45.572					Previous 2.47" rain, Overflow Duration = 24 hours
2	41.231					Previous 2.47" rain, Overflow Duration = 24 hours
3						
4			0.01	1.00		
5	15.796	1	1.36	16.00		Rain, Overflow Duration = 14.83 hours
6	6.434					Previous Rain, Overflow Duration = 24 hours
7	3.304					Previous Rain, Overflow Duration = 15.50 hours
8	18.103	1	0.34	7.00		Rain, Overflow Duration = 8.17 hours
9	15.172		0.47	8.00		Rain, Overflow Duration = 8.75 hours
10					1	
11						
12						
13	6.798	1	0.28	7.00		Rain, Overflow Duration = 6.00 hours
14	17.948		0.33	5.00		Rain, Overflow Duration = 14.00 hours
15					1	
16						
17						
18						
19						
20						
21						
22						
23	1.174	1	0.36	2.00		Rain, Overflow Duration = 0.33 hours
24						
25					1	
26	0.697	1	0.28	6.00		Rain, Overflow Duration = 2.08 hours
27						
28					1	
29			0.09	3.00		
30	8.524	1	0.65	9.00		Rain, Overflow Duration = 13.58 hours
31					1	

TOTAL	180.753	6	4.17	64.00	5
AVG	15.063	1	0.42	6.40	1
MAX	45.572	1	1.36	16.00	1
MIN	0.697	1	0.01	1.00	1
COUNT	12	6	10	10	5

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

OMB

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  
 ATTN: MR. SCOTT POTTER

MONITORING PERIOD

MM/DD/YYYY TO MM/DD/YYYY  
 FROM 03/01/2011 TO 03/31/2011

NO DISCHARG

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Rainfall duration	SAMPLE MEASUREMENT	64.00	*****		*****	*****	*****	****		
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	****		Daily When Discharging
Rainfall	SAMPLE MEASUREMENT	4.17	*****		*****	*****	*****	****		
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	****		Daily When Discharging
Flow, in conduit	SAMPLE MEASUREMENT	15.063	45.572		*****	*****	*****	****		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	****		Daily When Discharging
Rainfall events with no discharge	SAMPLE MEASUREMENT	5	*****		*****	*****	*****	****		
51407 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	*****	*****	*****	****		Daily When Discharging
Discharge event observation	SAMPLE MEASUREMENT	6	*****		*****	*****	*****	****		
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	Y=1;N=0	*****	*****	*****	****		Daily When Discharging

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	04/10/2011
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)			

iE [ ]

<b>SAMPLE TYPE</b>
CALCTD
CALCTD
CONTIN
CALCTD
CALCTD

Mar 2011

**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			0.02	2.00		
5	0.873	1	1.36	15.00		Rain, Overflow Duration = 2.67 hours
6						
7						
8	0.020	1	0.31	7.00		Rain, Overflow Duration = 1.58 hours
9	0.027		0.40	6.00		Rain, Overflow Duration = 1.08 hours
10					1	
11						
12						
13	0.004	1	0.31	8.00		Rain, Overflow Duration = 0.08 hours
14	0.034		0.26	5.00		Rain, Overflow Duration = 0.42 hours
15					1	
16						
17						
18						
19						
20						
21						
22						
23	0.1	1	0.35	3.00		Rain, Overflow Duration = 0.42 hours
24						
25					1	
26					1	
27					1	
28					1	
29			0.07	3.00		
30	0.3	1	0.72	9.00		Rain, Overflow Duration = 1.20 hours
31						
TOTAL	1.358	5	3.80	58.00	6	
AVG	0.194	1	0.42	6.44	1	
MAX	0.873	1	1.36	15.00	1	
MIN	0.004	1	0.02	2.00	1	
COUNT	7	5	9	9	6	



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

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

OMB

NAME NASHVILLE-CENTRAL STP  
 ADDRESS 1600 2ND AVENUE NORTH  
 NASHVILLE TN 372082206  
 FACILITY NASHVILLE-CENTRAL STP  
 LOCATION 1600 2ND AVENUE NORTH  
 NASHVILLE TN 372082206  
 ATTN: MR. SCOTT POTTER

TN0020575	033 G
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 03/01/2011	TO 03/31/2011

NO DISCHARGE

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Rainfall duration	SAMPLE MEASUREMENT	58.00	*****		*****	*****	*****	****		
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	****		Daily When Discharging
Rainfall	SAMPLE MEASUREMENT	3.80	*****		*****	*****	*****	****		
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	****		Daily When Discharging
Flow, in conduit	SAMPLE MEASUREMENT	0.194	0.873		*****	*****	*****	****		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	****		Daily When Discharging
Rainfall events with no discharge	SAMPLE MEASUREMENT	6	*****		*****	*****	*****	****		
51407 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	*****	*****	*****	****		Daily When Discharging
Discharge event observation	SAMPLE MEASUREMENT	5	*****		*****	*****	*****	****		
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	Y=1;N=0	*****	*****	*****	****		Daily When Discharging

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	04/10/2011
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)			

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<b>SAMPLE TYPE</b>
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Mar 2011

**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					1	
5					1	
6						
7						
8					1	
9					1	
10					1	
11						
12						
13					1	
14					1	
15					1	<b>NO DISCHARGE FOR THIS SITE FOR THIS MONTH</b>
16						
17						
18						
19						
20						
21						
22						
23					1	
24						
25					1	
26					1	
27					1	
28					1	
29					1	
30					1	
31						

TOTAL	0.000	0	0.00	0.00	15
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	15

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

OMB

NAME NASHVILLE-CENTRAL STP  
 ADDRESS 1600 2ND AVENUE NORTH  
 NASHVILLE TN 372082206  
 FACILITY NASHVILLE-CENTRAL STP  
 LOCATION 1600 2ND AVENUE NORTH  
 NASHVILLE TN 372082206  
 ATTN: MR. SCOTT POTTER

TN0020575	035 G
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 372082206  
 MAJOR \$  
 (SUBR 04)  
 DRIFTWOOD MI 192.0 CSO  
 External Outfall

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 03/01/2011	TO 03/31/2011

NO DISCHARGE

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Rainfall duration	SAMPLE MEASUREMENT	0.00	*****		*****	*****	*****	****		
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	****		Daily When Discharging
Rainfall	SAMPLE MEASUREMENT	0.00	*****		*****	*****	*****	****		
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	****		Daily When Discharging
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
Rainfall events with no discharge	SAMPLE MEASUREMENT	15	*****		*****	*****	*****	****		
51407 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	*****	*****	*****	****		Daily When Discharging
Discharge event observation	SAMPLE MEASUREMENT	0	*****		*****	*****	*****	****		
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	Y=1;N=0	*****	*****	*****	****		Daily When Discharging

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	04/10/2011
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)			

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<b>SAMPLE TYPE</b>
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Mar 2011

**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			0.01	1.00		
5	0.273	1	1.36	16.00		Rain, Overflow Duration = 2.42 hours
6						
7						
8	0.013	1	0.34	7.00		Rain, Overflow Duration = 0.42 hours
9	0.042		0.47	8.00		Rain, Overflow Duration = 1.25 hours
10			0.05	4.00		
11						
12						
13	0.062	1	0.28	7.00		Rain, Overflow Duration = 0.42 hours
14	0.027		0.33	5.00		Rain, Overflow Duration = 0.50 hours
15					1	
16						
17						
18						
19						
20						
21						
22						
23	0.073	1	0.36	2.00		Rain, Overflow Duration = 0.25 hours
24						
25					1	
26					1	
27						
28					1	
29			0.09	3.00		
30	0.099	1	0.65	9.00		Rain, Overflow Duration = 0.92 hours
31					1	

TOTAL	0.589	5	3.94	62.00	5	
AVG	0.084	1	0.39	6.20	1	
MAX	0.273	1	1.36	16.00	1	
MIN	0.013	1	0.01	1.00	1	
COUNT	7	5	10	10	5	

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

OMB

NAME NASHVILLE-CENTRAL STP  
 ADDRESS 1600 2ND AVENUE NORTH  
 NASHVILLE TN 372082206  
 FACILITY NASHVILLE-CENTRAL STP  
 LOCATION 1600 2ND AVENUE NORTH  
 NASHVILLE TN 372082206  
 ATTN: MR. SCOTT POTTER

TN0020575	047 G
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 372082206  
 MAJOR \$  
 (SUBR 04)  
 BOSCOBEL MI 192.6 CSO  
 External Outfall

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 03/01/2011	TO 03/31/2011

NO DISCHARGE

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
00135 1 0 Effluent Gross	SAMPLE MEASUREMENT	62.00	*****		*****	*****	*****	****		
	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	****		Daily When Discharging
46529 1 0 Effluent Gross	SAMPLE MEASUREMENT	3.94	*****		*****	*****	*****	****		
	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	****		Daily When Discharging
50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.084	0.273		*****	*****	*****	****		
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	****		Daily When Discharging
51407 1 0 Effluent Gross	SAMPLE MEASUREMENT	5	*****		*****	*****	*****	****		
	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	*****	*****	*****	****		Daily When Discharging
84165 1 0 Effluent Gross	SAMPLE MEASUREMENT	5	*****		*****	*****	*****	****		
	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	Y=1;N=0	*****	*****	*****	****		Daily When Discharging

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	04/10/2011
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)				

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<b>SAMPLE TYPE</b>
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