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

		Number of	Rainfall	Rain Duration	Number of	
	Effluent	Discharges	causing a	causing a	Rain Events	
	Flow	from	Discharge	Discharge	Not causing	
DATE	MGD	Outfall	Inches	Hours	a Discharge	Reason for Bypassing
57112	WIGD	Odtidii	IIICIICS	Hours	a Discharge	reason for Dypassing
1	1					
2						
3						
4						
5					1	
6						
7						
8						
9						
10						
11						
12						
13						
14					1	
15					1	
16					1	
17					1	
18					1	
19	0.179	1	0.52	2.00		Intense Rain, Overflow Duration = 0.17 hours
20						
21					1	
22					1	
23					1	
24						
25					1	
26					1	
27						
28	0.625	1	1.05	2.00		Intense Rain, Overflow Duration = 0.33 hours
29					1	
30						
	<u> </u>					
	1 0004		4 5-7	4.00	40	
TOTAL	0.804	2	1.57	4.00	12	
AVG	0.402	1	0.79	2.00	1	
MAX	0.625	1	1.05	2.00	1	
MIN	0.179	1	0.52	2.00	1	
COUNT	2	2	2	2	12	

TN 372082206

NASHVILLE-CENTRAL STP

NASHVILLE-CENTRAL STP

ADDRESS 1600 2ND AVENUE NORTH

NASHVILLE

NAME

NATIONAL POLLULTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

TN0020575	018
PERMIT NUMBER	DISCHARGE N

MM/DD/YYYY

FROM 06/01/2011 TO

8 G DISCHARGE NUMBER

MM/DD/YYYY

06/30/2011

DMR Mailing ZIP CODE: 372082206 **MAJOR** \$ (SUBR 04) VAN BUREN AT MI 189.5 CSO

External Outfall

NO DISCHAR

OMB

LOCATION	1600 2ND AVE	NUE NORTH	
	NASHVILLE	TN 372082206	
ATTN: M	R SCOTT POT	TER .	

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS
Rainfall duration	SAMPLE									
	MEASUREMENT	4.00	*****		*****	*****	*****	****		
00135 1 0	PERMIT	Req. Mon.								Daily When
Effluent Gross	REQUIREMENT	MO TOTAL	*****	hr	*****	*****	*****	****		Discharging
Rainfall	SAMPLE									
	MEASUREMENT	1.57	*****		*****	*****	*****	****		
46529 1 0	PERMIT	Req. Mon.		in						Daily When
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging
Flow, in conduit	SAMPLE									
	MEASUREMENT	0.402	0.625		*****	*****	*****	****		
50050 1 0	PERMIT	Req. Mon.	Req. Mon.	Mgal/d						Daily When
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX		*****	*****	*****	****		Discharging
Rainfall events with no discharge	SAMPLE									
	MEASUREMENT	12.00			*****	*****	*****	****		
51407 1 0	PERMIT	Req. Mon.		occur/mo						Daily When
Effluent Gross	REQUIREMENT	MO TOTAL			*****	*****	*****	****		Discharging
Discharge event observation	SAMPLE									
	MEASUREMENT	2.00	*****		*****	*****	*****	****		
84165 1 0	PERMIT	Req. Mon.		Y=1;N=0						Daily When
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		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		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	07/10/2011
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 VIOLATIONS (Reference all attachments here)

3E []

SAMPLE TYPE

CALCTD

CALCTD

CONTIN

CALCTD

CENTRAL WASTEWATER TREATMENT PLANT CSO - 019 - KERRIGAN

		Number of	Rainfall	Rain Duration	Number of	
	Effluent	Discharges	causing a	causing a	Rain Events	
	Flow	from	Discharge	Discharge	Not causing	
DATE	MGD	Outfall	Inches	Hours	a Discharge	Reason for Bypassing
1						
2						
3						
4						
5					1	
6						
7						
8						
9						
10						
11						
12						
13						
14					1	
15					1	
16					1	
17					1	
18					1	
19					1	
20						
21					1	
22					1	
23						
24						
25						
26					1	
27	40.00=					
28	10.285	1	0.76	2.00	4	Intense Rain, Overflow Duration = 1.80 hours
29					1	
30						
				<u> </u>		
	40.005		0.70	0.00	4.4	
TOTAL	10.285				11	
AVG	10.285	1	0.76	2.00	1	
MAX	10.285	1	0.76		1	
MIN	10.285	1	0.76		1	
COUNT	1	1	1	1	11	

NASHVILLE-CENTRAL STP

ADDRESS 1600 2ND AVENUE NORTH

NATIONAL POLLULTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

06/01/2011 то

	_
TN0020575	1
	4
PERMIT NUMBER	-

MM/DD/YYYY

019 G DISCHARGE NUMBER

MM/DD/YYYY

06/30/2011

DMR Mailing ZIP CODE: 372082206 MAJOR \$ (SUBR 04) EJM

KERRIGAN AT MI 190.4 CSO

External Outfall

NO DISCHARG

OMB

FACILITY	NASHVILLE-CE	NTRAL STP
LOCATION	1600 2ND AVE	NUENORTH
		TN 372082206
ATTN: M	R. SCOTT POT	TER .

NĀSHVILLĒ TN 372082206

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS
Rainfall duration	SAMPLE									
	MEASUREMENT	2.00	*****		*****	*****	*****	****		
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	****	****	****	***		Daily When Discharging
Rainfall	SAMPLE MEASUREMENT	0.76	*****		*****	*****	*****	***		
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	****	****	***		Daily When Discharging
Flow, in conduit	SAMPLE MEASUREMENT	10.285	10.285		****	****	*****	***		
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		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	07/10/2011
	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)			,

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SAMPLE TYPE

CALCTD

CALCTD

CONTIN

CALCTD

CENTRAL WASTEWATER TREATMENT PLANT CSO - 020 - Ist & BROADWAY

		Number of	Rainfall	Rain Duration	Number of	
	Effluent	Discharges	causing a	causing a	Rain Events	
	Flow	from	Discharge	Discharge	Not causing	
DATE	MGD	Outfall	Inches	Hours	a Discharge	Reason for Bypassing
1						
2						
3						
4						
5					1	
6						
7						
8						
9						
10						
11						
12						
13						
14					1	
15					1	
16					1	
17					1	
18					1	
19	0.006	1	0.39	2.00		Intense Rain, Overflow Duration = 0.25 hours
20						
21					1	
22					1	
23						
24						
25						
26					1	
27						
28	0.040	1	0.76	2.00		Intense Rain, Overflow Duration = 0.58 hours
29					1	
30						
TOTAL	0.046	2	1.15		10	
AVG	0.023	1	0.58		1	
MAX	0.040	1	0.76		1	
MIN	0.006	1	0.39	2.00	1	
COUNT	2	2	2	2	10	

NĀSHVILLĒ TN 372082206

NASHVILLE-CENTRAL STP

ADDRESS 1600 2ND AVENUE NORTH

50050 1 0

51407 1 0

84165 1 0

Effluent Gross

Effluent Gross

Effluent Gross

Rainfall events with no discharge

Discharge event observation

NATIONAL POLLULTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

TN0020575
PERMIT NUMBER

020 G DISCHARGE NUMBER

DMR Mailing ZIP CODE: 372082206 **MAJOR**

UNITS

NO.

ΕX

(SUBR 04) 1ST & BROADWAY MI 191.0 CSO

External Outfall

NO DISCHAR

FREQUENCY

OF ANALYSIS

Daily When

Discharging

OMB

		ENTRAL STP	:
LOCATION	1600 2ND AVE	NUE NORTH	:
	NASHVILLE	TN 372082206	
ATTN: M	R SCOTT POT	TFR	

LOCATION 1600 2ND AVENUE	NORTH	•		MM/DD/YYYY	MM/DD/YYYY			
NASHVILLE	TN 372082206	•	FROM	06/01/2011 то	06/30/2011			
ATTN: MR. SCOTT POTTER		1				•		
		QUA	NTITY OR LO	DADING		QUALITY OR CO	NCENTRATION	1
PARAMETER				T		T		_
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	
Rainfall duration	SAMPLE							Г
	MEASUREMENT	4.00	*****		*****	*****	*****	
00135 1 0	PERMIT	Req. Mon.		hr				ı
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	
Rainfall	SAMPLE							Г
	MEASUREMENT	1.15	*****		*****	*****	*****	ı
46529 1 0	PERMIT	Req. Mon.		in				Г
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	
Flow, in conduit	SAMPLE		_					

0.040

Reg. Mon.

DAILY MX

Mgal/d

occur/mo

Y=1;N=0

0.023

Req. Mon.

10.00

Req. Mon.

MO TOTAL

2.00

Req. Mon.

MO TOTAL

MO AVG

MEASUREMENT

PERMIT

REQUIREMENT

SAMPLE

MEASUREMENT

REQUIREMENT

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

PERMIT

IAME/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	07/10/2011
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

PAGE

GE [x]

SAMPLE TYPE

CALCTD

CALCTD

CONTIN

CALCTD

CENTRAL WASTEWATER TREATMENT PLANT CSO - 023 - BENEDICT & CRUTCHER

		Number of	Rainfall	Rain Duration	Number of	
	Effluent	Discharges	causing a	causing a	Rain Events	
	Flow	from	Discharge	Discharge	Not causing	
DATE	MGD	Outfall	Inches	Hours	a Discharge	Reason for Bypassing
1						
2						
3						
4						
5					1	
6						
7						
8						
9						
10						
11						
12						
13						
14					1	
15	0.098	1	0.71	6.00		Rain, Overflow Duration = 1.67 hours
16			0.01	1.00		
17					1	
18	0.119	1	0.27	4.00		Rain, Overflow Duration = 1.00 hours
19	0.551	1	0.52	2.00		Rain, Overflow Duration = 1.25 hours
20						
21	0.001	1	0.25	4.00		Rain, Overflow Duration = 0.50 hours
22					1	
23					1	
24						
25					1	
26	0.001	1	0.31	7.00		Rain, Overflow Duration = 1.00 hours
27						
28	1.926	1	1.05	2.00		Intense Rain, Overflow Duration = 2.92 hours
29					1	
30						
	0.00-1	21		22.5	_	
TOTAL	2.696	6	3.12	26.00	7	
AVG	0.449	1	0.45	3.71	1	
MAX	1.926	1	1.05	7.00	1	
MIN	0.001	1	0.01	1.00	1	
COUNT	6	6	7	7	7	

NĀSHVILLĒ TN 372082206

NASHVILLE-CENTRAL STP

ADDRESS 1600 2ND AVENUE NORTH

FACILITY NASHVILLE-CENTRAL STP

NAME

NATIONAL POLLULTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

06/01/2011 то

TN0020575
PERMIT NUMBER

MM/DD/YYYY

023 G DISCHARGE NUMBER

MM/DD/YYYY

06/30/2011

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

NO DISCHARG

OMB

LOCATION	1600 2ND AV	ENUE NORTH	
	NASHVILLE	0.2002200	
ATTN: M	R. SCOTT PO	TTER	

PARAMETER		QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS
Rainfall duration	SAMPLE									
	MEASUREMENT	26.00	*****		*****	*****	*****	****		
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	****	*****	****	***		Daily When Discharging
Rainfall	SAMPLE									
	MEASUREMENT	3.12	*****		*****	*****	*****	****		
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	****	****	***		Daily When Discharging
Flow, in conduit	SAMPLE									
	MEASUREMENT	0.449	1.926		*****	*****	*****	****		
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	7.00	*****		*****	*****	*****	****		
51407 1 0	PERMIT	Req. Mon.		occur/mo						Daily When
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging
Discharge event observation	SAMPLE									
	MEASUREMENT	6.00	*****		*****	*****	*****	****		
84165 1 0	PERMIT	Req. Mon.		Y=1;N=0						Daily When
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		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		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	07/10/2011
	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

iE []

SAMPLE TYPE

CALCTD

CALCTD

CONTIN

CALCTD

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
1						
2						
3						
4						
5	1.290	1	0.32	2.00		Rain, Overflow Duration = 9.83 hours
6	0.184					Rain, Overflow Duration = 13.75 hours
7						
8						
9						
10						
11						
12						
13						
14					1	
15	2.980	1	1.12	6.00		Rain, Overflow Duration = 3.67 hours
16						
17					1	
18	1.316	1	0.35			Rain, Overflow Duration = 2.25 hours
19	4.532	1	0.50	2.00		Rain, Overflow Duration = 9.33 hours
20						
21	0.111	1	0.16	5.00		Rain, Overflow Duration = 3.67 hours
22					1	
23					1	
24						
25	0.007	1	0.30			Rain, Overflow Duration = 0.25 hours
26	1.689	1	0.27	7.00		Rain, Overflow Duration = 10.83 hours
27	0.005					Previous Rain, Overflow Duration = 1.58 hours
28	12.608	1	0.92	2.00		Rain, Overflow Duration = 10.92 hours
29	0.009					Previous Rain, Overflow Duration = 1.67 hours
30	0.005					Previous Rain, Overflow Duration = 0.42 hours
TOTAL	24.736	8	3.94	30.00	4	
AVG	2.061	1	0.49	3.75	1	
MAX	12.608	1	1.12	7.00	1	
MIN	0.005	1	0.16	2.00	1	
COUNT	12	8	8	8	4	

NĀSHVILLĒ TN 372082206

NASHVILLE-CENTRAL STP

ADDRESS 1600 2ND AVENUE NORTH

FACILITY NASHVILLE-CENTRAL STP

NAME

NATIONAL POLLULTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

06/01/2011 то

T	N0020575
PERMIT	NUMBER

MM/DD/YYYY

024G DISCHARGE NUMBER

MM/DD/YYYY 06/30/2011 DMR Mailing ZIP CODE: 372082206 **MAJOR** (SUBR 04) EMH WASHINGTON MI 190.4 CSO

External Outfall

NO DISCHARG

OMB

LOCATION	1600 2ND AVENUE NORTH								
	NASHVILLE		372082206						
ATTN: M	R. SCOTT POTTI	ĒR							

PARAMETER		QUA	ANTITY OR L	OADING	QUALITY OR CONCENTRATION				NO.	FREQUENCY
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS
Rainfall duration	SAMPLE									
	MEASUREMENT	30.00	*****		*****	*****	*****	****		
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	***		Daily When Discharging
Rainfall	SAMPLE								1	
	MEASUREMENT	3.94	*****		*****	*****	*****	****		
46529 1 0	PERMIT	Req. Mon.		in						Daily When
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging
Flow, in conduit	SAMPLE									
	MEASUREMENT	2.061	12.608		*****	*****	*****	****		
50050 1 0	PERMIT	Req. Mon.	Req. Mon.	Mgal/d						Daily When
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	_	*****	*****	*****	****		Discharging
Rainfall events with no discharge	SAMPLE									
	MEASUREMENT	4	*****		*****	*****	*****	****		
51407 1 0	PERMIT	Req. Mon.		occur/mo						Daily When
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging
Discharge event observation	SAMPLE									
	MEASUREMENT	8	*****		*****	*****	*****	****		
84165 1 0	PERMIT	Req. Mon.		Y=1;N=0						Daily When
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****	1	Discharging

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	07/10/2011
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

iE []

SAMPLE TYPE

CALCTD

CALCTD

CONTIN

CALCTD

CENTRAL WASTEWATER TREATMENT PLANT CSO - 033 - SCHRADER LANE

		Number of	Rainfall	Rain Duration	Number of	
	Effluent	Discharges	causing a	causing a	Rain Events	
	Flow	from	Discharge	Discharge	Not causing	
DATE	MGD	Outfall	Inches	Hours	a Discharge	Reason for Bypassing
1						
2						
3						
4						
5					1	
6						
7						
8						
9						
10						
11						
12						
13						
14					1	
15	1.071	1	0.63	6.00		Rain, Overflow Duration = 1.17 hours
16			0.01	1.00		
17					1	
18					1	
19	5.257	1	0.41	2.00		Rain, Overflow Duration = 0.75 hours
20						
21					1	
22					1	
23					1	
24						
25					1	
26					1	
27						
28	1.702	1	0.78	2.00		Rain, Overflow Duration = 1.00 hour
29		·				
30						
TOTAL	8.030	3		11.00	9	
AVG	2.677	1	0.46		1	
MAX	5.257	1	0.78		1	
MIN	1.071	1	0.01	1.00	1	
COUNT	3	3	4	4	9	

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 DISCHARG

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

TN0020575 PERMIT NUMBER

> MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 06/01/2011 то 06/30/2011 FROM

PARAMETER		QUANTITY OR LOADING				QUALITY OR CO	NCENTRATIO	N	NO.	FREQUENCY
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS
Rainfall duration	SAMPLE									
	MEASUREMENT	11.00	*****		*****	*****	*****	****		
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	****	***		Daily When Discharging
Rainfall	SAMPLE									
	MEASUREMENT	1.83	*****		*****	*****	*****	****		
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	****	***		Daily When Discharging
Flow, in conduit	SAMPLE									
	MEASUREMENT	2.677	5.257		*****	*****	*****	****		
50050 1 0	PERMIT	Req. Mon.	Req. Mon.	Mgal/d						Daily When
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	_	*****	*****	*****	****		Discharging
Rainfall events with no discharge	SAMPLE									
	MEASUREMENT	9	*****		*****	*****	*****	****		
51407 1 0	PERMIT	Req. Mon.		occur/mo						Daily When
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging
Discharge event observation	SAMPLE									
	MEASUREMENT	3	*****		*****	*****	*****	****		
84165 1 0	PERMIT	Req. Mon.		Y=1;N=0						Daily When
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		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		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	07/10/2011
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

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SAMPLE TYPE

CALCTD

CALCTD

CONTIN

CALCTD

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						
2						
3						
4						
5					1	
6						
7						
8						
9						
10						
11						
12						
13						
14					1	
15					1	
16					1	
17					1	
18					1	
19					1	
20						
21					1	
22					1	
23						
24						
25					1	
26					1	
27						
28	0.23	1	1.15	2.00		Rain, Overflow Duration = 0.85 hours
29						
30						
			T			
TOTAL	0.230	1	1.15	2.00	11	
AVG	0.230	1	1.15	2.00	1	
MAX	0.230	1	1.15	2.00	1	
MIN	0.230	1	1.15	2.00	1	
COUNT	1	1	1	1	11	

NASHVILLE-CENTRAL STP

ADDRESS 1600 2ND AVENUE NORTH NASHVILLE TN 372082206

FACILITY NASHVILLE-CENTRAL STP

NAME

NATIONAL POLLULTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

TN0020575	
	210
PERMIT NUMBER	DISC

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

NO DISCHARC

OMB

LOCATION 1600 2ND AVENUE NORTH		MM/DD/YYYY	MM/DD/YYYY
NASHVILLE TN 372082206	FROM	06/01/2011 т	06/30/2011
ATTN: MR. SCOTT POTTER			

PARAMETER		QUA	ANTITY OR LO	DADING		QUALITY OR CO	DNCENTRATIO	ON	NO.	FREQUENCY
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS
Rainfall duration	SAMPLE									
	MEASUREMENT	2.00	*****		*****	*****	*****	****		
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	****	***		Daily When Discharging
Rainfall	SAMPLE									
	MEASUREMENT	1.15	*****		*****	*****	*****	****		
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	***		Daily When Discharging
Flow, in conduit	SAMPLE									1
	MEASUREMENT	0.230	0.230		*****	*****	*****	****		
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	*****		*****	*****	*****	****		
51407 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	*****	*****	****	***		Daily When Discharging
Discharge event observation	SAMPLE									1
	MEASUREMENT	1	*****		*****	*****	*****	****		
84165 1 0	PERMIT	Req. Mon.		Y=1;N=0					i i	Daily When
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		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		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	07/10/2011
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)			

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SAMPLE TYPE

CALCTD

CALCTD

CONTIN

CALCTD

CENTRAL WASTEWATER TREATMENT PLANT CSO - 047 - BOSCOBEL

		Number of	Rainfall	Rain Duration	Number of	
	Effluent	Discharges	causing a	causing a	Rain Events	
	Flow	from	Discharge	Discharge	Not causing	
DATE	MGD	Outfall	Inches	Hours	a Discharge	Reason for Bypassing
1						
2						
3						
4						
5					1	
6						
7						
8						
9						
10						
11						
12						
13						
14					1	
15	0.090	1	1.12	6.00		Rain, Overflow Duration = 0.50 hours
16						
17					1	
18	0.102	1	0.35	3.00		Rain, Overflow Duration = 0.33 hours
19					1	
20						
21					1	
22					1	
23					1	
24						
25					1	
26	0.021	1	0.27	7.00		Rain, Overflow Duration = 0.25 hours
27						
28	0.916	1	0.92	2.00		Rain, Overflow Duration = 0.67 hours
29						
30						
TOTAL	1.129	4	2.66	18.00	8	
AVG	0.282	1	0.67	4.50	1	
MAX	0.916	1	1.12	7.00	1	
MIN	0.021	1	0.27	2.00	1	
COUNT	4	4	4	4	8	

NASHVILLE TN 372082206

NASHVILLE TN 372082206

NASHVILLE-CENTRAL STP

FACILITY NASHVILLE-CENTRAL STP

ADDRESS 1600 2ND AVENUE NORTH

LOCATION 1600 2ND AVENUE NORTH

NAME

NATIONAL POLLULTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

TN0020575	

047 G DISCHARGE NUMBER DMR Mailing ZIP CODE: 372082206 MAJOR \$ (SUBR 04) BOSCOBEL MI 192.6 CSO

External Outfall

NO DISCHARG

OMB

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 06/01/2011 то 06/30/2011

DADAMETED		QUANTITY OR LOADING				QUALITY OR CO	NCENTRATION	ON		
PARAMETER					-			_	NO.	FREQUENCY
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS
Rainfall duration	SAMPLE									
	MEASUREMENT	18.00	*****		*****	*****	*****	****		
00135 1 0	PERMIT	Req. Mon.		hr						Daily When
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging
Rainfall	SAMPLE									
	MEASUREMENT	2.66	*****		*****	*****	*****	****		
46529 1 0	PERMIT	Req. Mon.		in						Daily When
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging
Flow, in conduit	SAMPLE									
	MEASUREMENT	0.282	0.916		*****	*****	*****	****		
50050 1 0	PERMIT	Req. Mon.	Req. Mon.	Mgal/d						Daily When
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX		*****	*****	*****	****		Discharging
Rainfall events with no discharge	SAMPLE									
	MEASUREMENT	8	*****		*****	*****	*****	****		
51407 1 0	PERMIT	Req. Mon.		occur/mo						Daily When
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging
Discharge event observation	SAMPLE									
	MEASUREMENT	4	*****		*****	*****	*****	****		
84165 1 0	PERMIT	Req. Mon.		Y=1;N=0						Daily When
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		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		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 sumbitted is, to the best of my knowledge and belief, true, accurate, and complete.		615 862-4591	07/10/2011
TYPED OR PRINTED COMMENT AND EXPLANATION OF ANY VI	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

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SAMPLE TYPE

CALCTD

CALCTD

CONTIN

CALCTD