

June 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					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						

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	

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 06/01/2011 TO 06/30/2011

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	4.00	*****		*****	*****	*****	****		
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	****		Daily When Discharging
Rainfall	SAMPLE MEASUREMENT	1.57	*****		*****	*****	*****	****		
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	****		Daily When Discharging
Flow, in conduit	SAMPLE MEASUREMENT	0.402	0.625		*****	*****	*****	****		
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	12.00			*****	*****	*****	****		
51407 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL		occur/mo	*****	*****	*****	****		Daily When Discharging
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

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

3E []

SAMPLE TYPE
CALCTD
CALCTD
CONTIN
CALCTD
CALCTD

June 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						
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						
28	10.285	1	0.76	2.00		Intense Rain, Overflow Duration = 1.80 hours
29					1	
30						

TOTAL	10.285	1	0.76	2.00	11	
AVG	10.285	1	0.76	2.00	1	
MAX	10.285	1	0.76	2.00	1	
MIN	10.285	1	0.76	2.00	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

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 06/01/2011 TO 06/30/2011

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	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 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	07/10/2011
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 []

SAMPLE TYPE
CALCTD
CALCTD
CONTIN
CALCTD
CALCTD

June 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						
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	4.00	10	
AVG	0.023	1	0.58	2.00	1	
MAX	0.040	1	0.76	2.00	1	
MIN	0.006	1	0.39	2.00	1	
COUNT	2	2	2	2	10	

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

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
 ATTN: MR. SCOTT POTTER

MONITORING PERIOD
 FROM 06/01/2011 TO 06/30/2011

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	4.00	*****		*****	*****	*****	****		
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 MEASUREMENT	0.023	0.040		*****	*****	*****	****		
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	10.00	*****		*****	*****	*****	****		
51407 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	*****	*****	*****	****		Daily When Discharging
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

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	07/10/2011
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			

3E [x]

SAMPLE TYPE
CALCTD
CALCTD
CONTIN
CALCTD
CALCTD

June 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					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						

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	

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 06/01/2011 TO 06/30/2011

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	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 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	07/10/2011
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 []

SAMPLE TYPE
CALCTD
CALCTD
CONTIN
CALCTD
CALCTD

June 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						
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	3.00		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	3.00		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

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 06/01/2011 TO 06/30/2011

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	30.00	*****		*****	*****	*****	****		
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	****		Daily When Discharging
Rainfall	SAMPLE MEASUREMENT	3.94	*****		*****	*****	*****	****		
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	****		Daily When Discharging
Flow, in conduit	SAMPLE MEASUREMENT	2.061	12.608		*****	*****	*****	****		
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	4	*****		*****	*****	*****	****		
51407 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	*****	*****	*****	****		Daily When Discharging
Discharge event observation	SAMPLE MEASUREMENT	8	*****		*****	*****	*****	****		
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	07/10/2011
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 []

SAMPLE TYPE
CALCTD
CALCTD
CONTIN
CALCTD
CALCTD

June 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						
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	1.83	11.00	9	
AVG	2.677	1	0.46	2.75	1	
MAX	5.257	1	0.78	6.00	1	
MIN	1.071	1	0.01	1.00	1	
COUNT	3	3	4	4	9	

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 06/01/2011	TO 06/30/2011

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	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 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	****		Daily When Discharging
Rainfall events with no discharge	SAMPLE MEASUREMENT	9	*****		*****	*****	*****	****		
51407 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	*****	*****	*****	****		Daily When Discharging
Discharge event observation	SAMPLE MEASUREMENT	3	*****		*****	*****	*****	****		
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	07/10/2011
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 []

SAMPLE TYPE
CALCTD
CALCTD
CONTIN
CALCTD
CALCTD

June

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						
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						

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

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

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
 ATTN: MR. SCOTT POTTER

MONITORING PERIOD

MM/DD/YYYY TO MM/DD/YYYY
 FROM 06/01/2011 TO 06/30/2011

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	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 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 MEASUREMENT	1	*****		*****	*****	*****	****		
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	07/10/2011
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]

SAMPLE TYPE
CALCTD
CALCTD
CONTIN
CALCTD
CALCTD

June 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						
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	

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 06/01/2011	TO 06/30/2011

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	18.00	*****		*****	*****	*****	****		
	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	****		Daily When Discharging
46529 1 0 Effluent Gross	SAMPLE MEASUREMENT	2.66	*****		*****	*****	*****	****		
	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	****		Daily When Discharging
50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.282	0.916		*****	*****	*****	****		
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	****		Daily When Discharging
51407 1 0 Effluent Gross	SAMPLE MEASUREMENT	8	*****		*****	*****	*****	****		
	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	*****	*****	*****	****		Daily When Discharging
84165 1 0 Effluent Gross	SAMPLE MEASUREMENT	4	*****		*****	*****	*****	****		
	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	07/10/2011
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)				

SE []

SAMPLE TYPE
CALCTD
CALCTD
CONTIN
CALCTD
CALCTD