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
		•				
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						Discharge pipe to the river was plugged 9-28-11
17						CSO has been eliminated.
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
TOTAL	0.000	0	0.00	0.00	0	
AVG	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
MAX	0.000	0	0.00	0.00	0	
MIN	0.000	0	0.00	0.00	0	
COUNT	0	0	0	0	0	

NAME

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

DMR Mailing ZIP CODE: 372082206

Form Approved OMB NO. 2040-0004

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

TN0020575 PERMIT NUMBER

018 G DISCHARGE NUMBER MAJOR \$ (SUBR 04) VAN BUREN AT MI 189.5 CSO

External Outfall

NO DISCHARGE [x]

FACILITY NASHVILLE-CENTRAL STP LOCATION 1600 2ND AVENUE NORTH

NASHVILLE TN 372082206

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY FROM 11/01/2011 то 11/30/2011

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed		TELEPHONE	DATE
SCOTT A. POTTER DIRECTOR	to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information		615 862-4591	12/10/2011
	sumbitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	SIGNATURE OF PRINCIPAL EXECUTIVE	AREA	
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	CODE NUMBER	MM/DD/YYYY

OMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

CENTRAL WASTEWATER TREATMENT PLANT CSO - 019 - KERRIGAN

		Number of	Rainfall	Rain Duration	Number of	
1	Effluent	Discharges	causing a	causing a	Rain Events	
	Flow	from	Discharge	Discharge	Not causing	
DATE	MGD	Outfall	Inches	Hours	a Discharge	Reason for Bypassing
1						
2						
3	3.830	1	0.52	6.00		Rain, Overflow Duration = 1.00 hour
4					1	
5						
6						
7						
8						
9						
10						
11						
12						
14						
15	8.824	1	1.18	12.00		Rain, Overflow Duration = 2.20 hours
16	2.415	1	0.70			Rain, Overflow Duration = 2.20 hours
17	2.410		0.70	10.00		Ivalii, Overnow Buration = 0.20 flours
18						
19						
20	0.758	1	0.42	5.00		Rain, Overflow Duration = 0.70 hours
21	0.767	1	0.81	8.00		Rain, Overflow Duration = 1.95 hours
22					1	,
23					1	
24						
25						
26						
27	5.790	1	1.40			Rain, Overflow Duration = 2.77 hours
28	6.597		0.71	19.00		Rain, Overflow Duration = 5.85 hours
29					1	
30						
	00.00:	_		00.00		
TOTAL	28.981	5	5.74		4	
AVG	4.140	1	0.82	11.43	1	
MAX	8.824	1	1.40	20.00	1	
MIN	0.758	1	0.42	5.00 7	1	
COUNT	7	5	7	/	4	

PERMITTEE NAME/ADDRESS	(Include Facilit	ty Name/Location if different)
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NASHVILLE-CENTRAL STP

NAME

NATIONAL POLLULTANT DISCHARGE ELIMINATION SYSTEM ($\ensuremath{\textit{NPDES}}\xspace$)

DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

11/01/2011 то

TN0020575
PERMIT NUMBER

MM/DD/YYYY

019 G DISCHARGE NUMBER

MM/DD/YYYY

11/30/2011

DMR Mailing ZIP CODE: 372082206 MAJOR \$

(SUBR 04) EJM KERRIGAN AT MI 190.4 CSO

External Outfall

NO DISCHARGE []

Form Approved

OMB NO. 2040-0004

147 (141)	TO CONTINUE OF THE CONTINUE OF	
ADDRESS	7600 2ND AVENUE NORTH	
	NASHVILLE TN 372082206	PE
FACILITY	NASHVILLE-CENTRAL STP	
LOCATION	1600 2ND AVENUE NORTH	
	NASHVILLE TN 372082206	
ATTN M	R SCOTT POTTER	

PARAMETER		QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE										
	MEASUREMENT	80.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.								Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****	hr	*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	5.74	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	4.140	8.824		*****	*****	*****	****			
50050 1 0	PERMIT	Req. Mon.	Req. Mon.	Mgal/d						Daily When	
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX		*****	*****	*****	****		Discharging	CONTIN
Rainfall events with no discharge	SAMPLE										
	MEASUREMENT	4.00	*****		*****	*****	*****	****			
51407 1 0	PERMIT	Req. Mon.		occur/mo						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Discharge event observation	SAMPLE										
	MEASUREMENT	5.00	*****		*****	*****	*****	****			
84165 1 0	PERMIT	Req. Mon.		Y=1;N=0						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were			
	prepared under my direction or supervision in accordance with a system designed		TELEPHONE	DATE
SCOTT A. POTTER	to assure that qualified personnel property gather and evaluate the information			
	submitted. Based on my inquiry of the person or persons who manage the system,			
DIRECTOR	or those persons directly responsible for gathering the information, the information		615 862-4591	12/10/2011
52010	sumbitted is, to the best of my knowledge and belief, true, accurate, and complete.		0.0 002 1001	12, 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

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						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						Discharge pipe to the river was plugged 9-15-11
16						CSO has been eliminated.
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
	0.000	ا	2.22	2.22		
TOTAL	0.000	0		0.00	0	
AVG	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
MAX	0.000	0	0.00	0.00	0	
MIN	0.000	0	0.00	0.00	0	
COUNT	0	0	0	0	0	

PERMITTEE NAME/ADDRESS	(Include Facilit	y Name/Location	if different)
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MONITORING PERIOD

DMR	Mailing	ZIP	CODE:	372082206

	FOIII	i Appii	oveu
OMB	NO.	2040-0	0004

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

FACILITY NASHVILLE-CENTRAL STP

TN0020575 PERMIT NUMBER

MM/DD/YYYY

11/01/2011 то

020 G DISCHARGE NUMBER

MM/DD/YYYY

11/30/2011

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

NO DISCHARGE [x]

LOCATION 1600 2ND AVENUE NORTH

NASHVILLE TN 372082206

ATTN: MR. SCOTT POTTER

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed		TELEPHONE	DATE
SCOTT A. POTTER	to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system,			
DIRECTOR	or those persons directly responsible for gathering the information, the information sumbitted is, to the best of my knowledge and belief, true, accurate, and complete.		615 862-4591	12/10/2011
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 VIC	DLATIONS (Reference all attachments here)			

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	0.727	1	0.49	5.00		Rain, Overflow Duration = 1.25 hours
4			0.01	1.00		
5					1	
6						
7						
8						
9					1	
10						
11						
12						
13						
14	4 000		4.04	40.00		D : 0 (1 D : 1 A 07)
15	1.309	1	1.24	13.00		Rain, Overflow Duration = 4.67 hours
16	1.128		0.64	9.00		Rain, Overflow Duration = 5.67 hours
17					4	
18					1	
19 20	0.003		0.41	4.00		Dain Overflow Duration 0.25 hours
21	1.516	1	0.41	9.00		Rain, Overflow Duration = 0.25 hours Rain, Overflow Duration = 4.50 hours
22	1.516	<u>'</u>	0.07	9.00	1	Rain, Overnow Duration = 4.50 hours
23						
24						
25					1	
26					<u>'</u>	
27	1.332	1	1.49	18.00		Rain, Overflow Duration = 8.33 hours
28	0.221	<u>'</u>	0.69	18.00		Rain, Overflow Duration = 6.58 hours
29	5.221		0.00	10.00	1	, 2.3
30					·	
TOTAL	6.236	5	5.84	77.00	6	
AVG	0.891	1	0.73	9.63		
MAX	1.516	1	1.49		1	
MIN	0.003	1	0.01	1.00	1	
COUNT	7	5	8	8		
COUNT	/	၁	0	0	0	

PERMITTEE NAME/ADDRESS	(Include Facility Name/Location if different)
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DMR	Mailing	7IP	CODE:	372082206	

Form Approved	
OMB NO. 2040-0004	

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

FACILITY NASHVILLE-CENTRAL STP
LOCATION 1600 2ND AVENUE NORTH

TN0020575 PERMIT NUMBER

023 G DISCHARGE NUMBER MAJOR \$
(SUBR 04)
BENEDICT & CRUTCHER 191.6 CSO
External Outfall

NO DISCHARGE []

FACILITY	NASHVILLE-CENT	RALSIP		MONITORING	j PE	RIOD
LOCATION	1000 LIND / (V LINO	E NORTH		MM/DD/YYYY		MM/DD/YYYY
	NASHVILLE	TN 372082206	FROM	11/01/2011	то	11/30/2011
ATTN: M	IR. SCOTT POTTEI	R				

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE										
	MEASUREMENT	77.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.		hr						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	5.84	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	0.891	1.516		*****	*****	*****	****			
50050 1 0	PERMIT	Req. Mon.	Req. Mon.	Mgal/d						Daily When	
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX		*****	*****	*****	****		Discharging	CONTIN
Rainfall events with no discharge	SAMPLE										
	MEASUREMENT	6.00	*****		*****	*****	*****	****			
51407 1 0	PERMIT	Req. Mon.		occur/mo						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Discharge event observation	SAMPLE										
	MEASUREMENT	5.00	*****		*****	*****	*****	****			
84165 1 0	PERMIT	Req. Mon.		Y=1;N=0						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD

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. OLATIONS (Reference all attachments here)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	MM/DD/YYYY
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	12/10/2011
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,			
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

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	2.658	1	0.50	6.00		Rain, Overflow Duration = 15.42 hours
4	0.139		0.01	1.00		Rain, Overflow Duration = 11.67 hours
5						
6						
7						
8						
9						
10						
11						
12						
13						
14	4.500		4.00	40.00		
15	4.523	1	1.22	13.00		Rain, Overflow Duration = 9.33 hours
16	3.043		0.58	10.00		Rain, Overflow Duration = 8.67 hours
17 18						
19						
20	0.993	1	0.40	5.00		Rain, Overflow Duration = 4.58 hours
21	6.914	1	0.40	8.00		Rain, Overflow Duration = 4.36 hours
22	0.914		0.73	0.00	1	INAIII, OVEITION DUIAIIOII = 9.23 Hours
23						
24						
25						
26						
27	15.575	1	1.53	19.00		Rain, Overflow Duration = 10.25 hours
28	11.519	-	0.60	18.00		Rain, Overflow Duration = 14.08 hours
29					1	
30						
-	<u>. </u>			•		
TOTAL	45.364	5	5.59	80.00	2	
AVG	5.671	1	0.70	10.00	1	
MAX	15.575	1	1.53	19.00	1	
MIN	0.139	1	0.01	1.00	1	
COUNT	8	5	8	8	2	

PERMITTEE NAME/ADDRESS	Include Facilit	y Name/Location if different)
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	Form Approved
	OMB NO. 2040-0004
DMR Mailing ZIP CODE: 372082206	

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

TN0020575 PERMIT NUMBER

024G DISCHARGE NUMBER

MAJOR

(SUBR 04) EMH

WASHINGTON MI 190.4 CSO External Outfall

NO DISCHARGE []

FACILITY NASHVILLE-CENTRAL ST				MONITORING	PE	RIOD
LOCATION 1600 2ND AVENUE NOR	[H_			MM/DD/YYYY		MM/DD/YYYY
	72082206	•	FROM	11/01/2011 T	го	11/30/201
ATTN: MR. SCOTT POTTER		,			•	
PARAMETER		QUA	ANTITY OR L	OADING		
		VALUE	VALUE	UNITS		VALUE

PARAMETER		QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	NO. EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE										
	MEASUREMENT	80.00	*****		*****	*****	*****	****			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	****		Daily When Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	5.59	*****		*****	*****	*****	****			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	****		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE										1
	MEASUREMENT	5.671	15.575		*****	*****	*****	****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon.	Mgal/d	*****	*****	*****	****		Daily When Discharging	CONTIN
Rainfall events with no discharge	SAMPLE										1
Ç	MEASUREMENT	2	*****		*****	*****	*****	****			
51407 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	*****	****	*****	***		Daily When Discharging	CALCTD
Discharge event observation	SAMPLE										1
	MEASUREMENT	5	*****		*****	*****	*****	****			
84165 1 0	PERMIT	Req. Mon.		Y=1;N=0						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed		TELEPHONE	DATE
SCOTT A. POTTER	to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system,			
DIRECTOR	or those persons directly responsible for gathering the information, the information sumbitted is, to the best of my knowledge and belief, true, accurate, and complete.		615 862-4591	12/10/2011
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)			

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	0.023	1	0.48	7.00		Rain, Overflow Duration = 1.25 hours
4					1	
5						
6						
7						
8						
9					1	
10						
11						
12						
13						
14	0.000	4	4.00	44.00		Dais Overflow Donation 4 00 hours
15	0.036	1	1.36			Rain, Overflow Duration = 1.33 hours
16 17			0.58	10.00		
18						
19						
20	0.010	1	0.37	4.00		Rain, Overflow Duration = 0.33 hours
21	0.038	1	0.83			Rain, Overflow Duration = 0.33 flours
22	0.000	<u>'</u>	0.00	3.00	1	Italii, Overnow Buration = 2.30 nouis
23					1	
24					•	
25						
26						
27	0.040	1	1.51	19.00		Rain, Overflow Duration = 0.58 hours
28			0.72	19.00		
29					1	
30						
TOTAL	0.147	5	5.85		5	
AVG	0.029	1	0.84		1	
MAX	0.040	1	1.51		1	
MIN	0.010	1	0.37	4.00	1	
COUNT	5	5	7	7	5	

DMR	Mailing	7IP	CODE:	372082206

Form Approved OMB NO. 2040-0004

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

FACILITY NASHVILLE-CENTRAL STP

NASHVILLE TN 372082206

LOCATION 1600 2ND AVENUE NORTH

TN0020575 PERMIT NUMBER 033 G DISCHARGE NUMBER

MAJOR \$
(SUBR 04) EMH
SCHRADER LN MI 184.7 CSO
External Outfall

NO DISCHARGE []

	MONITORING	G PE	ERIOD
	MM/DD/YYYY		MM/DD/YYYY
FROM	11/01/2011	то	11/30/2011
		-	

PARAMETER		QUA	ANTITY OR L	DADING	QUALITY OR CONCENTRATION				NO	FREQUENCY	SAMPLE
PARAMETER		<u> </u>	1						NO. EX	OF ANALYSIS	TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		0.7	
Rainfall duration	SAMPLE										
	MEASUREMENT	82.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.		hr						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	5.85	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	0.029	0.040		*****	*****	*****	****			
50050 1 0	PERMIT	Req. Mon.	Req. Mon.	Mgal/d						Daily When	
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX		*****	*****	*****	****		Discharging	CONTIN
Rainfall events with no discharge	SAMPLE										
	MEASUREMENT	5	*****		*****	*****	*****	****			
51407 1 0	PERMIT	Req. Mon.		occur/mo						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Discharge event observation	SAMPLE										
	MEASUREMENT	5	*****		*****	*****	*****	****			
84165 1 0	PERMIT	Req. Mon.		Y=1;N=0						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****	I	Discharging	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were			
	prepared under my direction or supervision in accordance with a system designed		TELEPHONE	DATE
SCOTT A. POTTER	to assure that qualified personnel property gather and evaluate the information			
	submitted. Based on my inquiry of the person or persons who manage the system,			
DIRECTOR	or those persons directly responsible for gathering the information, the information		615 862-4591	12/10/2011
	sumbitted is, to the best of my knowledge and belief, true, accurate, and complete.			
	I am aware that there are significant penalties for submitting false information,	SIGNATURE OF PRINCIPAL EXECUTIVE	AREA	
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	CODE NUMBER	MM/DD/YYYY
COMMENT AND EXPLANATION OF ANY VIO	OLATIONS (Reference all attachments here)			•
	· · · · · · · · · · · · · · · · · · ·			

CENTRAL WASTEWATER TREATMENT PLANT CSO - 035 - DRIFTWOOD

		Number of	Rainfall	Rain Duration	Number of	
	Effluent	Discharges	causing a	causing a	Rain Events	
	Flow	from	Discharge	Discharge	Not causing	
DATE	MGD	Outfall	Inches	Hours	a Discharge	Reason for Bypassing
1						
2						
3					1	
4					1	
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15					1	
16					1	NO DISCHARGE FOR THIS SITE FOR THIS MONTH
17						
18						
19						
20					1	
21					1	
22					1	
23					1	
24						
25						
26						
27					1	
28					1	
29					1	
30						
	1	_ 1				
TOTAL	0.000	0	0.00	0.00	11	
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	11	

NASHVILLE TN 372082206

NASHVILLE-CENTRAL STP

ADDRESS 1600 2ND AVENUE NORTH

NATIONAL POLLULTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

TN0020575 PERMIT NUMBER

035 G DISCHARGE NUMBER DMR Mailing ZIP CODE: 372082206 MAJOR \$

(SUBR 04) DRIFTWOOD MI 192.0 CSO

External Outfall

NO DISCHARGE [x]

Form Approved

OMB NO. 2040-0004

FACILITY NASHVILLE-CENTRAL STP		MONITORING	3 PE	RIOD
LOCATION 1600 2ND AVENUE NORTH		MM/DD/YYYY		MM/DD/YYYY
NASHVILLE TN 372082206	FROM	11/01/2011	то	11/30/2011

		QUA	NTITY OR LO	OADING		QUALITY OR CONCENTRATION					
PARAMETER									NO.	FREQUENCY	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE										
	MEASUREMENT	0.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.		hr						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	0.00	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	#DIV/0!	0.000		*****	*****	*****	****			
50050 1 0	PERMIT	Req. Mon.	Req. Mon.	Mgal/d						Daily When	
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX		*****	*****	*****	***		Discharging	CONTIN
Rainfall events with no discharge	SAMPLE										
	MEASUREMENT	11	*****		*****	*****	*****	****			
51407 1 0	PERMIT	Req. Mon.		occur/mo						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	***		Discharging	CALCTD
Discharge event observation	SAMPLE										
	MEASUREMENT	0	*****		*****	*****	*****	****			
34165 1 0	PERMIT	Req. Mon.		Y=1;N=0						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD

	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	12/10/2011
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

CENTRAL WASTEWATER TREATMENT PLANT CSO - 047 - BOSCOBEL

Effluent Flow from Discharge Inches Hours A Discharge Discharge Inches Hours A Discharge Discharge A Discharge Discharge A Dis			Number of	Rainfall	Rain Duration	Number of	
DATE MGD Outfall Inches Hours a Discharge Reason for Bypassing 1 2 3 1 4 1 5 6 7 8 9 9 9 10 1 <		Effluent	Discharges	causing a	causing a	Rain Events	
1 2 3 1 4 1 5 6 7 8 9 10		Flow	from	Discharge	Discharge	Not causing	
2 3 1 1 4 5 5 6 7 8 9 10 10 10 10 10 10 10 10 10 10 10 10 10	DATE	MGD	Outfall	Inches	Hours	a Discharge	Reason for Bypassing
2 3 1 1 4 5 5 6 7 8 9 10 10 10 10 10 10 10 10 10 10 10 10 10							
3 1 1 1 5 5 6 7 8 9 10 10 10 10 10 10 10 10 10 10 10 10 10	1						
4 1 5 6 7 8 9 10 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2						
5 6 7 8 9	3					1	
6 7 8 9 10 10 1 10 1 10 1 10 1 10 10 10 10 10 1	4					1	
7 8 9 10	5						
8 9 10	6						
9 10	7						
10	8						
	9						
44	10						
1 1 1 1 1 1 1 1	11						
12	12						
13	13						
14	14						
15 0.043 1 1.22 13.00 Rain, Overflow Duration = 0.75 hours	15	0.043	1	1.22	13.00		Rain, Overflow Duration = 0.75 hours
16 0.58 10.00	16			0.58			
17	17						
18	18						
19	19						
20 1	20					1	
21 0.035 1 0.75 8.00 Rain, Overflow Duration = 0.25 hours		0.035	1	0.75	8.00		Rain, Overflow Duration = 0.25 hours
22						1	·
23	23						
24	24						
25	25						
26							
27 1	27					1	
28	28					1	
29	29					1	
30	30						
	-	•					
TOTAL 0.078 2 2.55 31.00 7	TOTAL	0.078	2	2.55	31.00	7	
AVG 0.039 1 0.85 10.33 1						1	
MAX 0.043 1 1.22 13.00 1						1	
MIN 0.035 1 0.58 8.00 1			1			1	
COUNT 2 2 3 3 7						7	

NĀSHVILLĒ _ _ TN 372082206

NASHVILLE-CENTRAL STP

ADDRESS 1600 2ND AVENUE NORTH

FACILITY NASHVILLE-CENTRAL STP

LOCATION 1600 2ND AVENUE NORTH

NAME

NATIONAL POLLULTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

TN0020575 PERMIT NUMBER

047 G	\Box					
DISCHARGE NUMBER						

DMR Mailing ZIP CODE: 372082206 MAJOR \$

(SUBR 04) BOSCOBEL MI 192.6 CSO External Outfall

NO DISCHARGE []

Form Approved

OMB NO. 2040-0004

		MONITORING	₹IOD		
	M	MM/DD/YYYY		MM/DD/YYYY	
32206	FROM	11/01/2011	то	11/30/2011	
	<u> </u>				

LOCATION TOOU ZIND AVEINGE INC	<u>''`</u>	_								NO DIOCHA	
NASHVILLE TN ATTN: MR. SCOTT POTTER	372082206	•	FROM	11/01/2011 то	11/30/2011						
PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO.	FREQUENCY	SAMPLE		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE										
	MEASUREMENT	31.00	*****		*****	*****	*****	****			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	***		Daily When Discharging	CALCTD
Rainfall	SAMPLE MEASUREMENT	2.55	*****		*****	*****	*****	***			
46529 1 0	PERMIT	Reg. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	0.039	0.043		*****	*****	*****	****			
50050 1 0	PERMIT	Req. Mon.	Req. Mon.	Mgal/d						Daily When	
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX		*****	*****	*****	****		Discharging	CONTIN
Rainfall events with no discharge	SAMPLE MEASUREMENT	7	*****		*****	*****	*****	****			
51407 1 0	PERMIT	Req. Mon.		occur/mo						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	***		Discharging	CALCTD
Discharge event observation	SAMPLE										
	MEASUREMENT	2	*****		*****	*****	*****	****			
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	Y=1;N=0	*****	*****	*****	****		Daily When Discharging	CALCTD
Linucia 01033	VEROIKEINIEN I	WOTOTAL								Discharging	ONLOTE

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	12/10/2011
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 VIOL	ATIONS (Reference all attachments here)			