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			0.03	3.00		
4	40.000	1	1.46	20.00		Rain, Overflow Duration = 1610 hours
5	54.140		2.21	9.00		Rain, Overflow Duration = 11.72 hours
6	33.750		0.83	11.00		Rain, Overflow Duration = 19.75 hours
7					1	
8	22.500	1	0.80	2.00		Rain, Overflow Duration = 3.62 hours
9						
10	24.610	1	1.32			Rain, Overflow Duration = 5.08 hours
11	19.770	1	0.59	2.00		Rain, Overflow Duration = 5.37 hours
12						
13						
14					1	
15						
16						
17					4	
18					1	
19 20	40.040	4	0.00	2.00		Dain Overflow Dynation 207 hours
21	12.340	1	0.83			Rain, Overflow Duration = 2.87 hours
22	2.500	1	0.24			Rain, Overflow Duration = 3.67 hours
23	5.860	1	0.63	7.00		Rain, Overflow Duration = 4.00 hours
24						
25						
26						
27	19.140	1	1.27	4.00		Rain, Overflow Duration = 1.85 hours
28	2.110		1.27	1.00		Rain, Overflow Duration = 4.50 hours
29	2.110					Train, Cromon Burdan = 1100 Hours
30					1	
31					1	
TOTAL	236.720	8	10.21	65.00	5	
AVG	21.520	1	0.93		1	
MAX	54.140	1	2.21	20.00	1	
MIN	2.110	1	0.03		1	
COUNT	11	8	11		5	

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

NASHVILLE-CENTRAL STP

ADDRESS 1600 2ND AVENUE NORTH

NAME

NATIONAL POLLULTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

TN0020575 PERMIT NUMBER

019 G DISCHARGE NUMBER 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

	NASHVILLE	TN	372082206	
FACILITY	NASHVILLE-CE	NTDAI	СТВ	
LOCATION	1600 2ND AVE		-	
	NASHVILLE		372082206	
ATTN: MF	R. SCOTT POT	TER		

		_			
Y NASHVILLE-CENTRAL STP			MONITORIN	G P	ERIOD
ON 1600 2ND AVENUE NORTH			MM/DD/YYYY		MM/DD/YYYY
NASHVILLE TN 372082206		FROM	07/01/2013	то	07/31/2013
: MR. SCOTT POTTER		•			
PARAMETER	QUAI	NTITY OR LO	DADING		

PARAMETER		QUA	NTITY OR LO	DADING		QUALITY OR CO	NCENTRATIO	N	NO.	FREQUENCY	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE										
	MEASUREMENT	65.00	*****		*****	*****	*****	****			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	****	*****	*****	****		Daily When Discharging	CALCTD
Rainfall	SAMPLE MEASUREMENT	10.21	*****		*****	*****	*****	****			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	***		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE MEASUREMENT	21.520	54.140		****	*****	*****	***			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	****	****	****	****		Daily When Discharging	CONTIN
Rainfall events with no discharge	SAMPLE MEASUREMENT	5.00	*****		*****	*****	*****	***			
51407 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	*****	*****	*****	****		Daily When Discharging	CALCTD
Discharge event observation	SAMPLE MEASUREMENT	8.00	*****		****	****	****	***			
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	Y=1;N=0	****	*****	*****	****		Daily When Discharging	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed		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	08/10/2013
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	LATIONS (Reference all attachments here)		•	•

CENTRAL WASTEWATER TREATMENT PLANT CSO - 023 - BENEDICT & CRUTCHER

		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			0.01	1.00		
4	0.008	1	1.41	18.00		Rain, Overflow Duration = 12.25 hours
5	2.672		1.40	12.00		Rain, Overflow Duration = 7.75 hours
6	0.081		0.88	12.00		Rain, Overflow Duration = 12.83 hours
7					1	
8	0.308	1	0.80	2.00		Rain, Overflow Duration = 1.42 hours
9			0.01	1.00		
10	1.039	1	0.81	2.00		Rain, Overflow Duration = 3.75 hours
11	0.027	1	0.57	2.00		Rain, Overflow Duration = 0.83 hours
12						
13						
14						
15						
16						
17						
18					1	
19						
20	1.260	1	0.76			Rain, Overflow Duration = 2.00 hours
21	0.939		0.40	2.00		Rain, Overflow Duration = 3.92 hours
22	0.080	1	0.75	7.00		Rain, Overflow Duration = 5.75 hours
23						
24						
25						
26						
27	2.413	1	0.38	3.00		Rain, Overflow Duration = 2.17 hours
28	0.001		0.02	1.00		Rain, Overflow Duration = 1.25 hours
29						
30	0.0002	1	0.64	9.00		Rain, Overflow Duration = 0.42 hours
31	0.259		0.27	7.00		Rain, Overflow Duration = 0.67 hours
		1		.		
TOTAL	9.087	8	9.11	81.00	2	
AVG	0.699	1	0.61	5.40		
MAX	2.672	1	1.41	18.00	1	
MIN	0.000	1	0.01	1.00	1	
COUNT	13	8	15	15	2	

PERMITTEE NAME/ADDRESS	(Include Facilit	y Name/Location	if different)
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NATIONAL POLLULTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

DMR	Mailing	ZIP	CODE:	372082206

Form Approved OMB NO. 2040-0004

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

NASHVILLE-CENTRAL STP LOCATION 1600 2ND AVENUE NORTH

NASHVILLE TN 372082206
ATTN: MR. SCOTT POTTER

FACILITY

TN0020575 023 G PERMIT NUMBER DISCHARGE NUMBER

07/01/2013 то

FROM

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY

07/31/2013

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

NO DISCHARGE []

PARAMETER		QUA	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE										
	MEASUREMENT	81.00	*****		*****	*****	*****	****			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	****	*****	***		Daily When Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	9.11	*****		*****	*****	*****	****			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	****	*****	****		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	0.699	2.672		*****	*****	*****	****			
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										
	MEASUREMENT	2.00	*****		*****	*****	*****	****			
51407 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	*****	*****	*****	****		Daily When Discharging	CALCTD
Discharge event observation	SAMPLE										
	MEASUREMENT	8.00	*****		*****	*****	*****	****			
84165 1 0	PERMIT	Req. Mon.		Y=1;N=0						Daily When	1
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	08/10/2013
	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	DLATIONS (Reference all attachments here)			

CENTRAL WASTEWATER TREATMENT PLANT CSO - 024 - WASHINGTON DC

	1					
1		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			0.01	1.00		
4			1.41	17.00		
5	5.090	1	1.40	13.00		Rain, Overflow Duration = 2.78 hours
6	2.410		0.88	12.00		Rain, Overflow Duration = 10.65 hours
7	0.160		0.02	1.00		Rain, Overflow Duration = 0.67 hours
8					1	
9					1	
10	1.910	1	1.24	2.00		Rain, Overflow Duration = 1.20 hours
11					1	
12						
13						
14					1	
15						
16						
17						
18					1	
19						
20					1	
21					1	
22					1	
23						
24						
25						
26						
27					1	
28					1	
29						
30					1	
31					1	
-			<u>-</u>	-		
TOTAL	9.570	2	4.96	46.00	12	
AVG	2.393	1	0.83	7.67	1	
MAX	5.090	1	1.41	17.00	1	
MIN	0.160	1	0.01	1.00	1	
COUNT	4	2	6		12	

PERMITTEE NAME/ADDRESS	(Include Facilit	y Name/Location	if different)
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NATIONAL POLLULTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

	Form Approved
	OMB NO. 2040-0004
DMR Mailing ZIP CODE: 372082206	

NASHVILLE-CENTRAL STP 1600 2ND AVENUE NORTH ADDRESS

NASHVILLE-CENTRAL STP

TN0020575 NASHVILLE TN 372082206 PERMIT NUMBER

024G DISCHARGE NUMBER **MAJOR** \$ (SUBR 04) EMH WASHINGTON MI 190.4 CSO External Outfall

NO DISCHARGE [x]

LOCATION 1600 2ND AVENUE NORTH NASHVILLE TN 372082206

NAME

FACILITY

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 07/01/2013 то 07/31/2013 FROM

PARAMETER		QUA	ANTITY OR L	OADING	QUALITY OR CONCENTRATION			NO.	NO. FREQUENCY		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE										
	MEASUREMENT	46.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.		hr						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	4.96	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	***		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	2.393	5.090		*****	*****	*****	***			
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	12	*****		*****	*****	*****	****			
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	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	08/10/2013
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 - 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			0.02	2.00		
4	0.004	1	1.24	19.00		Rain, Overflow Duration = 0.33 hours
5	6.770		3.01			Rain, Overflow Duration = 4.75 hours
6	0.004		0.70	12.00		Rain, Overflow Duration = 0.50 hours
7					1	
8	5.248	1	0.80	2.00		Rain, Overflow Duration = 1.50 hours
9			0.01	1.00		
10	0.907	1	0.59			Rain, Overflow Duration = 0.92 hours
11	2.821	1	0.50	3.00		Rain, Overflow Duration = 1.17 hours
12						
13						
14						
15						
16						
17						
18					1	
19						
20	0.618	1	1.00			Rain, Overflow Duration = 1.17 hours
21	0.023		0.24			Rain, Overflow Duration = 0.42 hours
22	0.316	1	0.70	7.00		Rain, Overflow Duration = 1.58 hours
23						
24						
25 26						
	4 740		0.40	F 00		Dain Overflow Duration 1.00 hour
	1./13	1	0.49	5.00		Rain, Overnow Duration = 1.00 nour
	0.262	4	1.04	10.00		Pain Overflow Duration - 1.09 hours
		1				
<u> </u>	0.006		0.25	0.00		Nam, Overnow Duration = 0.23 flours
TOTAL	18 602	Ω	10.56	89.00	2	
						1
					1	
					2	
27 28 29 30 31 TOTAL AVG MAX MIN COUNT	1.713 0.262 0.006 18.692 1.558 6.770 0.004 12	1 1 8 1 1 1 8	1.01 0.25 10.56 0.75 3.01 0.01	6.36 19.00 1.00	2 1 1 1 2	

PERMITTEE NAME/ADDRESS	(Include Facilit	y Name/Location	if different)
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NATIONAL POLLULTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

07/01/2013 то

DMR	Mailing	ZIP	CODE:	372082206

Form Approved OMB NO. 2040-0004

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

TN0020575 PERMIT NUMBER

FROM

MM/DD/YYYY

033 G DISCHARGE NUMBER

MM/DD/YYYY

07/31/2013

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

NO DISCHARGE []

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

FACILITY

PARAMETER		QUA	ANTITY OR L	OADING			NO.	FREQUENCY	SAMPLE		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE										
	MEASUREMENT	89.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.		hr						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	10.56	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	1.558	6.770		*****	*****	*****	****			
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	2	*****		*****	*****	*****	****			
51407 1 0	PERMIT	Req. Mon.		occur/mo						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Discharge event observation	SAMPLE										
	MEASUREMENT	8	*****		*****	*****	*****	****			
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	08/10/2013
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

1

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
571.2	IIIOD	Gunan	11101100	110410	a Biodital go	rousen to: Sypassing
1						
2						
3					1	
4					1	
5					1	
6					1	
7					1	
8					1	
9						
10					1	
11					1	
12					ı	
13						
14					1	
15					ı	NO DISCHARGE FOR THIS SITE FOR THIS MONTH
16						NO DISSILAROL FOR THIS SITE FOR THIS MORTH
17						
18					1	
19						
20					1	
21					1	
22					1	
23					ı	
24						
25						
26						
27					1	
28					<u>'</u>	
29						
30					1	
31					1	
	!				'	
TOTAL	0.000	0	0.00	0.00	14	
AVG	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	1	
MAX	0.000	#DIV/0:	0.00	0.00		1
MIN	0.000	0	0.00	0.00		
COUNT	0.000	0				
COUNT	U	U	U	U	14	

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

TN 372082206

NASHVILLE-CENTRAL STP

1600 2ND AVENUE NORTH

NATIONAL POLLULTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

07/01/2013 то

TN0020575 PERMIT NUMBER

FROM

MM/DD/YYYY

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

Form Approved OMB NO. 2040-0004

MM/DD/YYYY

07/31/2013

External Outfall

NO DISCHARGE [x]

NASHVILLE	TN	372082206
IVIOLIVIELE		012002200
ATTN: MR. SCOTT POTTE	FR	

LOCATION 1600 2ND AVENUE NORTH

NASHVILLE

NAME

ADDRESS

FACILITY

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO.	FREQUENCY	SAMPLE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE										1
	MEASUREMENT	0.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.		hr						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										1
	MEASUREMENT	0.00	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	1
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	1
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX		*****	*****	*****	****		Discharging	CONTIN
Rainfall events with no discharge	SAMPLE										
	MEASUREMENT	14	*****		*****	*****	*****	****			
51407 1 0	PERMIT	Req. Mon.		occur/mo						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Discharge event observation	SAMPLE										
	MEASUREMENT	0	*****		*****	*****	*****	****			
84165 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	08/10/2013
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

		Number of	Rainfall	Rain Duration	Number of	
I	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			0.01	1.00		
4			1.40	17.00		
5	0.666	1	1.41	13.00		Rain, Overflow Duration = 1.17 hours
6			0.88	12.00		
7					1	
8					1	
9					1	
10	0.806	1	1.24	2.00		Rain, Overflow Duration = 1.08 hours
11					1	
12						
13						
14					1	
15						
16						
17						
18					1	
19						
20	0.114	1	0.44	3.00		Rain, Overflow Duration = 0.17 hours
21	0.173		0.16	4.00		Rain, Overflow Duration = 0.58 hours
22	0.059	1	0.69	7.00		Rain, Overflow Duration = 0.42 hours
23						
24						
25						
26						
27	0.334	1	0.20	3.00		Rain, Overflow Duration = 0.92 hours
28			0.01	1.00		
29						
30	0.003	1	0.82	9.00		Rain, Overflow Duration = 0.08 hours
31	0.093		0.20	6.00		Rain, Overflow Duration = 0.42 hours
	2 2 4 2			70.55	_	
TOTAL	2.248	6	7.46	78.00	6	
AVG	0.281	1	0.62	6.50	1	
MAX	0.806	1	1.41	17.00	1	
MIN	0.003	1	0.01	1.00	1	
COUNT	8	6	12	12	6	

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

TN 372082206

NASHVILLE-CENTRAL STP

1600 2ND AVENUE NORTH

NASHVILLE

LOCATION 1600 2ND AVENUE NORTH

NAME

ADDRESS

FACILITY

NATIONAL POLLULTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved	ł
OMB NO. 2040-0004	1

DISCHARGE MONITORING REPORT (DMR)

TN0020575 PERMIT NUMBER

047 G DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 07/01/2013 то 07/31/2013 DMR Mailing ZIP CODE: 372082206

MAJOR \$ (SUBR 04)

BOSCOBEL MI 192.6 CSO

External Outfall

NO DISCHARGE []

LOCATION TOUCEND AVENUE NORTH				MM/DD/YYYY	MM/DD/YYYY					NO DISCHAR	GE []
NASHVILLE TN ATTN: MR. SCOTT POTTER	372082206		FROM	07/01/2013 то	07/31/2013						
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	78.00	*****		*****	*****	*****	****			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	***		Daily When Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	7.46	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Reg. Mon.		in					1	Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	0.281	0.806		*****	*****	*****	****			
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	*****		*****	*****	*****	****			
51407 1 0	PERMIT	Req. Mon.		occur/mo						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Discharge event observation	SAMPLE										
	MEASUREMENT	6	*****		*****	*****	*****	****			
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		TEL EDUIONE	2.75
	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	08/10/2013
	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	LATIONS (Reference all attachments here)			