

June 2014

**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					1	
2						
3						
4						
5					1	
6						
7					1	
8						
9					1	
10					1	
11					1	
12					1	
13					1	
14						
15						<b>NO DISCHARGE FOR THIS SITE FOR THIS MONTH</b>
16						
17						
18						
19						
20					1	
21						
22						
23						
24					1	
25						
26					1	
27						
28					1	
29					1	
30					1	

TOTAL	0.000	0	0.00	0.00	14	
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	14	

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

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

Form Approved  
OMB NO. 2040-0004

NAME NASHVILLE-CENTRAL STP  
ADDRESS 1800 2ND AVENUE NORTH  
NASHVILLE TN 372082206  
FACILITY NASHVILLE-CENTRAL STP  
LOCATION 1800 2ND AVENUE NORTH  
NASHVILLE TN 372082206  
ATTN: MR. SCOTT POTTER

TN0020575 019 G  
PERMIT NUMBER DISCHARGE NUMBER

DMR Mailing ZIP CODE: 372082206  
MAJOR \$  
(SUBR 04) EJM  
KERRIGAN AT MI 190.4 CSO  
External Outfall

MONITORING PERIOD  
MM/DD/YYYY MM/DD/YYYY  
FROM 06/01/2014 TO 06/30/2014

NO DISCHARGE [x]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Rainfall duration	SAMPLE MEASUREMENT	0.00	*****		*****	*****	*****	****			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	****		Daily When Discharging	CALCTD
Rainfall	SAMPLE MEASUREMENT	0.00	*****		*****	*****	*****	****			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	****		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE MEASUREMENT	#DIV/0!	0.000		*****	*****	*****	****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	****		Daily When Discharging	CONTIN
Rainfall events with no discharge	SAMPLE MEASUREMENT	14.00	*****		*****	*****	*****	****			
51407 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	*****	*****	*****	****		Daily When Discharging	CALCTD
Discharge event observation	SAMPLE MEASUREMENT	0.00	*****		*****	*****	*****	****			
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 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	07/10/2014
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)			

June 2014

**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					1	
2					1	
3						
4						
5					1	
6						
7	0.040	1	0.20	5.00		Rain, Overflow Duration = 0.75 hours
8						
9					1	
10					1	
11					1	
12						
13					1	
14						
15						
16						
17						
18						
19						
20	0.013	1	0.12	2.00		Rain, Overflow Duration = 0.33 hours
21					1	
22						
23					1	
24	0.152	1	0.34	5.00		Rain, Overflow Duration = 1.33 hours
25						
26						
27	0.929	1	0.59	1.00		Rain, Overflow Duration = 1.67 hours
28	0.222	1	0.20	3.00		Rain, Overflow Duration = 1.08 hours
29					1	
30						
TOTAL	1.356	5	1.45	16.00	10	
AVG	0.271	1	0.29	3.20	1	
MAX	0.929	1	0.59	5.00	1	
MIN	0.013	1	0.12	1.00	1	
COUNT	5	5	5	5	10	

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

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

Form Approved  
OMB NO. 2040-0004

NAME NASHVILLE-CENTRAL STP  
ADDRESS 1800 2ND AVENUE NORTH  
NASHVILLE TN 372082206  
FACILITY NASHVILLE-CENTRAL STP  
LOCATION 1800 2ND AVENUE NORTH  
NASHVILLE TN 372082206  
ATTN: MR. SCOTT POTTER

TN0020575	023 G
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 06/01/2014	TO 06/30/2014

NO DISCHARGE [ ]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Rainfall duration	SAMPLE MEASUREMENT	16.00	*****		*****	*****	*****	****			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	ng	*****	*****	*****	***		Daily When Discharging	CALCTD
Rainfall	SAMPLE MEASUREMENT	1.45	*****		*****	*****	*****	***			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	***		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE MEASUREMENT	0.271	0.929		*****	*****	*****	***			
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	10.00	*****		*****	*****	*****	***			
51407 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	*****	*****	*****	***		Daily When Discharging	CALCTD
Discharge event observation	SAMPLE MEASUREMENT	5.00	*****		*****	*****	*****	***			
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	Y=1;N=0	*****	*****	*****	***		Daily When Discharging	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 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	07/10/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			

June 2014

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

TOTAL	0.000	0	0.00	0.00	13	
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	13	

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

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

Form Approved  
OMB NO. 2040-0004

NAME NASHVILLE-CENTRAL STP  
ADDRESS 1800 2ND AVENUE NORTH  
NASHVILLE TN 372082206  
FACILITY NASHVILLE-CENTRAL STP  
LOCATION 1800 2ND AVENUE NORTH  
NASHVILLE TN 372082206  
ATTN: MR. SCOTT POTTER

TN0020575 024G  
PERMIT NUMBER DISCHARGE NUMBER

DMR Mailing ZIP CODE: 372082206  
MAJOR \$  
(SUBR 04) EMH  
WASHINGTON MI 190.4 CSO  
External Outfall

MONITORING PERIOD  
MM/DD/YYYY MM/DD/YYYY  
FROM 06/01/2014 TO 06/30/2014

NO DISCHARGE [x]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Rainfall duration	SAMPLE MEASUREMENT	0.00	*****		*****	*****	*****	****			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	****		Daily When Discharging	CALCTD
Rainfall	SAMPLE MEASUREMENT	0.00	*****		*****	*****	*****	****			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	****		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE MEASUREMENT	#DIV/0!	0.000		*****	*****	*****	****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	****		Daily When Discharging	CONTIN
Rainfall events with no discharge	SAMPLE MEASUREMENT	13	*****		*****	*****	*****	****			
51407 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	*****	*****	*****	****		Daily When Discharging	CALCTD
Discharge event observation	SAMPLE MEASUREMENT	0	*****		*****	*****	*****	****			
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	Y=1;N=0	*****	*****	*****	****		Daily When Discharging	CALCTD

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SCOTT A. POTTER DIRECTOR		615 862-4591	07/10/2014
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)			

June 2014

**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					1	
2						
3						
4						
5					1	
6						
7	0.002	1	0.36	4.00		Rain, Overflow Duration = 0.08 hours
8						
9	0.034	1	0.81	7.00		Rain, Overflow Duration = 0.50 hours
10	0.119		0.88	3.00		Rain, Overflow Duration = 0.50 hours
11					1	
12						
13					1	
14						
15						
16						
17						
18						
19						
20					1	
21					1	
22						
23						
24	0.006	1	0.13	3.00		Rain, Overflow Duration = 0.25 hours
25						
26						
27						
28					1	
29					1	
30						
TOTAL	0.161	3	2.18	17.00	8	
AVG	0.040	1	0.55	4.25	1	
MAX	0.119	1	0.88	7.00	1	
MIN	0.002	1	0.13	3.00	1	
COUNT	4	3	4	4	8	

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

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

Form Approved  
OMB NO. 2040-0004

NAME NASHVILLE-CENTRAL STP  
ADDRESS 1800 2ND AVENUE NORTH  
NASHVILLE TN 372082206  
FACILITY NASHVILLE-CENTRAL STP  
LOCATION 1800 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 06/01/2014	TO 06/30/2014

NO DISCHARGE [ ]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Rainfall duration	SAMPLE MEASUREMENT	17.00	*****		*****	*****	*****	****			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	nr	*****	*****	*****	****		Daily When Discharging	CALCTD
Rainfall	SAMPLE MEASUREMENT	2.18	*****		*****	*****	*****	****			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	****		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE MEASUREMENT	0.040	0.119		*****	*****	*****	****			
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	8	*****		*****	*****	*****	****			
51407 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	*****	*****	*****	****		Daily When Discharging	CALCTD
Discharge event observation	SAMPLE MEASUREMENT	3	*****		*****	*****	*****	****			
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	Y=1;N=0	*****	*****	*****	****		Daily When Discharging	CALCTD

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SCOTT A. POTTER DIRECTOR		615 862-4591	07/10/2014
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)			



June 2014

**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					1	
2						
3						
4						
5					1	
6						
7					1	
8						
9					1	
10					1	
11					1	
12						
13					1	
14						
15						<b>NO DISCHARGE FOR THIS SITE FOR THIS MONTH</b>
16						
17						
18						
19						
20					1	
21						
22						
23						
24					1	
25						
26					1	
27					1	
28					1	
29					1	
30					1	
TOTAL	0.000	0	0.00	0.00	13	
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	13	

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

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

Form Approved  
OMB NO. 2040-0004

NAME NASHVILLE-CENTRAL STP  
ADDRESS 1800 2ND AVENUE NORTH  
NASHVILLE TN 372082206  
FACILITY NASHVILLE-CENTRAL STP  
LOCATION 1800 2ND AVENUE NORTH  
NASHVILLE TN 372082206  
ATTN: MR. SCOTT POTTER

TN0020575 035 G  
PERMIT NUMBER DISCHARGE NUMBER

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

MONITORING PERIOD  
MM/DD/YYYY MM/DD/YYYY  
FROM 06/01/2014 TO 06/30/2014

NO DISCHARGE [x]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Rainfall duration	SAMPLE MEASUREMENT	0.00	*****		*****	*****	*****	****			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	****		Daily When Discharging	CALCTD
Rainfall	SAMPLE MEASUREMENT	0.00	*****		*****	*****	*****	****			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	****		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE MEASUREMENT	#DIV/0!	0.000		*****	*****	*****	****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	l/gal/d	*****	*****	*****	****		Daily When Discharging	CONTIN
Rainfall events with no discharge	SAMPLE MEASUREMENT	13	*****		*****	*****	*****	****			
51407 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	*****	*****	*****	****		Daily When Discharging	CALCTD
Discharge event observation	SAMPLE MEASUREMENT	0	*****		*****	*****	*****	****			
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 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	07/10/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			

June 2014

**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					1	
8						
9					1	
10					1	
11					1	
12						
13					1	
14						
15						
16						
17						
18						
19						
20	0.012	1	0.12	2.00		Rain, Overflow Duration = 0.17 hours
21						
22						
23						
24	0.008	1	0.34	4.00		Rain, Overflow Duration = 0.17 hours
25						
26					1	
27	0.033	1	0.44	1.00		Rain, Overflow Duration = 0.25 hours
28	0.014	1	0.24	5.00		Rain, Overflow Duration = 0.25 hours
29					1	
30					1	
TOTAL	0.067	4	1.14	12.00	9	
AVG	0.017	1	0.29	3.00	1	
MAX	0.033	1	0.44	5.00	1	
MIN	0.008	1	0.12	1.00	1	
COUNT	4	4	4	4	9	

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

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

Form Approved  
OMB NO. 2040-0004

NAME NASHVILLE-CENTRAL STP  
ADDRESS 1800 2ND AVENUE NORTH  
NASHVILLE TN 372082206  
FACILITY NASHVILLE-CENTRAL STP  
LOCATION 1800 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 06/01/2014	TO 06/30/2014

NO DISCHARGE [ ]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Rainfall duration	SAMPLE MEASUREMENT	12.00	*****		*****	*****	*****	****			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	****		Daily When Discharging	CALCTD
Rainfall	SAMPLE MEASUREMENT	1.14	*****		*****	*****	*****	****			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	****		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE MEASUREMENT	0.017	0.033		*****	*****	*****	****			
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	9	*****		*****	*****	*****	****			
51407 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	*****	*****	*****	****		Daily When Discharging	CALCTD
Discharge event observation	SAMPLE MEASUREMENT	4	*****		*****	*****	*****	****			
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 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	07/10/2014
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)			