

Oct 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						
2						
3					1	
4						
5						
6					1	
7					1	
8					1	
9						
10					1	
11					1	
12					1	
13					1	
14					1	
15					1	NO DISCHARGE FOR THIS SITE FOR THIS MONTH
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28					1	
29					1	
30						
31					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 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

NO DISCHARGE [x]

MONITORING PERIOD
MM/DD/YYYY MM/DD/YYYY
FROM 10/01/2014 TO 10/31/2014

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	13.00	*****		*****	*****	*****	****			
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.	TELEPHONE	DATE
SCOTT A. POTTER DIRECTOR		615 862-4591	11/10/2014
TYPED OR PRINTED	I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violation:	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER MM/DD/YYYY
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			

Oct 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						
2						
3	0.110	1	0.53	5.00		Rain, Overflow Duration = 1.42 hours
4						
5						
6					1	
7	0.670	1	0.59	5.00		Rain, Overflow Duration = 0.92 hours
8	0.611	1	0.50	2.00		Rain, Overflow Duration = 1.25 hours
9						
10	1.241	1	1.28	9.00		Rain, Overflow Duration = 4.50 hours
11			0.10	4.00		
12					1	
13	0.467	1	1.61	10.00		Rain, Overflow Duration = 3.67 hours
14	0.186		0.90	9.00		Rain, Overflow Duration = 3.17 hours
15			0.17	9.00		
16					1	
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28	0.015	1	0.21	5.00		Rain, Overflow Duration = 0.92 hours
29	0.001		0.54	4.00		Rain, Overflow Duration = 0.42 hours
30						
31					1	

TOTAL	3.301	6	6.43	62.00	4	
AVG	0.413	1	0.64	6.20	1	
MAX	1.241	1	1.61	10.00	1	
MIN	0.001	1	0.10	2.00	1	
COUNT	8	6	10	10	4	

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 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 10/01/2014 to 10/31/2014

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	62.00	*****		*****	*****	*****	****			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	nr	*****	*****	*****	****		Daily When Discharging	CALCTD
Rainfall	SAMPLE MEASUREMENT	6.43	*****		*****	*****	*****	****			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	****		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE MEASUREMENT	0.413	1.241		*****	*****	*****	****			
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	4.00	*****		*****	*****	*****	****			
51407 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	*****	*****	*****	****		Daily When Discharging	CALCTD
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	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 violation.	TELEPHONE	DATE
SCOTT A. POTTER DIRECTOR		615 862-4591	11/10/2014
TYPE OF PERSON	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	MM/DD/YYYY
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			

Oct 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					1	
4						
5						
6					1	
7					1	
8					1	
9						
10					1	
11					1	
12					1	
13	4.410	1	1.71	12.00		Rain, Overflow Duration = 1.90 hours
14	8.690		0.75	8.00		Rain, Overflow Duration = 6.33 hours
15			0.26	12.00		
16					1	
17					1	
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28					1	
29					1	
30						
31						

TOTAL	13.100	1	2.72	32.00	11	
AVG	6.550	1	0.91	10.67	1	
MAX	8.690	1	1.71	12.00	1	
MIN	4.410	1	0.26	8.00	1	
COUNT	2	1	3	3	11	

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 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
FROM 10/01/2014 TO 10/31/2014

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	32.00	*****		*****	*****	*****	****			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	nr	*****	*****	*****	****		Daily When Discharging	CALCTD
Rainfall	SAMPLE MEASUREMENT	2.72	*****		*****	*****	*****	****			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	****		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE MEASUREMENT	6.550	8.690		*****	*****	*****	****			
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	11	*****		*****	*****	*****	****			
51407 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	*****	*****	*****	****		Daily When Discharging	CALCTD
Discharge event observation	SAMPLE MEASUREMENT	1	*****		*****	*****	*****	****			
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 violation.	TELEPHONE	DATE
SCOTT A. POTTER DIRECTOR		615 862-4591	11/10/2014
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)			

Oct 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						
2						
3	0.199	1	0.48	4.00		Rain, Overflow Duration = 0.67 hours
4						
5						
6					1	
7	0.520	1	0.46	5.00		Rain, Overflow Duration = 0.67 hours
8	1.409	1	0.87	2.00		Rain, Overflow Duration = 0.67 hours
9					1	
10	1.029	1	1.31	10.00		Rain, Overflow Duration = 2.08 hours
11			0.10	4.00		
12			0.03	2.00		
13	3.075	1	2.12	13.00		Rain, Overflow Duration = 3.08 hours
14	1.071		0.78	8.00		Rain, Overflow Duration = 4.33 hours
15			0.21	12.00		
16					1	
17						
18						
19						
20					1	
21						
22						
23						
24						
25						
26						
27						
28					1	
29					1	
30						
31					1	

TOTAL	7.303	5	6.36	60.00	7	
AVG	1.217	1	0.71	6.67	1	
MAX	3.075	1	2.12	13.00	1	
MIN	0.199	1	0.03	2.00	1	
COUNT	6	5	9	9	7	

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 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

NO DISCHARGE []

MONITORING PERIOD
MM/DD/YYYY MM/DD/YYYY
FROM 10/01/2014 TO 10/31/2014

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
00135 1 0 Effluent Gross	SAMPLE MEASUREMENT	60.00	*****		*****	*****	*****	****			
	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	nf	*****	*****	*****	****		Daily When Discharging	CALCTD
46529 1 0 Effluent Gross	SAMPLE MEASUREMENT	6.36	*****		*****	*****	*****	****			
	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	****		Daily When Discharging	CALCTD
50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	1.217	3.075		*****	*****	*****	****			
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	****		Daily When Discharging	CONTIN
51407 1 0 Effluent Gross	SAMPLE MEASUREMENT	7	*****		*****	*****	*****	****			
	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	*****	*****	*****	****		Daily When Discharging	CALCTD
84165 1 0 Effluent Gross	SAMPLE MEASUREMENT	5	*****		*****	*****	*****	****			
	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.	TELEPHONE	DATE
SCOTT A. POTTER DIRECTOR		615 862-4591	11/10/2014
TYPED OR PRINTED	I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violation:	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER MM/DD/YYYY
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			

Oct 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						
2						
3					1	
4						
5						
6					1	
7					1	
8					1	
9						
10					1	
11					1	
12					1	
13					1	
14					1	
15					1	NO DISCHARGE FOR THIS SITE FOR THIS MONTH
16						
17					1	
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28					1	
29					1	
30						
31					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

TN0020575 035 G
PERMIT NUMBER DISCHARGE NUMBER

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

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

MONITORING PERIOD
MM/DD/YYYY MM/DD/YYYY
FROM 10/01/2014 TO 10/31/2014

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	*****	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

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	11/10/2014
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)			

Oct 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	0.050	1	0.48	4.00		Rain, Overflow Duration = 0.42 hours
4						
5						
6					1	
7	0.105	1	0.63	4.00		Rain, Overflow Duration = 0.75 hours
8	0.157	1	0.60	2.00		Rain, Overflow Duration = 0.50 hours
9						
10	0.278	1	1.02	11.00		Rain, Overflow Duration = 1.75 hours
11			0.11	4.00		
12					1	
13	0.130	1	1.71	12.00		Rain, Overflow Duration = 2.08 hours
14	0.058		0.75	8.00		Rain, Overflow Duration = 1.00 hour
15			0.26	12.00		
16					1	
17					1	
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28	0.016	1	0.23	4.00		Rain, Overflow Duration = 0.17 hours
29	0.007		0.54	5.00		Rain, Overflow Duration = 0.25 hours
30						
31					1	

TOTAL	0.801	6	6.33	66.00	5	
AVG	0.100	1	0.63	6.60	1	
MAX	0.278	1	1.71	12.00	1	
MIN	0.007	1	0.11	2.00	1	
COUNT	8	6	10	10	5	

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

TN0020575 047 G
PERMIT NUMBER DISCHARGE NUMBER

DMR Mailing ZIP CODE: 372082206
MAJOR \$
(SUBR 04)
BOSCOBEL MI 192.6 CSO
External Outfall

FACILITY NASHVILLE-CENTRAL STP
LOCATION NASHVILLE TN 372082206
ATTN: MR. SCOTT POTTER

MONITORING PERIOD
MM/DD/YYYY MM/DD/YYYY
FROM 10/01/2014 TO 10/31/2014

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	66.00	*****		*****	*****	*****	****			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	ft	*****	*****	*****	****		Daily When Discharging	CALCTD
Rainfall	SAMPLE MEASUREMENT	6.33	*****		*****	*****	*****	****			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	****		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE MEASUREMENT	0.100	0.278		*****	*****	*****	****			
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	*****		*****	*****	*****	****			
51407 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	*****	*****	*****	****		Daily When Discharging	CALCTD
Discharge event observation	SAMPLE MEASUREMENT	6	*****		*****	*****	*****	****			
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	Y=1;N=0	*****	*****	*****	****		Daily When Discharging	CALCTD

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	11/10/2014
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)			