

Apr 2015

**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 | | | | | 1 | |
| 3 | | | | | 1 | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | 1 | |
| 7 | | | | | 1 | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | 1 | |
| 11 | | | | | | |
| 12 | | | | | | |
| 13 | 3.280 | 1 | 1.01 | 8.00 | | Rain, Overflow Duration = 0.42 hours |
| 14 | | | 0.51 | 7.00 | | |
| 15 | | | 0.27 | 10.00 | | |
| 16 | 4.300 | | 0.68 | 5.00 | | Rain, Overflow Duration = 0.45 hours |
| 17 | | | | | | |
| 18 | | | 0.03 | 3.00 | | |
| 19 | | | 1.30 | 14.00 | | |
| 20 | 1.950 | 1 | 0.40 | 4.00 | | Rain, Overflow Duration = 0.13 hours |
| 21 | | | | | | |
| 22 | | | | | | |
| 23 | | | | | | |
| 24 | | | | | 1 | |
| 25 | | | | | 1 | |
| 26 | | | | | 1 | |
| 27 | | | | | | |
| 28 | | | | | | |
| 29 | | | | | | |
| 30 | | | | | | |
| | | | | | | |
| TOTAL | 9.530 | 2 | 4.20 | 51.00 | 8 | |
| AVG | 3.177 | 1 | 0.60 | 7.29 | 1 | |
| MAX | 4.300 | 1 | 1.30 | 14.00 | 1 | |
| MIN | 1.950 | 1 | 0.03 | 3.00 | 1 | |
| COUNT | 3 | 2 | 7 | 7 | 8 | |

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved

OMB NO. 2040-0004

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

TN0020575
 PERMIT NUMBER

019 G
 DISCHARGE NUMBER

DMR Mailing ZIP CODE: 372082206

MAJOR \$
 (SUBR 04) EJM
 KERRIGAN AT MI 190.4 CSO
 External Outfall

FACILITY NASHVILLE-CENTRAL STP
 LOCATION 1600 2ND AVENUE NORTH
 NASHVILLE TN 372082206

MONITORING PERIOD
 FROM 04/01/2015 TO 04/30/2015

NO DISCHARGE []

ATTN: MR. SCOTT POTTER

| 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 | 51.00 | ***** | | ***** | ***** | ***** | **** | | | |
| 00135 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO TOTAL | ***** | hr | ***** | ***** | ***** | **** | | Daily When Discharging | CALCTD |
| Rainfall | SAMPLE MEASUREMENT | 4.20 | ***** | | ***** | ***** | ***** | **** | | | |
| 46529 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO TOTAL | ***** | in | ***** | ***** | ***** | **** | | Daily When Discharging | CALCTD |
| Flow, in conduit | SAMPLE MEASUREMENT | 3.177 | 4.300 | | ***** | ***** | ***** | **** | | | |
| 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 | 8.00 | ***** | | ***** | ***** | ***** | **** | | | |
| 51407 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO TOTAL | ***** | occur/mo | ***** | ***** | ***** | **** | | Daily When Discharging | CALCTD |
| Discharge event observation | SAMPLE MEASUREMENT | 2.00 | ***** | | ***** | ***** | ***** | **** | | | |
| 84165 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO TOTAL | ***** | Y=1;N=0 | ***** | ***** | ***** | **** | | Daily When Discharging | 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 | 05/10/2015 |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE NUMBER |
| COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) | | | |

Apr 2015

**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 | | | | | 1 | |
| 3 | 0.554 | 1 | 0.56 | 3.00 | | Rain, Overflow Duration = 0.92 hours |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | 0.25 | 5.00 | | |
| 7 | 0.005 | 1 | 0.02 | 1.00 | | Rain, Overflow Duration = 0.75 hours |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | 0.001 | 1 | 0.49 | 4.00 | | Rain, Overflow Duration = 0.33 hours |
| 11 | | | | | | |
| 12 | | | | | | |
| 13 | 0.134 | 1 | 1.07 | 8.00 | | Rain, Overflow Duration = 1.08 hours |
| 14 | 0.001 | | 0.47 | 9.00 | | Rain, Overflow Duration = 0.08 hours |
| 15 | | | 0.37 | 9.00 | | |
| 16 | 0.513 | | 0.65 | 5.00 | | Rain, Overflow Duration = 1.83 hours |
| 17 | | | | | | |
| 18 | | | 0.03 | 2.00 | | |
| 19 | 2.530 | 1 | 2.02 | 11.00 | | Rain, Overflow Duration = 4.00 hours |
| 20 | 0.223 | | 0.50 | 6.00 | | Rain, Overflow Duration = 1.08 hours |
| 21 | | | | | | |
| 22 | | | | | | |
| 23 | | | | | | |
| 24 | | | | | 1 | |
| 25 | | | | | 1 | |
| 26 | | | | | 1 | |
| 27 | | | | | | |
| 28 | | | | | | |
| 29 | | | | | | |
| 30 | | | | | | |
| TOTAL | 3.961 | 5 | 6.43 | 63.00 | 4 | |
| AVG | 0.495 | 1 | 0.58 | 5.73 | 1 | |
| MAX | 2.530 | 1 | 2.02 | 11.00 | 1 | |
| MIN | 0.001 | 1 | 0.02 | 1.00 | 1 | |
| COUNT | 8 | 5 | 11 | 11 | 4 | |

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved

OMB NO. 2040-0004

DISCHARGE MONITORING REPORT (DMR)

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

TN0020575
 PERMIT NUMBER

023 G
 DISCHARGE NUMBER

DMR Mailing ZIP CODE: 372082206

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

FACILITY NASHVILLE-CENTRAL STP
 LOCATION 1600 2ND AVENUE NORTH
 NASHVILLE TN 372082206

MONITORING PERIOD
 FROM 04/01/2015 TO 04/30/2015

NO DISCHARGE []

ATTN: MR. SCOTT POTTER

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|----------|--------------------------|-------|-------|-------|--------|------------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Rainfall duration 00135 1 0 Effluent Gross | SAMPLE MEASUREMENT | 63.00 | ***** | | ***** | ***** | ***** | **** | | | |
| | PERMIT REQUIREMENT | Req. Mon. MO TOTAL | ***** | hr | ***** | ***** | ***** | **** | | Daily When Discharging | CALCTD |
| Rainfall 46529 1 0 Effluent Gross | SAMPLE MEASUREMENT | 6.43 | ***** | | ***** | ***** | ***** | **** | | | |
| | PERMIT REQUIREMENT | Req. Mon. MO TOTAL | ***** | in | ***** | ***** | ***** | **** | | Daily When Discharging | CALCTD |
| Flow, in conduit 50050 1 0 Effluent Gross | SAMPLE MEASUREMENT | 0.495 | 2.530 | | ***** | ***** | ***** | **** | | | |
| | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | ***** | ***** | ***** | **** | | Daily When Discharging | CONTIN |
| Rainfall events with no discharge 51407 1 0 Effluent Gross | SAMPLE MEASUREMENT | 4.00 | ***** | | ***** | ***** | ***** | **** | | | |
| | PERMIT REQUIREMENT | Req. Mon. MO TOTAL | ***** | occur/mo | ***** | ***** | ***** | **** | | Daily When Discharging | CALCTD |
| Discharge event observation 84165 1 0 Effluent Gross | SAMPLE MEASUREMENT | 5.00 | ***** | | ***** | ***** | ***** | **** | | | |
| | 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 | 05/10/2015 |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE NUMBER |
| COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) | | | |

Apr 2015

**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 | | | | | 1 | |
| 3 | | | | | 1 | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | 1 | |
| 7 | | | | | 1 | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | 1 | |
| 11 | | | | | | |
| 12 | | | | | | |
| 13 | | | | | 1 | |
| 14 | | | | | 1 | |
| 15 | | | | | 1 | |
| 16 | | | | | 1 | |
| 17 | | | | | | |
| 18 | | | 0.02 | 1.00 | | |
| 19 | 1.940 | 1 | 1.92 | 12.00 | | Rain, Overflow Duration = 8.67 hours |
| 20 | 5.620 | | 0.48 | 4.00 | | Rain, Overflow Duration = 6.92 hours |
| 21 | | | | | | |
| 22 | | | | | | |
| 23 | | | | | | |
| 24 | | | | | 1 | |
| 25 | | | | | 1 | |
| 26 | | | | | 1 | |
| 27 | | | | | | |
| 28 | | | | | | |
| 29 | | | | | | |
| 30 | | | | | | |
| | | | | | | |
| TOTAL | 7.560 | 1 | 2.42 | 17.00 | 12 | |
| AVG | 3.780 | 1 | 0.81 | 5.67 | 1 | |
| MAX | 5.620 | 1 | 1.92 | 12.00 | 1 | |
| MIN | 1.940 | 1 | 0.02 | 1.00 | 1 | |
| COUNT | 2 | 1 | 3 | 3 | 12 | |

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved

OMB NO. 2040-0004

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

TN0020575
 PERMIT NUMBER

024G
 DISCHARGE NUMBER

DMR Mailing ZIP CODE: 372082206

MAJOR \$
 (SUBR 04) EMH
 WASHINGTON MI 190.4 CSO
 External Outfall

FACILITY NASHVILLE-CENTRAL STP
 LOCATION 1600 2ND AVENUE NORTH
 NASHVILLE TN 372082206

MONITORING PERIOD
 FROM 04/01/2015 TO 04/30/2015

NO DISCHARGE []

ATTN: MR. SCOTT POTTER

| 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 | 17.00 | ***** | | ***** | ***** | ***** | **** | | | |
| | PERMIT REQUIREMENT | Req. Mon. MO TOTAL | ***** | hr | ***** | ***** | ***** | **** | | Daily When Discharging | CALCTD |
| 46529 1 0 Effluent Gross | SAMPLE MEASUREMENT | 2.42 | ***** | | ***** | ***** | ***** | **** | | | |
| | PERMIT REQUIREMENT | Req. Mon. MO TOTAL | ***** | in | ***** | ***** | ***** | **** | | Daily When Discharging | CALCTD |
| 50050 1 0 Effluent Gross | SAMPLE MEASUREMENT | 3.780 | 5.620 | | ***** | ***** | ***** | **** | | | |
| | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | ***** | ***** | ***** | **** | | Daily When Discharging | CONTIN |
| 51407 1 0 Effluent Gross | SAMPLE MEASUREMENT | 12 | ***** | | ***** | ***** | ***** | **** | | | |
| | PERMIT REQUIREMENT | Req. Mon. MO TOTAL | ***** | occur/mo | ***** | ***** | ***** | **** | | Daily When Discharging | CALCTD |
| 84165 1 0 Effluent Gross | SAMPLE MEASUREMENT | 1 | ***** | | ***** | ***** | ***** | **** | | | |
| | 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 | 05/10/2015 |
| 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) | | | |

Apr

2015

**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 | | | | | 1 | |
| 3 | 1.272 | 1 | 0.47 | 3.00 | | Rain, Overflow Duration = 0.75 hours |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | 1 | |
| 7 | | | | | 1 | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | 0.133 | 1 | 0.42 | 4.00 | | Rain, Overflow Duration = 0.75 hours |
| 11 | | | | | | |
| 12 | | | | | | |
| 13 | 0.195 | 1 | 1.24 | 8.00 | | Rain, Overflow Duration = 1.92 hours |
| 14 | 0.045 | | 0.68 | 9.00 | | Rain, Overflow Duration = 0.83 hours |
| 15 | 0.369 | | 0.51 | 9.00 | | Rain, Overflow Duration = 0.67 hours |
| 16 | 2.666 | | 1.11 | 6.00 | | Rain, Overflow Duration = 1.33 hours |
| 17 | | | | | | |
| 18 | | | | | | |
| 19 | 2.201 | 1 | 1.45 | 11.00 | | Rain, Overflow Duration = 3.92 hours |
| 20 | 0.487 | | 0.38 | 5.00 | | Rain, Overflow Duration = 1.25 hours |
| 21 | | | | | | |
| 22 | | | | | | |
| 23 | | | | | | |
| 24 | | | | | 1 | |
| 25 | | | | | 1 | |
| 26 | | | | | 1 | |
| 27 | | | | | | |
| 28 | | | | | | |
| 29 | | | | | | |
| 30 | | | | | | |
| TOTAL | 7.368 | 4 | 6.26 | 55.00 | 6 | |
| AVG | 0.921 | 1 | 0.78 | 6.88 | 1 | |
| MAX | 2.666 | 1 | 1.45 | 11.00 | 1 | |
| MIN | 0.045 | 1 | 0.38 | 3.00 | 1 | |
| COUNT | 8 | 4 | 8 | 8 | 6 | |

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved

DISCHARGE MONITORING REPORT (DMR)

OMB NO. 2040-0004

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

TN0020575
 PERMIT NUMBER

033 G
 DISCHARGE NUMBER

DMR Mailing ZIP CODE: 372082206

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

FACILITY NASHVILLE-CENTRAL STP
 LOCATION 1600 2ND AVENUE NORTH
 NASHVILLE TN 372082206

MONITORING PERIOD
 MM/DD/YYYY TO MM/DD/YYYY
 FROM 04/01/2015 TO 04/30/2015

NO DISCHARGE []

ATTN: MR. SCOTT POTTER

| 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 | 55.00 | ***** | | ***** | ***** | ***** | **** | | | |
| 00135 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO TOTAL | ***** | hr | ***** | ***** | ***** | **** | | Daily When Discharging | CALCTD |
| Rainfall | SAMPLE MEASUREMENT | 6.26 | ***** | | ***** | ***** | ***** | **** | | | |
| 46529 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO TOTAL | ***** | in | ***** | ***** | ***** | **** | | Daily When Discharging | CALCTD |
| Flow, in conduit | SAMPLE MEASUREMENT | 0.921 | 2.666 | | ***** | ***** | ***** | **** | | | |
| 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 | 6 | ***** | | ***** | ***** | ***** | **** | | | |
| 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 | 05/10/2015 |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE NUMBER |
| COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) | | | |

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

Form Approved
OMB NO. 2040-0004

DISCHARGE MONITORING REPORT (DMR)

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

| |
|---------------|
| TN0020575 |
| PERMIT NUMBER |

| |
|------------------|
| 035 G |
| DISCHARGE NUMBER |

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

FACILITY NASHVILLE-CENTRAL STP
LOCATION 1600 2ND AVENUE NORTH
NASHVILLE TN 372082206

| MONITORING PERIOD | |
|-------------------|---------------|
| MM/DD/YYYY | MM/DD/YYYY |
| FROM 04/01/2015 | TO 04/30/2015 |

NO DISCHARGE [x]

ATTN: MR. SCOTT POTTER

| 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 |

| | | | |
|---|---|--|-----------------------------|
| 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 | 05/10/2015 |
| 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) | | | |

Apr 2015

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 | | | | | 1 | |
| 3 | 0.034 | 1 | 0.54 | 3.00 | | Rain, Overflow Duration = 0.08 hours |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | 0.28 | 6.00 | | |
| 7 | 0.021 | 1 | 0.05 | 2.00 | | Rain, Overflow Duration = 0.08 hours |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | 0.009 | 1 | 0.45 | 4.00 | | Rain, Overflow Duration = 0.33 hours |
| 11 | | | | | | |
| 12 | | | | | | |
| 13 | 0.043 | 1 | 1.03 | 9.00 | | Rain, Overflow Duration = 0.42 hours |
| 14 | 0.041 | | 0.43 | 10.00 | | Rain, Overflow Duration = 0.25 hours |
| 15 | | | 0.24 | 8.00 | | |
| 16 | 0.200 | | 0.84 | 6.00 | | Rain, Overflow Duration = 0.67 hours |
| 17 | | | | | | |
| 18 | | | | | | |
| 19 | 0.577 | 1 | 1.92 | 12.00 | | Rain, Overflow Duration = 2.33 hours |
| 20 | 0.120 | | 0.48 | 4.00 | | Rain, Overflow Duration = 0.75 hours |
| 21 | | | | | | |
| 22 | | | | | | |
| 23 | | | | | | |
| 24 | | | | | 1 | |
| 25 | | | | | 1 | |
| 26 | | | | | 1 | |
| 27 | | | | | | |
| 28 | | | | | | |
| 29 | | | | | | |
| 30 | | | | | | |
| | | | | | | |
| TOTAL | 1.045 | 5 | 6.26 | 64.00 | 4 | |
| AVG | 0.131 | 1 | 0.63 | 6.40 | 1 | |
| MAX | 0.577 | 1 | 1.92 | 12.00 | 1 | |
| MIN | 0.009 | 1 | 0.05 | 2.00 | 1 | |
| COUNT | 8 | 5 | 10 | 10 | 4 | |

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved
OMB NO. 2040-0004

DISCHARGE MONITORING REPORT (DMR)

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

| |
|---------------|
| TN0020575 |
| PERMIT NUMBER |

| |
|------------------|
| 047 G |
| DISCHARGE NUMBER |

DMR Mailing ZIP CODE: 372082206

MAJOR \$
(SUBR 04)
BOSCOBEL MI 192.6 CSO
External Outfall

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

| MONITORING PERIOD | |
|-------------------|---------------|
| MM/DD/YYYY | MM/DD/YYYY |
| FROM 04/01/2015 | TO 04/30/2015 |

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 | 64.00 | ***** | | ***** | ***** | ***** | **** | | | |
| 00135 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO TOTAL | ***** | hr | ***** | ***** | ***** | **** | | Daily When Discharging | CALCTD |
| Rainfall | SAMPLE MEASUREMENT | 6.26 | ***** | | ***** | ***** | ***** | **** | | | |
| 46529 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO TOTAL | ***** | in | ***** | ***** | ***** | **** | | Daily When Discharging | CALCTD |
| Flow, in conduit | SAMPLE MEASUREMENT | 0.131 | 0.577 | | ***** | ***** | ***** | **** | | | |
| 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 | ***** | | ***** | ***** | ***** | **** | | | |
| 51407 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO TOTAL | ***** | occur/mo | ***** | ***** | ***** | **** | | Daily When Discharging | CALCTD |
| Discharge event observation | SAMPLE MEASUREMENT | 5 | ***** | | ***** | ***** | ***** | **** | | | |
| 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 | 05/10/2015 |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE NUMBER |
| COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) | | | |