# CENTRAL WASTEWATER TREATMENT PLANT CSO - 018 - 1st & VAN BUREN

|       |          | Number of  | Rainfall  | Rain Duration | Number of   |   |
|-------|----------|------------|-----------|---------------|-------------|---|
|       | Effluent | Discharges | causing a | causing a     | Rain Events |   |
|       | Flow     | from       | Discharge | Discharge     | Not causing |   |
| DATE  | MGD      | Outfall    | Inches    | Hours         | a Discharge | Reason for Bypassing                            |
|       |          |            |           |               |             |   |
| 1     |          |            |           |               |             |   |
| 2     |          |            |           |               |             |   |
| 3     |          |            |           |               |             |   |
| 4     |          |            |           |               |             |   |
| 5     |          |            |           |               |             |   |
| 6     |          |            |           |               |             |   |
| 7     |          |            |           |               |             |   |
| 8     |          |            |           |               |             |   |
| 9     |          |            |           |               |             |   |
| 10    |          |            |           |               |             |   |
| 11    |          |            |           |               |             |   |
| 12    |          |            |           |               |             |   |
| 13    |          |            |           |               |             |   |
| 14    |          |            |           |               |             |   |
| 15    |          |            |           |               |             |   |
| 16    |          |            |           |               |             | Discharge pipe to the river was plugged 9-28-11 |
| 17    |          |            |           |               |             | CSO has been eliminated.                        |
| 18    |          |            |           |               |             |   |
| 19    |          |            |           |               |             |   |
| 20    |          |            |           |               |             |   |
| 21    |          |            |           |               |             |   |
| 22    |          |            |           |               |             |   |
| 23    |          |            |           |               |             |   |
| 24    |          |            |           |               |             |   |
| 25    |          |            |           |               |             |   |
| 26    |          |            |           |               |             |   |
| 27    |          |            |           |               |             |   |
| 28    |          |            |           |               |             |   |
| 29    |          |            |           |               |             |   |
| 30    |          |            |           |               |             |   |
| 31    |          |            |           |               |             |   |
|       | 0.000    |            | 0.00      | 0.00          | ^           |   |
| TOTAL | 0.000    |            |           |               |             |   |
| AVG   | #DIV/0!  | #DIV/0!    | #DIV/0!   | #DIV/0!       | #DIV/0!     |   |
| MAX   | 0.000    | 0          |           | 0.00          | 0           |   |
| MIN   | 0.000    | 0          |           | 0.00          | 0           |   |
| COUNT | 0        | 0          | 0         | 0             | 0           |   |

### DMR Mailing ZIP CODE: 372082206

\$

Form Approved OMB NO. 2040-0004

NASHVILLE-CENTRAL STP

ADDRESS 1600 2ND AVENUE NORTH
NASHVILLE TN 372082206

FACILITY NASHVILLE-CENTRAL STP LOCATION 1600 2ND AVENUE NORTH

NASHVILLE TN 372082206

TN0020575 PERMIT NUMBER 018 G DISCHARGE NUMBER MAJOR (SUBR 04) VAN BUREN

VAN BUREN AT MI 189.5 CSO

External Outfall

NO DISCHARGE [x]

|     | MONITORING PERIOD |    |            |  |  |  |  |  |
|-----|-------------------|----|------------|--|--|--|--|--|
|     | MM/DD/YYYY        |    | MM/DD/YYYY |  |  |  |  |  |
| ROM | 10/01/2012        | то | 10/31/2012 |  |  |  |  |  |

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

| repared under my direction or supervision in accordance with a system designed   |   | TELEPHONE   | DATE  |
|--|---|---|---|
| to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system.           |   |   |   |
| or those persons directly responsible for gathering the information, the information sumbitted is, to the best of my knowledge and belief, true, accurate, and complete. |   | 615 862-4591  | 11/10/2012  |
| I am aware that there are significant penalties for submitting false information,  | SIGNATURE OF PRINCIPAL EXECUTIVE  | AREA  | +   |
| including the possibility of fine and imprisonment for knowing violations.   | OFFICER OR AUTHORIZED AGENT   | CODE NUMBER   | MM/DD/YYYY  |
| I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.             |   |   | MM  |
|  | to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information 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, including the possibility of fine and imprisonment for knowing violations. | prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information 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, including the possibility of fine and imprisonment for knowing violations.  SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information 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 |

# 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     | 26.170   | 1          | 1.59      | 16.00         |             | Rain, Overflow Duration = 6.00 hours  |
| 2     |          |            |           |               | 1           |                                       |
| 3     |          |            |           |               |             |                                       |
| 4     |          |            |           |               |             |                                       |
| 5     |          |            | 0.02      |               |             |                                       |
| 6     | 4.840    | 1          | 0.50      | 5.00          |             | Rain, Overflow Duration = 1.10 hours  |
| 7     |          |            | 0.02      | 1.00          |             |                                       |
| 8     |          |            |           |               | 1           |                                       |
| 9     |          |            |           |               |             |                                       |
| 10    |          |            |           |               |             |                                       |
| 11    |          |            |           |               |             |                                       |
| 12    | 25.940   | 1          | 1.06      | 7.00          |             | Rain, Overflow Duration = 10.85 hours |
| 13    |          |            |           |               |             |                                       |
| 14    |          |            |           |               |             |                                       |
| 15    |          |            |           |               |             |                                       |
| 16    |          |            |           |               |             |                                       |
| 17    |          |            |           |               |             |                                       |
| 18    | 9.770    | 1          | 0.59      | 2.00          |             | Rain, Overflow Duration = 2.10 hours  |
| 19    |          |            |           |               |             |                                       |
| 20    |          |            |           |               |             |                                       |
| 21    |          |            |           |               |             |                                       |
| 22    |          |            |           |               |             |                                       |
| 23    |          |            |           |               |             |                                       |
| 24    |          |            |           |               |             |                                       |
| 25    |          |            |           |               |             |                                       |
| 26    |          |            |           |               | 1           |                                       |
| 27    |          |            |           |               | 1           |                                       |
| 28    |          |            |           |               |             |                                       |
| 29    |          |            |           |               |             |                                       |
| 30    |          |            |           |               |             |                                       |
| 31    |          |            |           |               |             |                                       |
|       |          |            |           |               |             |                                       |
| TOTAL | 66.720   |            | 3.78      |               | 4           |                                       |
| AVG   | 16.680   |            | 0.63      |               | 1           |                                       |
| MAX   | 26.170   |            | 1.59      |               | 1           |                                       |
| MIN   | 4.840    | 1          | 0.02      | 1.00          | 1           |                                       |
| COUNT | 4        | 4          | 6         | 6             | 4           |                                       |

| PERMITTEE NAME/ADDRESS | (Include Facilit | y Name/Location | if different) |
|------------------------|------------------|-----------------|---------------|
|------------------------|------------------|-----------------|---------------|

NASHVILLE-CENTRAL STP

ADDRESS 1600 2ND AVENUE NORTH

NAME

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

### 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

| NĀSHVILLĒ TN 372082206         |
|--------------------------------|
| 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 | 10/01/2012        | то | 10/31/2012 |  |  |  |  |  |
|      |                   |    |            |  |  |  |  |  |
| OR L | DADING            |    |            |  |  |  |  |  |
|      |                   |    |            |  |  |  |  |  |

| PARAMETER                         |             | QUA       | ANTITY OR LO | DADING   | QUALITY OR CONCENTRATION |       |       | NO.   | FREQUENCY | SAMPLE      |        |
|-----------------------------------|-------------|-----------|--------------|----------|--------------------------|-------|-------|-------|-----------|-------------|--------|
|                                   |             | VALUE     | VALUE        | UNITS    | VALUE                    | VALUE | VALUE | UNITS | EX        | OF ANALYSIS | TYPE   |
| Rainfall duration                 | SAMPLE      |           |              |          |                          |       |       |       |           |             |        |
|                                   | MEASUREMENT | 33.00     | *****        |          | *****                    | ***** | ***** | ****  |           |             |        |
| 00135 1 0                         | PERMIT      | Req. Mon. |              |          |                          |       |       |       |           | Daily When  |        |
| Effluent Gross                    | REQUIREMENT | MO TOTAL  | *****        | hr       | *****                    | ***** | ***** | ****  |           | Discharging | CALCTD |
| Rainfall                          | SAMPLE      |           |              |          |                          |       |       |       |           |             |        |
|                                   | MEASUREMENT | 3.78      | *****        |          | *****                    | ***** | ***** | ****  |           |             |        |
| 46529 1 0                         | PERMIT      | Req. Mon. |              | in       |                          |       |       |       |           | Daily When  |        |
| Effluent Gross                    | REQUIREMENT | MO TOTAL  | *****        |          | *****                    | ***** | ***** | ****  |           | Discharging | CALCTD |
| Flow, in conduit                  | SAMPLE      |           |              |          |                          |       |       |       |           |             |        |
|                                   | MEASUREMENT | 16.680    | 26.170       |          | *****                    | ***** | ***** | ****  |           |             |        |
| 50050 1 0                         | PERMIT      | Req. Mon. | Req. Mon.    | Mgal/d   |                          |       |       |       |           | Daily When  |        |
| Effluent Gross                    | REQUIREMENT | MO AVG    | DAILY MX     | _        | *****                    | ***** | ***** | ****  |           | Discharging | CONTIN |
| Rainfall events with no discharge | SAMPLE      |           |              |          |                          |       |       |       |           |             |        |
|                                   | MEASUREMENT | 4.00      | *****        |          | *****                    | ***** | ***** | ****  |           |             |        |
| 51407 1 0                         | PERMIT      | Req. Mon. |              | occur/mo |                          |       |       |       |           | Daily When  |        |
| Effluent Gross                    | REQUIREMENT | MO TOTAL  | *****        |          | *****                    | ***** | ***** | ****  |           | Discharging | CALCTD |
| Discharge event observation       | SAMPLE      |           |              |          |                          |       |       |       |           |             |        |
|                                   | MEASUREMENT | 4.00      | *****        |          | *****                    | ***** | ***** | ****  |           |             |        |
| 84165 1 0                         | PERMIT      | Req. Mon. |              | Y=1;N=0  |                          |       |       |       |           | Daily When  |        |
| Effluent Gross                    | REQUIREMENT | MO TOTAL  | *****        |          | *****                    | ***** | ***** | ****  |           | Discharging | CALCTD |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were           |                                  |              |            |
|--|--|----------------------------------|--------------|------------|
|  | prepared under my direction or supervision in accordance with a system designed      |                                  | TELEPHONE    | DATE       |
| SCOTT A. POTTER                        | to assure that qualified personnel property gather and evaluate the information      |                                  |              |            |
|  | submitted. Based on my inquiry of the person or persons who manage the system,       |                                  |              |            |
| DIRECTOR                               | or those persons directly responsible for gathering the information, the information |                                  | 615 862-4591 | 11/10/2012 |
|  | 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     | DLATIONS (Reference all attachments here)  |                                  |              |            |
|  |  |                                  |              |            |

# CENTRAL WASTEWATER TREATMENT PLANT CSO - 020 - Ist & BROADWAY

|          |          | Number of  | Rainfall  | Rain Duration | Number of   |   |
|----------|----------|------------|-----------|---------------|-------------|---|
|          | Effluent | Discharges | causing a | causing a     | Rain Events |   |
|          | Flow     | from       | Discharge | Discharge     | Not causing |   |
| DATE     | MGD      | Outfall    | Inches    | Hours         | a Discharge | Reason for Bypassing                            |
|          |          |            |           |               |             |   |
| 1        |          |            |           |               |             |   |
| 2        |          |            |           |               |             |   |
| 3        |          |            |           |               |             |   |
| 4        |          |            |           |               |             |   |
| 5        |          |            |           |               |             |   |
| 6        |          |            |           |               |             |   |
| 7        |          |            |           |               |             |   |
| 8        |          |            |           |               |             |   |
| 9        |          |            |           |               |             |   |
| 10       |          |            |           |               |             |   |
| 11       |          |            |           |               |             |   |
| 12       |          |            |           |               |             |   |
| 13       |          |            |           |               |             |   |
| 14       |          |            |           |               |             |   |
| 15       |          |            |           |               |             | Discharge pipe to the river was plugged 9-15-11 |
| 16       |          |            |           |               |             | CSO has been eliminated.                        |
| 17       |          |            |           |               |             |   |
| 18       |          |            |           |               |             |   |
| 19       |          |            |           |               |             |   |
| 20       |          |            |           |               |             |   |
| 21       |          |            |           |               |             |   |
| 22       |          |            |           |               |             |   |
| 23       |          |            |           |               |             |   |
| 24       |          |            |           |               |             |   |
| 25       |          |            |           |               |             |   |
| 26<br>27 |          |            |           |               |             |   |
| 28       |          |            |           |               |             |   |
| 29       |          |            |           |               |             |   |
| 30       |          |            |           |               |             |   |
| 31       |          |            |           |               |             |   |
|          |          |            |           |               |             |   |
| TOTAL    | 0.000    | 0          | 0.00      | 0.00          | 0           |   |
| AVG      | #DIV/0!  | #DIV/0!    | #DIV/0!   | #DIV/0!       | #DIV/0!     |   |
| MAX      | 0.000    | 0          | 0.00      | 0.00          | 0           |   |
| MIN      | 0.000    | 0          | 0.00      | 0.00          | 0           |   |
| COUNT    | 0.000    | 0          | 0.00      |               | 0           |   |
| COUNT    |          |            | <u> </u>  |               | 0           |   |

| PERMITTEE NAME/ADDRESS | (Include Facilit | y Name/Location | if different) |
|------------------------|------------------|-----------------|---------------|
|------------------------|------------------|-----------------|---------------|

NAME

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

020 G

DISCHARGE NUMBER

| DMR | Mailing | 7IP | CODE: | 372082206 |
|-----|---------|-----|-------|-----------|

OMB NO. 2040-0004

MAJOR (SUBR 04)

1ST & BROADWAY MI 191.0 CSO

External Outfall

NO DISCHARGE [x]

Form Approved

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

TN0020575 PERMIT NUMBER

> MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/01/2012 то 10/31/2012

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

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed               |   | TELEPHONE           | DATE       |
|--|--|---|---------------------|------------|
| SCOTT A. POTTER                        | 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        | 11/10/2012 |
| 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<br>OFFICER OR AUTHORIZED AGENT | AREA<br>CODE NUMBER | MM/DD/YYYY |
| COMMENT AND EXPLANATION OF ANY VI      | OLATIONS (Reference all attachments here)  |   |                     | •          |

## CENTRAL WASTEWATER TREATMENT PLANT CSO - 023 - BENEDICT & CRUTCHER

|            |          | Number of  | Rainfall  | Rain Duration | Number of   |                                      |
|------------|----------|------------|-----------|---------------|-------------|--------------------------------------|
|            | Effluent | Discharges | causing a | causing a     | Rain Events |                                      |
|            | Flow     | from       | Discharge | Discharge     | Not causing |                                      |
| DATE       | MGD      | Outfall    | Inches    | Hours         | a Discharge | Reason for Bypassing                 |
|            |          |            |           |               |             |                                      |
| 1          | 0.270    | 1          | 1.40      | 15.00         |             | Rain, Overflow Duration = 7.00 hours |
| 2          |          |            |           |               | 1           |                                      |
| 3          |          |            |           |               |             |                                      |
| 4          |          |            |           |               | 1           |                                      |
| 5          |          |            | 0.02      | 2.00          |             |                                      |
| 6          | 0.003    | 1          | 0.59      |               |             | Rain, Overflow Duration = 1.75 hours |
| 7          |          |            | 0.02      | 2.00          |             |                                      |
| 8          |          |            |           |               | 1           |                                      |
| 9          |          |            |           |               |             |                                      |
| 10         |          |            |           |               |             |                                      |
| 11         |          |            |           |               |             |                                      |
| 12         | 0.680    | 1          | 0.90      | 6.00          |             | Rain, Overflow Duration = 4.33 hours |
| 13         |          |            |           |               |             |                                      |
| 14         |          |            |           |               |             |                                      |
| 15         |          |            |           |               |             |                                      |
| 16         |          |            |           |               |             |                                      |
| 17         |          |            |           |               |             |                                      |
| 18         | 0.063    | 1          | 0.66      | 2.00          |             | Rain, Overflow Duration = 1.67 hours |
| 19         |          |            |           |               |             |                                      |
| 20         |          |            |           |               |             |                                      |
| 21         |          |            |           |               |             |                                      |
| 22         |          |            |           |               |             |                                      |
| 23<br>24   |          |            |           |               |             |                                      |
| 25         |          |            |           |               |             |                                      |
| 26         |          |            |           |               | 1           |                                      |
| 27         |          |            |           |               | 1           |                                      |
| 28         |          |            |           |               | ı           |                                      |
| 29         |          |            |           |               |             |                                      |
| 30         |          |            |           |               |             |                                      |
| 31         |          |            |           |               |             |                                      |
| _ <u> </u> |          |            |           |               |             |                                      |
| TOTAL      | 1.016    | 4          | 3.59      | 32.00         | 5           |                                      |
| AVG        | 0.254    | 1          | 0.60      |               |             |                                      |
| MAX        | 0.680    | 1          | 1.40      |               | 1           |                                      |
| MIN        | 0.003    | 1          | 0.02      | 2.00          | 1           |                                      |
| COUNT      | 4        | 4          | 6         |               | 5           |                                      |
| COONT      |          |            | 0         |               |             |                                      |

| PERMITTEE NAME/ADDRESS | (Include Facilit | y Name/Location | if different) |
|------------------------|------------------|-----------------|---------------|
|------------------------|------------------|-----------------|---------------|

MONITORING PERIOD

10/01/2012 то

| DMR | Mailing | 7IP | CODE: | 372082206 |
|-----|---------|-----|-------|-----------|

Form Approved OMB NO. 2040-0004

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

FACILITY NASHVILLE-CENTRAL STP
LOCATION 1600 2ND AVENUE NORTH

NASHVILLE TN 372082206

TN0020575 PERMIT NUMBER

FROM

MM/DD/YYYY

023 G DISCHARGE NUMBER

MM/DD/YYYY

10/31/2012

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

NO DISCHARGE []

| PARAMETER                         |                                | QUANTITY OR LOADING   |                       |          | QUALITY OR CONCENTRATION |       |       |       | NO. | FREQUENCY                 | SAMPLE |
|-----------------------------------|--------------------------------|-----------------------|-----------------------|----------|--------------------------|-------|-------|-------|-----|---------------------------|--------|
| TANAMETEN                         |                                | VALUE                 | VALUE                 | UNITS    | VALUE                    | VALUE | VALUE | UNITS | EX. | OF ANALYSIS               | TYPE   |
| Rainfall duration                 | SAMPLE                         |                       |                       |          |                          |       |       |       |     |                           |        |
|                                   | MEASUREMENT                    | 32.00                 | *****                 |          | *****                    | ***** | ***** | ****  |     |                           |        |
| 00135 1 0<br>Effluent Gross       | PERMIT<br>REQUIREMENT          | Req. Mon.<br>MO TOTAL | *****                 | hr       | *****                    | ***** | ***** | ***   |     | Daily When<br>Discharging | CALCTD |
| Rainfall                          | SAMPLE                         | 3.59                  | *****                 |          | *****                    | ***** | ***** | ****  |     |                           |        |
| 46529 1 0<br>Effluent Gross       | MEASUREMENT PERMIT REQUIREMENT | Req. Mon.<br>MO TOTAL | *****                 | in       | ****                     | ***** | ****  | ****  |     | Daily When<br>Discharging | CALCTD |
| Flow, in conduit                  | SAMPLE<br>MEASUREMENT          | 0.254                 | 0.680                 |          | ****                     | ****  | ****  | ****  |     |                           |        |
| 50050 1 0<br>Effluent Gross       | PERMIT<br>REQUIREMENT          | Req. Mon.<br>MO AVG   | Req. Mon.<br>DAILY MX | Mgal/d   | *****                    | ***** | ***** | ****  |     | Daily When Discharging    | CONTIN |
| Rainfall events with no discharge | SAMPLE<br>MEASUREMENT          | 5.00                  | *****                 |          | *****                    | ***** | ***** | ***   |     |                           |        |
| 51407 1 0<br>Effluent Gross       | PERMIT<br>REQUIREMENT          | Req. Mon.<br>MO TOTAL | *****                 | occur/mo | *****                    | ***** | ***** | ***   |     | Daily When Discharging    | CALCTD |
| Discharge event observation       | SAMPLE<br>MEASUREMENT          | 4.00                  | *****                 |          | ****                     | ****  | ****  | ****  |     |                           |        |
| 84165 1 0<br>Effluent Gross       | PERMIT<br>REQUIREMENT          | Req. Mon.<br>MO TOTAL | *****                 | Y=1;N=0  | ****                     | ***** | ****  | ****  |     | Daily When<br>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        | 11/10/2012 |
| 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<br>OFFICER OR AUTHORIZED AGENT | AREA<br>CODE NUMBER | MM/DD/YYYY |

## CENTRAL WASTEWATER TREATMENT PLANT CSO - 024 - WASHINGTON DC

|        |          | Number of  | Rainfall  | Rain Duration | Number of    |   |
|--------|----------|------------|-----------|---------------|--------------|---|
|        | Effluent | Discharges | causing a | causing a     | Rain Events  |   |
|        | Flow     | from       | Discharge | Discharge     | Not causing  |   |
| DATE   | MGD      | Outfall    | Inches    | Hours         | a Discharge  | Reason for Bypassing                      |
|        |          |            |           |               |              |   |
| 1      |          |            |           |               | 1            |   |
| 2      |          |            |           |               | 1            |   |
| 3      |          |            |           |               |              |   |
| 4      |          |            |           |               |              |   |
| 5      |          |            |           |               | 1            |   |
| 6      |          |            |           |               | 1            |   |
| 7      |          |            |           |               | 1            |   |
| 8      |          |            |           |               | 1            |   |
| 9      |          |            |           |               |              |   |
| 10     |          |            |           |               |              |   |
| 11     |          |            |           |               |              |   |
| 12     |          |            |           |               | 1            |   |
| 13     |          |            |           |               |              |   |
| 14     |          |            |           |               |              |   |
| 15     |          |            |           |               |              | NO DISCHARGE FOR THIS SITE FOR THIS MONTH |
| 16     |          |            |           |               |              |   |
| 17     |          |            |           |               |              |   |
| 18     |          |            |           |               | 1            |   |
| 19     |          |            |           |               |              |   |
| 20     |          |            |           |               |              |   |
| 21     |          |            |           |               |              |   |
| 22     |          |            |           |               |              |   |
| 23     |          |            |           |               |              |   |
| 25     |          |            |           |               |              |   |
| 26     |          |            |           |               | 1            |   |
| 27     |          |            |           |               | <u></u><br>1 |   |
| 28     |          |            |           |               | <u> </u>     |   |
| 29     |          |            |           |               |              |   |
| 30     |          |            |           |               |              |   |
| 31     |          |            |           |               |              |   |
|        | 1        | ļ          |           |               |              | <u> </u>                                  |
| TOTAL  | 0.000    | 0          | 0.00      | 0.00          | 10           |   |
| 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          | 0.00      |               | 10           |   |
| 300111 | <u> </u> | <u> </u>   |           | <u> </u>      |              |   |

| PERMITTEE NAME/ADDRESS | (Include Facilit | y Name/Location | if different) |
|------------------------|------------------|-----------------|---------------|
|------------------------|------------------|-----------------|---------------|

MONITORING PERIOD

10/01/2012 то

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

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

FACILITY NASHVILLE-CENTRAL S1P

TN0020575 PERMIT NUMBER

MM/DD/YYYY

024G DISCHARGE NUMBER

MM/DD/YYYY

10/31/2012

(SUBR 04) EMH WASHINGTON MI 190.4 CSO External Outfall

MAJOR

NO DISCHARGE [ ]

LOCATION 1600 2ND AVENUE NORTH

NASHVILLE TN 372082206

ATTN: MR. SCOTT POTTER

| PARAMETER                         |             | QUANTITY OR LOADING |           |          |       | QUALITY OR CONCENTRATION |       |       | _  | FREQUENCY   | SAMPLE |
|-----------------------------------|-------------|---------------------|-----------|----------|-------|--------------------------|-------|-------|----|-------------|--------|
|                                   |             | VALUE               | VALUE     | UNITS    | VALUE | VALUE                    | VALUE | UNITS | EX | OF ANALYSIS | TYPE   |
| Rainfall duration                 | SAMPLE      |                     |           |          |       |                          |       |       |    |             |        |
|                                   | MEASUREMENT | 0.00                | *****     |          | ***** | *****                    | ***** | ****  |    |             |        |
| 00135 1 0                         | PERMIT      | Req. Mon.           |           | hr       |       |                          |       |       |    | Daily When  |        |
| Effluent Gross                    | REQUIREMENT | MO TOTAL            | *****     |          | ***** | *****                    | ***** | ****  |    | Discharging | CALCTD |
| Rainfall                          | SAMPLE      |                     |           |          |       |                          |       |       |    |             |        |
|                                   | MEASUREMENT | 0.00                | *****     |          | ***** | *****                    | ***** | ****  |    |             |        |
| 46529 1 0                         | PERMIT      | Req. Mon.           |           | in       |       |                          |       |       |    | Daily When  |        |
| Effluent Gross                    | REQUIREMENT | MO TOTAL            | *****     |          | ***** | *****                    | ***** | ****  |    | Discharging | CALCTD |
| Flow, in conduit                  | SAMPLE      |                     |           |          |       |                          |       |       |    |             |        |
|                                   | MEASUREMENT | #DIV/0!             | 0.000     |          | ***** | *****                    | ***** | ****  |    |             |        |
| 50050 1 0                         | PERMIT      | Req. Mon.           | Req. Mon. | Mgal/d   |       |                          |       |       |    | Daily When  |        |
| Effluent Gross                    | REQUIREMENT | MO AVG              | DAILY MX  |          | ***** | *****                    | ***** | ****  |    | Discharging | CONTIN |
| Rainfall events with no discharge | SAMPLE      |                     |           |          |       |                          |       |       |    |             |        |
|                                   | MEASUREMENT | 10                  | *****     |          | ***** | *****                    | ***** | ****  |    |             |        |
| 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  |       |                          |       |       | ĺ  | 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        | 11/10/2012 |
| 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<br>OFFICER OR AUTHORIZED AGENT | AREA<br>CODE NUMBER | MM/DD/YYYY |
| COMMENT AND EXPLANATION OF ANY VIO     |  |   |                     |            |

# 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        | 0.178    | 1          | 1.72      | 17.00         |             | Rain, Overflow Duration = 1.50 hours |
| 2        |          |            |           |               |             |                                      |
| 3        |          |            |           |               |             |                                      |
| 4        |          |            |           |               |             |                                      |
| 5        |          |            | 0.02      |               |             |                                      |
| 6        | 0.003    | 1          | 0.54      |               |             | Rain, Overflow Duration = 0.25 hours |
| 7        |          |            | 0.01      | 1.00          |             |                                      |
| 8        |          |            |           |               | 1           |                                      |
| 9        |          |            |           |               |             |                                      |
| 10       |          |            |           |               |             |                                      |
| 11       |          |            |           |               |             |                                      |
| 12       | 0.538    | 1          | 1.06      | 7.00          |             | Rain, Overflow Duration = 0.83 hours |
| 13       |          |            |           |               |             |                                      |
| 14       |          |            |           |               |             |                                      |
| 15       |          |            |           |               |             |                                      |
| 16       |          |            |           |               |             |                                      |
| 17       |          |            |           |               |             |                                      |
| 18       | 0.125    | 1          | 0.68      | 3.00          |             | Rain, Overflow Duration = 1.33 hours |
| 19       |          |            |           |               |             |                                      |
| 20       |          |            |           |               |             |                                      |
| 21       |          |            |           |               |             |                                      |
| 22       |          |            |           |               |             |                                      |
| 23       |          |            |           |               |             |                                      |
| 24<br>25 |          |            |           |               |             |                                      |
| 26       |          |            |           |               | 1           |                                      |
| 27       |          |            |           |               | 1           |                                      |
| 28       |          |            |           |               | ı           |                                      |
| 29       |          |            |           |               |             |                                      |
| 30       |          |            |           |               |             |                                      |
| 31       |          |            |           |               |             |                                      |
| <u> </u> |          |            |           | <u>!</u>      |             |                                      |
| TOTAL    | 0.844    | 4          | 4.03      | 35.00         | 3           |                                      |
| AVG      | 0.211    | 1          | 0.67      |               |             |                                      |
| MAX      | 0.538    | 1          | 1.72      |               | 1           |                                      |
| MIN      | 0.003    | 1          | 0.01      |               | 1           |                                      |
| COUNT    | 4        | 4          | 6         |               |             |                                      |
| COUNT    |          |            |           |               |             |                                      |

| DMR | Mailing | ZIP | CODE: | 372082206 |
|-----|---------|-----|-------|-----------|

Form Approved OMB NO. 2040-0004

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

FACILITY NASHVILLE-CENTRAL STP
LOCATION 1600 2ND AVENUE NORTH

NASHVILLE TN 372082206

TN0020575
PERMIT NUMBER

033 G DISCHARGE NUMBER MAJOR \$
(SUBR 04) EMH
SCHRADER LN MI 184.7 CSO
External Outfall

NO DISCHARGE []

|      | MONITORING | G PE | RIOD       |
|------|------------|------|------------|
|      | MM/DD/YYYY |      | MM/DD/YYYY |
| FROM | 10/01/2012 | то   | 10/31/2012 |

| ATTN: MR. SCOTT POTTER            |             |                     |           |          | •     | •                        |       |       |    |             |        |
|-----------------------------------|-------------|---------------------|-----------|----------|-------|--------------------------|-------|-------|----|-------------|--------|
| PARAMETER                         |             | QUANTITY OR LOADING |           |          |       | QUALITY OR CONCENTRATION |       |       |    | FREQUENCY   | SAMPLE |
|                                   |             | VALUE               | VALUE     | UNITS    | VALUE | VALUE                    | VALUE | UNITS | EX | OF ANALYSIS | TYPE   |
| Rainfall duration                 | SAMPLE      |                     |           |          |       |                          |       |       |    |             | 1      |
|                                   | MEASUREMENT | 35.00               | *****     |          | ***** | *****                    | ***** | ****  |    |             |        |
| 00135 1 0                         | PERMIT      | Req. Mon.           |           | hr       |       |                          |       |       |    | Daily When  |        |
| Effluent Gross                    | REQUIREMENT | MO TOTAL            | *****     |          | ***** | *****                    | ***** | ****  |    | Discharging | CALCTD |
| Rainfall                          | SAMPLE      |                     |           |          |       |                          |       |       |    |             |        |
|                                   | MEASUREMENT | 4.03                | *****     |          | ***** | *****                    | ***** | ****  |    |             |        |
| 46529 1 0                         | PERMIT      | Req. Mon.           |           | in       |       |                          |       |       |    | Daily When  |        |
| Effluent Gross                    | REQUIREMENT | MO TOTAL            | *****     |          | ***** | *****                    | ***** | ****  |    | Discharging | CALCTD |
| Flow, in conduit                  | SAMPLE      |                     |           |          |       |                          |       |       |    |             |        |
|                                   | MEASUREMENT | 0.211               | 0.538     |          | ***** | *****                    | ***** | ****  |    |             |        |
| 50050 1 0                         | PERMIT      | Req. Mon.           | Req. Mon. | Mgal/d   |       |                          |       |       |    | Daily When  | T      |
| Effluent Gross                    | REQUIREMENT | MO AVG              | DAILY MX  |          | ***** | *****                    | ***** | ****  |    | Discharging | CONTIN |
| Rainfall events with no discharge | SAMPLE      |                     |           |          |       |                          |       |       |    |             |        |
|                                   | MEASUREMENT | 3                   | *****     |          | ***** | *****                    | ***** | ****  |    |             |        |
| 51407 1 0                         | PERMIT      | Req. Mon.           |           | occur/mo |       |                          |       |       |    | Daily When  | T      |
| Effluent Gross                    | REQUIREMENT | MO TOTAL            | *****     |          | ***** | *****                    | ***** | ****  |    | Discharging | CALCTD |
| Discharge event observation       | SAMPLE      |                     |           |          |       |                          | •     |       |    |             |        |
|                                   | MEASUREMENT | 4                   | *****     |          | ***** | *****                    | ***** | ****  |    |             |        |
| 84165 1 0                         | PERMIT      | Req. Mon.           |           | Y=1;N=0  |       |                          |       |       |    | Daily When  |        |
| Effluent Gross                    | REQUIREMENT | MO TOTAL            | *****     |          | ***** | *****                    | ***** | ****  |    | Discharging | CALCTD |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were           |                                  |              |            |
|--|--|----------------------------------|--------------|------------|
|  | prepared under my direction or supervision in accordance with a system designed      |                                  | TELEPHONE    | DATE       |
| SCOTT A. POTTER                        | to assure that qualified personnel property gather and evaluate the information      |                                  |              |            |
|  | submitted. Based on my inquiry of the person or persons who manage the system,       |                                  |              |            |
| DIRECTOR                               | or those persons directly responsible for gathering the information, the information |                                  | 615 862-4591 | 11/10/2012 |
|  | 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     | DLATIONS (Reference all attachments here)  |                                  | •            | -          |
|  |  |                                  |              |            |

# CENTRAL WASTEWATER TREATMENT PLANT CSO - 035 - DRIFTWOOD

|          |          | Number of  | Rainfall  | Rain Duration | Number of   |   |
|----------|----------|------------|-----------|---------------|-------------|---|
|          | Effluent | Discharges | causing a | causing a     | Rain Events |   |
|          | Flow     | from       | Discharge | Discharge     | Not causing |   |
| DATE     | MGD      | Outfall    | Inches    | Hours         | a Discharge | Reason for Bypassing                      |
|          |          |            |           |               |             |   |
| 1        |          |            |           |               | 1           |   |
| 2        |          |            |           |               |             |   |
| 3        |          |            |           |               | 1           |   |
| 4        |          |            |           |               |             |   |
| 5        |          |            |           |               | 1           |   |
| 6        |          |            |           |               | 1           |   |
| 7        |          |            |           |               | 1           |   |
| 8        |          |            |           |               | 1           |   |
| 9        |          |            |           |               | 1           |   |
| 10       |          |            |           |               |             |   |
| 11       |          |            |           |               |             |   |
| 12       |          |            |           |               | 1           |   |
| 13       |          |            |           |               |             |   |
| 14       |          |            |           |               |             |   |
| 15       |          |            |           |               |             | NO DISCHARGE FOR THIS SITE FOR THIS MONTH |
| 16       |          |            |           |               |             |   |
| 17       |          |            |           |               |             |   |
| 18       |          |            |           |               | 1           |   |
| 19       |          |            |           |               |             |   |
| 20       |          |            |           |               |             |   |
| 21       |          |            |           |               |             |   |
| 22       |          |            |           |               |             |   |
| 23       |          |            |           |               |             |   |
| 24       |          |            |           |               |             |   |
| 25       |          |            |           |               |             |   |
| 26<br>27 |          |            |           |               | 1           |   |
| 28       |          |            |           |               | 1           |   |
| 29       |          |            |           |               |             |   |
| 30       |          |            |           |               |             |   |
| 31       |          |            |           |               |             |   |
| _ J1     |          |            |           |               |             |   |
| TOTAL    | 0.000    | 0          | 0.00      | 0.00          | 8           |   |
| TOTAL    | #DIV/0!  | #DIV/0!    | #DIV/0!   | #DIV/0!       | 1           |   |
| AVG      | 0.000    | #DIV/0:    | 0.00      |               |             |   |
| MAX      | 0.000    | 0          | 0.00      |               | 1           |   |
| MIN      | 0.000    | 0          | 0.00      |               |             |   |
| COUNT    | U        | U          | U         |               | 0           |   |

NASHVILLE TN 372082206

NASHVILLE-CENTRAL STP

ADDRESS 1600 2ND AVENUE NORTH

NAME

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

#### DISCHARGE MONITORING REPORT (DMR)

TN0020575
PERMIT NUMBER

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

DRIFTWOOD MI 192.0 CSO

External Outfall

NO DISCHARGE [x]

Form Approved

OMB NO. 2040-0004

| FACILITY NASHVILLE-CENTRAL STP | MONITORING PERIOD             |
|--------------------------------|-------------------------------|
| LOCATION 1600 2ND AVENUE NORTH | MM/DD/YYYY MM/DD/YYYY         |
| NASHVILLE TN 372082206         | FROM 10/01/2012 TO 10/31/2012 |
| ATTN: MR. SCOTT POTTER         |                               |

| PARAMETER                         |             | QUA       | ANTITY OR LO | DADING   |       | QUALITY OR CO | ONCENTRATIO | ON    | NO. | Daily When  | SAMPLE |
|-----------------------------------|-------------|-----------|--------------|----------|-------|---------------|-------------|-------|-----|-------------|--------|
|                                   |             | VALUE     | VALUE        | UNITS    | VALUE | VALUE         | VALUE       | UNITS | EX  |             | TYPE   |
| Rainfall duration                 | SAMPLE      |           |              |          |       |               |             |       |     |             |        |
|                                   | MEASUREMENT | 0.00      | *****        |          | ***** | *****         | *****       | ****  |     |             |        |
| 00135 1 0                         | PERMIT      | Req. Mon. |              | hr       |       |               |             |       |     | Daily When  |        |
| Effluent Gross                    | REQUIREMENT | MO TOTAL  | *****        |          | ***** | *****         | *****       | ****  |     | Discharging | CALCTD |
| Rainfall                          | SAMPLE      |           |              |          |       |               |             |       |     |             |        |
|                                   | MEASUREMENT | 0.00      | *****        |          | ***** | *****         | *****       | ****  |     |             |        |
| 46529 1 0                         | PERMIT      | Req. Mon. |              | in       |       |               |             |       |     | Daily When  |        |
| Effluent Gross                    | REQUIREMENT | MO TOTAL  | *****        |          | ***** | *****         | *****       | ****  |     | Discharging | CALCTD |
| Flow, in conduit                  | SAMPLE      |           |              |          |       |               |             |       |     |             |        |
|                                   | MEASUREMENT | #DIV/0!   | 0.000        |          | ***** | *****         | *****       | ****  |     |             |        |
| 50050 1 0                         | PERMIT      | Req. Mon. | Req. Mon.    | Mgal/d   |       |               |             |       |     | Daily When  |        |
| Effluent Gross                    | REQUIREMENT | MO AVG    | DAILY MX     | _        | ***** | *****         | *****       | ****  |     | Discharging | CONTIN |
| Rainfall events with no discharge | SAMPLE      |           |              |          |       |               |             |       |     |             |        |
|                                   | MEASUREMENT | 8         | *****        |          | ***** | *****         | *****       | ****  |     |             |        |
| 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  |       |               |             |       | ĺ   | 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 | 11/10/2012 |
|  | I am aware that there are significant penalties for submitting false information,  | SIGNATURE OF PRINCIPAL EXECUTIVE | AREA         |            |
| TYPED OR PRINTED                       | including the possibility of fine and imprisonment for knowing violations.   | OFFICER OR AUTHORIZED AGENT      | CODE NUMBER  | MM/DD/YYYY |

# CENTRAL WASTEWATER TREATMENT PLANT CSO - 047 - BOSCOBEL

| Discharge   Flow   Flow   MGD   Outfall   Discharge   Discharge   Discharge   Discharge   Hours   Discharge   Discharge   Discharge   Hours   Discharge   Discharge   Discharge   Discharge   Discharge   Reason for Bypassing    1   |  |
|---|--|
| DATE         MGD         Outfall         Inches         Hours         a Discharge         Reason for Bypassing           1         0.076         1         1.47         16.00         Rain, Overflow Duration = 0.58 hours           2         0.03         3.00         3.00           4         1         4.00         4.00           5         1         4.00         4.00           6         1         4.00         4.00           7         1         4.00         4.00           8         1         4.00         4.00           9         1         4.00         4.00         4.00           1         4.00         4.00         4.00         4.00         4.00           8         1         4.00 <td< td=""><td></td></td<>   |  |
| 1     0.076     1     1.47     16.00     Rain, Overflow Duration = 0.58 hours       2     0.03     3.00       3     1       4     1       5     1       6     1       7     1       8     1       9     1   |  |
| 2 0.03 3.00<br>3 4 5 1 6 1 7 1 8 9 1 9  |  |
| 2 0.03 3.00<br>3 4 5 1 6 1 7 1 8 9 1 9  |  |
| 3 4 5 5 1 5 6 1 7 7 8 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9   |  |
| 4       5       6       7       8       9   |  |
| 5 1 1 7 7 1 8 1 9 1 1 9 1 1 1 1 1 1 1 1 1 1 1 1 1   |  |
| 6 1 1 1 8 1 9 1 9 1 1 1 1 1 1 1 1 1 1 1 1   |  |
| 7 1 8 1 9 1 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1   |  |
| 8 1 9   |  |
| 9   |  |
|   |  |
| 10  |  |
|   |  |
| 11  |  |
| <b>12</b> 0.155 1 0.90 6.00 Rain, Overflow Duration = 0.33 hours  |  |
| 13  |  |
| 14  |  |
| 15  |  |
| 16  |  |
| 17         Rain, Overflow Duration = 0.17 hours           18         0.048         1         0.66         2.00         Rain, Overflow Duration = 0.17 hours   |  |
| 18         0.048         1         0.66         2.00         Rain, Overflow Duration = 0.17 hours           19         Image: Control of the co |  |
| 20  |  |
| 21  |  |
| 22  |  |
| 23  |  |
| 24  |  |
| 25  |  |
| 26  |  |
| 27  |  |
| 28  |  |
| 29  |  |
| 30  |  |
| 31  |  |
|   |  |
| TOTAL 0.279 3 3.06 27.00 6  |  |
| AVG 0.093 1 0.77 6.75 1   |  |
| MAX 0.155 1 1.47 16.00 1  |  |
| MIN 0.048 1 0.03 2.00 1   |  |
| COUNT 3 3 4 4 6   |  |

NASHVILLE TN 372082206

NASHVILLE TN 372082206

NASHVILLE-CENTRAL STP

FACILITY NASHVILLE-CENTRAL STP

ADDRESS 1600 2ND AVENUE NORTH

LOCATION 1600 2ND AVENUE NORTH

NAME

### NATIONAL POLLULTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

#### DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

TN0020575 04
PERMIT NUMBER DISCHARGE

10/01/2012 то

MM/DD/YYYY

047 G DISCHARGE NUMBER

MM/DD/YYYY

10/31/2012

1

Form Approved OMB NO. 2040-0004

DMR Mailing ZIP CODE: 372082206

MAJOR \$ (SUBR 04)

BOSCOBEL MI 192.6 CSO

External Outfall

NO DISCHARGE [ ]

|                                   |             | QUA       | ANTITY OR LO | DADING   | QUALITY OR CONCENTRATION |       |       |       |    | FREQUENCY   |        |
|-----------------------------------|-------------|-----------|--------------|----------|--------------------------|-------|-------|-------|----|-------------|--------|
| PARAMETER                         |             |           | 1            |          |                          |       |       |       |    |             | SAMPLE |
|                                   |             | VALUE     | VALUE        | UNITS    | VALUE                    | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE   |
| Rainfall duration                 | SAMPLE      |           |              |          |                          |       |       |       |    |             | 1      |
|                                   | MEASUREMENT | 27.00     | *****        |          | *****                    | ***** | ***** | ****  |    |             |        |
| 00135 1 0                         | PERMIT      | Req. Mon. |              | hr       |                          |       |       |       |    | Daily When  | 1      |
| Effluent Gross                    | REQUIREMENT | MO TOTAL  | *****        |          | *****                    | ***** | ***** | ****  |    | Discharging | CALCTD |
| Rainfall                          | SAMPLE      |           |              |          |                          |       |       |       |    |             |        |
|                                   | MEASUREMENT | 3.06      | *****        |          | *****                    | ***** | ***** | ****  |    |             |        |
| 46529 1 0                         | PERMIT      | Req. Mon. |              | in       |                          |       |       |       |    | Daily When  | 1      |
| Effluent Gross                    | REQUIREMENT | MO TOTAL  | *****        |          | *****                    | ***** | ***** | ****  |    | Discharging | CALCTD |
| Flow, in conduit                  | SAMPLE      |           |              |          |                          |       |       |       |    |             |        |
|                                   | MEASUREMENT | 0.093     | 0.155        |          | *****                    | ***** | ***** | ****  |    |             |        |
| 50050 1 0                         | PERMIT      | Req. Mon. | Req. Mon.    | Mgal/d   |                          |       |       |       |    | Daily When  | T      |
| 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 | 3         | *****        |          | *****                    | ***** | ***** | ****  |    |             |        |
| 84165 1 0                         | PERMIT      | Req. Mon. |              | Y=1;N=0  |                          |       |       |       |    | Daily When  |        |
| Effluent Gross                    | REQUIREMENT | MO TOTAL  | *****        |          | *****                    | ***** | ***** | ****  |    | Discharging | CALCTD |

| Intenar                    | red under my direction or supervision in accordance with a system designed     |                                  | TELEPHONE    | DATE       |
|----------------------------|--|----------------------------------|--------------|------------|
| COOTT A DOTTED             | re that qualified personnel property gather and evaluate the information       |                                  | TELETTIONE   | BATE       |
|                            | tted. Based on my inquiry of the person or persons who manage the system,      |                                  |              |            |
| DIRECTOR or those          | se persons directly responsible for gathering the information, the information |                                  | 615 862-4591 | 11/10/2012 |
|                            | tted is, to the best of my knowledge and belief, true, accurate, and complete. |                                  |              |            |
|                            | ware that there are significant penalties for submitting false information,    | SIGNATURE OF PRINCIPAL EXECUTIVE | AREA         |            |
| TYPED OR PRINTED including | ing the possibility of fine and imprisonment for knowing violations.           | OFFICER OR AUTHORIZED AGENT      | CODE NUMBER  | MM/DD/YYYY |