

Aug 2008

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

DATE	Effluent Flow MGD	Number of Discharges from Outfall	Rainfall causing a Discharge Inches	Rain Duration causing a Discharge Hours	Number of Rain Events Not causing a Discharge	Reason for Bypassing
1						
2						
3						
4						
5						
6					1	
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20					1	
21						
22						
23						
24			0.04	2.00		
25	0.132	1	0.83	5.00		Rain, Overflow Duration = 0.33 hours
26			0.61	7.00		
27						
28					1	
29						
30						
31						

TOTAL	0.132	1	1.48	14.00	3	
AVG	0.132	1	0.49	4.67	1	
MAX	0.132	1	0.83	7.00	1	
MIN	0.132	1	0.04	2.00	1	
COUNT	1	1	3	3	3	

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME NASHVILLE-CENTRAL
 ADDRESS 1600 2ND AVENUE NORTH
 NASHVILLE TN 37208-2206

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

MAJOR (SUBR 04)
 F - FINAL
 RAW SEW/IND WASTE WAT/SANT EFFLUENT

Form Approved
 OMB NO. 2040-0004

EMH

TN0020575
 PERMIT NUMBER

018 G
 DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
2008	8	01		2008	8	31

FROM

TO

*** NO DISCHARGE [] ***

FACILITY NASHVILLE-CENTRAL
 LOCATION DAVIDSON COUNTY TN 37208-2206
 ATTN: MR. HAL BALTHROP

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.132			*****	*****	*****		0	-	-
	PERMIT REQUIREMENT	REPORT MO AVG		MGD	*****	*****	*****	****			
Number of Discharges from Outfall	SAMPLE MEASUREMENT	1.00	*****	*****	*****	*****			0	-	-
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		****			
EFFLUENT GROSS VALUE Rainfall causing a Discharge	SAMPLE MEASUREMENT	1.48	*****		*****	*****			0	-	-
	PERMIT REQUIREMENT	*****	*****	INCHES	*****	*****		****			
EFFLUENT GROSS VALUE RAINFALL DURATION causing a Discharge	SAMPLE MEASUREMENT	14.00	*****		*****	*****	*****		0	-	-
	PERMIT REQUIREMENT		*****	HOURS	*****	*****	*****	****			
EFFLUENT GROSS VALUE RAINFALL Events Not Causing a Discharge	SAMPLE MEASUREMENT	3.00			*****	*****	*****		0	-	-
	PERMIT REQUIREMENT				*****	*****	*****	****			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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		2008 9 10	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							AREA CODE NUMBER		YEAR MO DAY	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Aug 2008

**CENTRAL WASTEWATER TREATMENT PLANT
CSO - 019 - KERRIGAN**

DATE	Effluent Flow MGD	Number of Discharges from Outfall	Rainfall causing a Discharge Inches	Rain Duration causing a Discharge Hours	Number of Rain Events Not causing a Discharge	Reason for Bypassing
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20	6.007	1	0.38	1.00		Rain, Overflow Duration = 0.67 hours
21						
22						
23						
24			0.03	1.00		
25	9.222	1	1.13	10.00		Rain, Overflow Duration = 2.00 hours
26	18.574		0.86	7.00		Rain, Overflow Duration = 4.67 hours
27						
28						
29						
30						
31						

TOTAL	33.803	2	2.40	19.00	0
AVG	11.268	1	0.60	4.75	#DIV/0!
MAX	18.574	1	1.13	10.00	0
MIN	6.007	1	0.03	1.00	0
COUNT	3	2	4	4	0

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME NASHVILLE-CENTRAL
 ADDRESS 1600 2ND AVENUE NORTH
 NASHVILLE TN 37208-2206

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

MAJOR (SUBR 04)
 F - FINAL EMH
 RAW SEW/IND WASTE WAT/SANT EFFLUENT

Form Approved
 OMB NO. 2040-0004

TN0020575
 PERMIT NUMBER

019 G
 DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
2008	8	01		2008	8	31

FACILITY NASHVILLE-CENTRAL
 LOCATION DAVIDSON COUNTY TN 37208-2206
 ATTN: MR. HAL BALTHROP

*** NO DISCHARGE [] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	11.268			*****	*****	*****		0	-	-
	PERMIT REQUIREMENT	REPORT MO AVG		MGD	*****	*****	*****	****			

Number of Discharges from Outfall	SAMPLE MEASUREMENT	2.00	*****	*****	*****	*****			0	-	-
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****					
Rainfall causing a Discharge	SAMPLE MEASUREMENT	2.40	*****		*****	*****			0	-	-
	PERMIT REQUIREMENT	*****	*****	INCHES	*****	*****					
EFFLUENT GROSS VALUE RAINFALL DURATION causing a Discharge	SAMPLE MEASUREMENT	19.00	*****		*****	*****	*****		0	-	-
	PERMIT REQUIREMENT		*****	HOURS	*****	*****	*****	****			

RAINFALL Events Not Causing a Discharge	SAMPLE MEASUREMENT	0.00			*****	*****	*****		0	-	-
	PERMIT REQUIREMENT				*****	*****	*****	****			

	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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		2008 9 10	
TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE NUMBER YEAR MO DAY	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Aug 2008

**CENTRAL WASTEWATER TREATMENT PLANT
CSO - 020 - 1st & BROADWAY**

DATE	Effluent Flow MGD	Number of Discharges from Outfall	Rainfall causing a Discharge Inches	Rain Duration causing a Discharge Hours	Number of Rain Events Not causing a Discharge	Reason for Bypassing
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						NO DISCHARGE FOR THIS SITE FOR THIS MONTH
17						
18						
19						
20					1	
21						
22						
23						
24					1	
25					1	
26					1	
27						
28						
29						
30						
31						

TOTAL	0.000	0	0.00	0.00	4
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	4

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME NASHVILLE-CENTRAL
 ADDRESS 1600 2ND AVENUE NORTH
 NASHVILLE TN 37208-2206

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

MAJOR (SUBR 04)
 F - FINAL
 RAW SEW/IND WASTE WAT/SANT EFFLUENT

Form Approved
 OMB NO. 2040-0004

EMH

TN0020575
 PERMIT NUMBER

020 G
 DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
2008	8	01		2008	8	31

FROM

TO

*** NO DISCHARGE [x] ***

FACILITY NASHVILLE-CENTRAL
 LOCATION DAVIDSON COUNTY TN 37208-2206
 ATTN: MR. HAL BALTHROP

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	#DIV/0!			*****	*****	*****		0	-	-
	PERMIT REQUIREMENT	REPORT MO AVG		MGD	*****	*****	*****	****		DAILY	
Number of Discharges from Outfall EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.00	*****	*****	*****	*****			0	-	-
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****				DAILY	
Rainfall causing a Discharge EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.00	*****		*****	*****			0		-
	PERMIT REQUIREMENT	*****	*****	INCHES	*****	*****				DAILY	
RAINFALL DURATION causing a Discharge EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.00	*****		*****	*****	*****		0	-	-
	PERMIT REQUIREMENT		*****	HOURS	*****	*****	*****	****		DAILY	
RAINFALL Events Not Causing a Discharge EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	4.00			*****	*****	*****		0		-
	PERMIT REQUIREMENT				*****	*****	*****	****		DAILY	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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		2008 9 10	
TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE NUMBER	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Aug 2008

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

DATE	Effluent Flow MGD	Number of Discharges from Outfall	Rainfall causing a Discharge Inches	Rain Duration causing a Discharge Hours	Number of Rain Events Not causing a Discharge	Reason for Bypassing
1						
2						
3						
4						
5						
6					1	
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20					1	
21						
22						
23						
24			0.04	2.00		
25	0.081	1	0.83	5.00		Rain, Overflow Duration = 1.00 hours
26	0.151		0.61	7.00		Rain, Overflow Duration = 0.75 hours
27						
28					1	
29						
30						
31						

TOTAL	0.232	1	1.48	14.00	3	
AVG	0.116	1	0.49	4.67	1	
MAX	0.151	1	0.83	7.00	1	
MIN	0.081	1	0.04	2.00	1	
COUNT	2	1	3	3	3	

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME NASHVILLE-CENTRAL
 ADDRESS 1600 2ND AVENUE NORTH
 NASHVILLE TN 37208-2206

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

MAJOR (SUBR 04)
 F - FINAL
 RAW SEW/IND WASTE WAT/SANT EFFLUENT

Form Approved
 OMB NO. 2040-0004

EMH

TN0020575
 PERMIT NUMBER

023 G
 DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
2008	8	01		2008	8	31

FROM

TO

*** NO DISCHARGE [] ***

FACILITY NASHVILLE-CENTRAL
 LOCATION DAVIDSON COUNTY TN 37208-2206
 ATTN: MR. HAL BALTHROP

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.116			*****	*****	*****		0	-	-	
	PERMIT REQUIREMENT	REPORT MO AVG		MGD	*****	*****	*****	****				
Number of Discharges from Outfall EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.00	*****	*****	*****	*****			0	-	-	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		****				
Rainfall causing a Discharge EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.48	*****		*****	*****			0	-	-	
	PERMIT REQUIREMENT	*****	*****	INCHES	*****	*****		****				
RAINFALL DURATION causing a Discharge EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	14.00	*****		*****	*****	*****		0	-	-	
	PERMIT REQUIREMENT		*****	HOURS	*****	*****	*****	****				
RAINFALL Events Not Causing a Discharge EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	3.00			*****	*****	*****		0	-	-	
	PERMIT REQUIREMENT				*****	*****	*****	****				
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
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		2008	9	10
TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Aug 2008

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

DATE	Effluent Flow MGD	Number of Discharges from Outfall	Rainfall causing a Discharge Inches	Rain Duration causing a Discharge Hours	Number of Rain Events Not causing a Discharge	Reason for Bypassing
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20	0.009	1	0.27	1.00		Rain, Overflow Duration = 0.08 hours
21						
22						
23						
24			0.05	1.00		
25	1.816	1	0.54	6.00		Rain, Overflow Duration = 2.75 hours
26	1.896		0.90	7.00		Rain, Overflow Duration = 3.67 hours
27						
28						
29						
30						
31						

TOTAL	3.721	2	1.76	15.00	0
AVG	1.240	1	0.44	3.75	#DIV/0!
MAX	1.896	1	0.90	7.00	0
MIN	0.009	1	0.05	1.00	0
COUNT	3	2	4	4	0

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME NASHVILLE-CENTRAL
 ADDRESS 1600 2ND AVENUE NORTH
 NASHVILLE TN 37208-2206

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

MAJOR (SUBR 04)
 F - FINAL
 RAW SEW/IND WASTE WAT/SANT EFFLUENT

Form Approved
 OMB NO. 2040-0004

EMH

TN0020575
 PERMIT NUMBER

024 G
 DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
2008	8	01		2008	8	31

FROM

TO

*** NO DISCHARGE [] ***

FACILITY NASHVILLE-CENTRAL
 LOCATION DAVIDSON COUNTY TN 37208-2206
 ATTN: MR. HAL BALTHROP

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.240		MGD	*****	*****	*****	****	0	-	-
	PERMIT REQUIREMENT	REPORT MO AVG			*****	*****	*****				
Number of Discharges from Outfall EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	2.00	*****	*****	*****	*****		****	0	-	-
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****					
Rainfall causing a Discharge EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.76	*****	INCHES	*****	*****		****	0	-	-
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
RAINFALL DURATION causing a Discharge EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	15.00	*****	HOURS	*****	*****	*****	****	0	-	-
	PERMIT REQUIREMENT		*****		*****	*****	*****				
RAINFALL Events Not Causing a Discharge EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.00			*****	*****	*****	****	0	-	-
	PERMIT REQUIREMENT				*****	*****	*****				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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		2008 9 10	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							AREA CODE NUMBER		YEAR MO DAY	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Aug 2008

**CENTRAL WASTEWATER TREATMENT PLANT
CSO - 033 - SCHRADER LANE**

DATE	Effluent Flow MGD	Number of Discharges from Outfall	Rainfall causing a Discharge Inches	Rain Duration causing a Discharge Hours	Number of Rain Events Not causing a Discharge	Reason for Bypassing
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20	0.391	1	0.26	2.00		Rain, Overflow Duration = 0.08 hours
21						
22						
23						
24			0.05	2.00		
25	0.676	1	0.99	6.00		Rain, Overflow Duration = 2.00 hours
26	0.500		0.81	7.00		Rain, Overflow Duration = 3.33 hours
27						
28						
29						
30						
31						

TOTAL	1.567	2	2.11	17.00	0
AVG	0.522	1	0.53	4.25	#DIV/0!
MAX	0.676	1	0.99	7.00	0
MIN	0.391	1	0.05	2.00	0
COUNT	3	2	4	4	0

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME NASHVILLE-CENTRAL
 ADDRESS 1600 2ND AVENUE NORTH
 NASHVILLE TN 37208-2206

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

MAJOR (SUBR 04)
 F - FINAL EMH
 RAW SEW/IND WASTE WAT/SANT EFFLUENT

Form Approved
 OMB NO. 2040-0004

TN0020575
 PERMIT NUMBER

033 G
 DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
2008	8	01		2008	8	31

FACILITY NASHVILLE-CENTRAL
 LOCATION DAVIDSON COUNTY TN 37208-2206
 ATTN: MR. HAL BALTHROP

*** NO DISCHARGE [] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.522			*****	*****	*****		0	-	-
	PERMIT REQUIREMENT	REPORT MO AVG		MGD	*****	*****	*****	****			
Number of Discharges from Outfall	SAMPLE MEASUREMENT	2.00	*****	*****	*****	*****			0	-	-
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		****			
EFFLUENT GROSS VALUE Rainfall causing a Discharge	SAMPLE MEASUREMENT	2.11	*****		*****	*****			0	-	-
	PERMIT REQUIREMENT	*****	*****	INCHES	*****	*****		****			
EFFLUENT GROSS VALUE RAINFALL DURATION causing a Discharge	SAMPLE MEASUREMENT	17.00	*****		*****	*****	*****		0	-	-
	PERMIT REQUIREMENT		*****	HOURS	*****	*****	*****	****			
EFFLUENT GROSS VALUE RAINFALL Events Not Causing a Discharge	SAMPLE MEASUREMENT	0.00			*****	*****	*****		0	-	-
	PERMIT REQUIREMENT				*****	*****	*****	****			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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		2008 9 10	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							AREA CODE NUMBER		YEAR MO DAY	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Aug 2008

**CENTRAL WASTEWATER TREATMENT PLANT
CSO - 035 - DRIFTWOOD**

DATE	Effluent Flow MGD	Number of Discharges from Outfall	Rainfall causing a Discharge Inches	Rain Duration causing a Discharge Hours	Number of Rain Events Not causing a Discharge	Reason for Bypassing
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						NO DISCHARGE FOR THIS SITE FOR THIS MONTH
16						
17						
18						
19						
20					1	
21						
22						
23						
24					1	
25					1	
26					1	
27						
28						
29						
30						
31						

TOTAL	0.000	0	0.00	0.00	4
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	4

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME NASHVILLE-CENTRAL
 ADDRESS 1600 2ND AVENUE NORTH
 NASHVILLE TN 37208-2206

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

MAJOR (SUBR 04)
 F - FINAL
 RAW SEW/IND WASTE WAT/SANT EFFLUENT

Form Approved
 OMB NO. 2040-0004

EMH

TN0020575
 PERMIT NUMBER

035 G
 DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
2008	8	01		2008	8	31

FROM

TO

*** NO DISCHARGE [x] ***

FACILITY NASHVILLE-CENTRAL
 LOCATION DAVIDSON COUNTY TN 37208-2206
 ATTN: MR. HAL BALTHROP

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	#DIV/0!			*****	*****	*****		0	-	-
	PERMIT REQUIREMENT	REPORT MO AVG		MGD	*****	*****	*****	****		DAILY	
Number of Discharges from Outfall EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.00	*****	*****	*****	*****			0	-	-
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****				DAILY	
Rainfall causing a Discharge EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.00	*****		*****	*****			0		-
	PERMIT REQUIREMENT	*****	*****	INCHES	*****	*****				DAILY	
RAINFALL DURATION causing a Discharge EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.00	*****		*****	*****	*****		0	-	-
	PERMIT REQUIREMENT		*****	HOURS	*****	*****	*****	****		DAILY	
RAINFALL Events Not Causing a Discharge EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	4.00			*****	*****	*****		0		-
	PERMIT REQUIREMENT				*****	*****	*****	****		DAILY	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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		2008 9 10	
TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE NUMBER	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Aug 2008

**CENTRAL WASTEWATER TREATMENT PLANT
CSO - 047 - BOSCOBEL**

DATE	Effluent Flow MGD	Number of Discharges from Outfall	Rainfall causing a Discharge Inches	Rain Duration causing a Discharge Hours	Number of Rain Events Not causing a Discharge	Reason for Bypassing
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						NO DISCHARGE FOR THIS SITE FOR THIS MONTH
16						
17						
18						
19						
20						
21						
22						
23						
24					1	
25					1	
26					1	
27						
28						
29						
30						
31						

TOTAL	0.000	0	0.00	0.00	3
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	3

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME NASHVILLE-CENTRAL
 ADDRESS 1600 2ND AVENUE NORTH
 NASHVILLE TN 37208-2206

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

MAJOR (SUBR 04)
 F - FINAL
 RAW SEW/IND WASTE WAT/SANT EFFLUENT

Form Approved
 OMB NO. 2040-0004

EMH

TN0020575
 PERMIT NUMBER

047 G
 DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
2008	8	01		2008	8	31

FROM

TO

*** NO DISCHARGE [] ***

FACILITY NASHVILLE-CENTRAL
 LOCATION DAVIDSON COUNTY TN 37208-2206
 ATTN: MR. HAL BALTHROP

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	#DIV/0!			*****	*****	*****		0	-	-
	PERMIT REQUIREMENT	REPORT MO AVG		MGD	*****	*****	*****	****		DAILY	
Number of Discharges from Outfall	SAMPLE MEASUREMENT	0.00	*****	*****	*****	*****			0	-	-
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****				DAILY	
EFFLUENT GROSS VALUE Rainfall causing a Discharge	SAMPLE MEASUREMENT	0.00	*****		*****	*****			0		-
	PERMIT REQUIREMENT	*****	*****	INCHES	*****	*****				DAILY	
EFFLUENT GROSS VALUE RAINFALL DURATION causing a Discharge	SAMPLE MEASUREMENT	0.00	*****		*****	*****	*****		0	-	-
	PERMIT REQUIREMENT		*****	HOURS	*****	*****	*****	****		DAILY	
EFFLUENT GROSS VALUE RAINFALL Events Not Causing a Discharge	SAMPLE MEASUREMENT	3.00			*****	*****	*****		0		-
	PERMIT REQUIREMENT				*****	*****	*****	****		DAILY	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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		2008 9 10	
TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE NUMBER YEAR MO DAY	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)