

Mar 2016

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

DATE	Effluent Flow MGD	Number of Discharges from Outfall	Rainfall causing a Discharge Inches	Rain Duration causing a Discharge Hours	Number of Rain Events Not causing a Discharge	Reason for Bypassing
1					1	
2						
3					1	
4					1	
5						
6						
7						
8						
9					1	
10					1	
11					1	
12	7.970	1	0.49	9.00		Rain, Overflow Duration = 0.08 hours
13			0.24	5.00		
14					1	
15						
16					1	
17						
18						
19						
20						
21						
22						
23						
24					1	
25						
26						
27					1	
28						
29						
30						
31					1	

TOTAL	7.970	1	0.73	14.00	11	
AVG	7.970	1	0.37	7.00	1	
MAX	7.970	1	0.49	9.00	1	
MIN	7.970	1	0.24	5.00	1	
COUNT	1	1	2	2	11	

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved

OMB NO. 2040-0004

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

TN0020575  
 PERMIT NUMBER

019 G  
 DISCHARGE NUMBER

DMR Mailing ZIP CODE: 372082206

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

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

MONITORING PERIOD  
 FROM 03/01/2016 TO 03/31/2016

NO DISCHARGE [ ]

ATTN: MR. SCOTT POTTER

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Rainfall duration	SAMPLE MEASUREMENT	14.00	*****		*****	*****	*****	****			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	****		Daily When Discharging	CALCTD
Rainfall	SAMPLE MEASUREMENT	0.73	*****		*****	*****	*****	****			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	****		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE MEASUREMENT	7.970	7.970		*****	*****	*****	****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	****		Daily When Discharging	CONTIN
Rainfall events with no discharge	SAMPLE MEASUREMENT	11.00	*****		*****	*****	*****	****			
51407 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	*****	*****	*****	****		Daily When Discharging	CALCTD
Discharge event observation	SAMPLE MEASUREMENT	1.00	*****		*****	*****	*****	****			
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	Y=1;N=0	*****	*****	*****	****		Daily When Discharging	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
SCOTT A. POTTER DIRECTOR		615 862-4591	04/10/2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved

DISCHARGE MONITORING REPORT (DMR)

OMB NO. 2040-0004

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

TN0020575  
 PERMIT NUMBER

024G  
 DISCHARGE NUMBER

DMR Mailing ZIP CODE: 372082206

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

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

MONITORING PERIOD  
 FROM 03/01/2016 TO 03/31/2016

NO DISCHARGE [x]

ATTN: MR. SCOTT POTTER

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Rainfall duration 00135 1 0 Effluent Gross	SAMPLE MEASUREMENT	34.00	*****		*****	*****	*****	****			
	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	****		Daily When Discharging	CALCTD
Rainfall 46529 1 0 Effluent Gross	SAMPLE MEASUREMENT	2.98	*****		*****	*****	*****	****			
	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	****		Daily When Discharging	CALCTD
Flow, in conduit 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.803	1.280		*****	*****	*****	****			
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	****		Daily When Discharging	CONTIN
Rainfall events with no discharge 51407 1 0 Effluent Gross	SAMPLE MEASUREMENT	6	*****		*****	*****	*****	****			
	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	*****	*****	*****	****		Daily When Discharging	CALCTD
Discharge event observation 84165 1 0 Effluent Gross	SAMPLE MEASUREMENT	3	*****		*****	*****	*****	****			
	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	Y=1;N=0	*****	*****	*****	****		Daily When Discharging	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  SCOTT A. POTTER  DIRECTOR	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
		615 862-4591	04/10/2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER MM/DD/YYYY
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			

Mar 2016

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

DATE	Effluent Flow MGD	Number of Discharges from Outfall	Rainfall causing a Discharge Inches	Rain Duration causing a Discharge Hours	Number of Rain Events Not causing a Discharge	Reason for Bypassing
1					1	
2						
3					1	
4						
5						
6						
7						
8						
9			0.01	1.00		
10	1.568	1	1.08	8.00		Rain, Overflow Duration = 1.17 hours
11			0.09	4.00		
12	0.002	1	0.51	8.00		Rain, Overflow Duration = 0.08 hours
13	0.039		0.28	5.00		Rain, Overflow Duration = 0.50 hours
14					1	
15						
16					1	
17						
18						
19						
20						
21						
22						
23						
24					1	
25						
26						
27	0.007	1	0.19	2.00		Rain, Overflow Duration = 0.25 hours
28			0.01	1.00		
29						
30						
31	1.631	1	0.92	10.00		Rain, Overflow Duration = 0.75 hours
<b>TOTAL</b>	3.247	4	3.09	39.00	5	
<b>AVG</b>	0.649	1	0.39	4.88	1	
<b>MAX</b>	1.631	1	1.08	10.00	1	
<b>MIN</b>	0.002	1	0.01	1.00	1	
<b>COUNT</b>	5	4	8	8	5	

Mar 2016

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

DATE	Effluent Flow MGD	Number of Discharges from Outfall	Rainfall causing a Discharge Inches	Rain Duration causing a Discharge Hours	Number of Rain Events Not causing a Discharge	Reason for Bypassing
1					1	
2						
3					1	
4						
5						
6						
7						
8						
9						
10	0.379	1	0.95	7.00		Rain, Overflow Duration = 0.42 hours
11			0.09	4.00		
12	0.459	1	0.52	8.00		Rain, Overflow Duration = 0.75 hours
13			0.21	5.00		
14					1	
15						
16					1	
17						
18						
19						
20						
21						
22						
23						
24					1	
25						
26						
27					1	
28						
29						
30						
31	0.558	1	0.86	9.00		Rain, Overflow Duration = 0.58 hours
<b>TOTAL</b>	1.396	3	2.63	33.00	6	
<b>AVG</b>	0.465	1	0.53	6.60	1	
<b>MAX</b>	0.558	1	0.95	9.00	1	
<b>MIN</b>	0.379	1	0.09	4.00	1	
<b>COUNT</b>	3	3	5	5	6	

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved  
OMB NO. 2040-0004

**DISCHARGE MONITORING REPORT (DMR)**

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

TN0020575
PERMIT NUMBER

023 G
DISCHARGE NUMBER

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

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

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 03/01/2016	TO 03/31/2016

NO DISCHARGE [ x ]

ATTN: MR. SCOTT POTTER

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Rainfall duration	SAMPLE MEASUREMENT	33.00	*****		*****	*****	*****	****			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	****		Daily When Discharging	CALCTD
Rainfall	SAMPLE MEASUREMENT	2.63	*****		*****	*****	*****	****			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	****		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE MEASUREMENT	0.465	0.558		*****	*****	*****	****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	****		Daily When Discharging	CONTIN
Rainfall events with no discharge	SAMPLE MEASUREMENT	6.00	*****		*****	*****	*****	****			
51407 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	*****	*****	*****	****		Daily When Discharging	CALCTD
Discharge event observation	SAMPLE MEASUREMENT	3.00	*****		*****	*****	*****	****			
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	Y=1;N=0	*****	*****	*****	****		Daily When Discharging	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  SCOTT A. POTTER DIRECTOR	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
		615 862-4591	04/10/2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved  
OMB NO. 2040-0004

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

TN0020575
PERMIT NUMBER

033 G
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 372082206

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

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

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 03/01/2016	TO 03/31/2016

NO DISCHARGE [ ]

ATTN: MR. SCOTT POTTER

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Rainfall duration	SAMPLE MEASUREMENT	39.00	*****		*****	*****	*****	****			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	****		Daily When Discharging	CALCTD
Rainfall	SAMPLE MEASUREMENT	3.09	*****		*****	*****	*****	****			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	****		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE MEASUREMENT	0.649	1.631		*****	*****	*****	****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	****		Daily When Discharging	CONTIN
Rainfall events with no discharge	SAMPLE MEASUREMENT	5	*****		*****	*****	*****	****			
51407 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	*****	*****	*****	****		Daily When Discharging	CALCTD
Discharge event observation	SAMPLE MEASUREMENT	4	*****		*****	*****	*****	****			
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	Y=1;N=0	*****	*****	*****	****		Daily When Discharging	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
SCOTT A. POTTER DIRECTOR		615 862-4591	04/10/2016
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	MM/DD/YYYY
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			

Mar 2016

**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					1	
2						
3					1	
4						
5						
6						
7						
8						
9			0.02	2.00		
10	1.280	1	0.93	7.00		Rain, Overflow Duration = 0.98 hours
11			0.08	3.00		
12	0.660	1	0.83	9.00		Rain, Overflow Duration = 0.70 hours
13			0.22	4.00		
14					1	
15						
16					1	
17						
18						
19						
20						
21						
22						
23						
24					1	
25						
26						
27					1	
28						
29						
30						
31	0.470	1	0.90	9.00		Rain, Overflow Duration = 0.40 hours
<b>TOTAL</b>	2.410	3	2.98	34.00	6	
<b>AVG</b>	0.803	1	0.50	5.67	1	
<b>MAX</b>	1.280	1	0.93	9.00	1	
<b>MIN</b>	0.470	1	0.02	2.00	1	
<b>COUNT</b>	3	3	6	6	6	



Mar 2016

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

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved

OMB NO. 2040-0004

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

TN0020575  
 PERMIT NUMBER

035 G  
 DISCHARGE NUMBER

DMR Mailing ZIP CODE: 372082206

MAJOR \$  
 (SUBR 04)  
 DRIFTWOOD MI 192.0 CSO  
 External Outfall

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

MONITORING PERIOD  
 MM/DD/YYYY TO MM/DD/YYYY  
 FROM 03/01/2016 TO 03/31/2016

NO DISCHARGE [x]

ATTN: MR. SCOTT POTTER

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Rainfall duration	SAMPLE MEASUREMENT	0.00	*****		*****	*****	*****	****			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	****		Daily When Discharging	CALCTD
Rainfall	SAMPLE MEASUREMENT	0.00	*****		*****	*****	*****	****			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	****		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE MEASUREMENT	#DIV/0!	0.000		*****	*****	*****	****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	****		Daily When Discharging	CONTIN
Rainfall events with no discharge	SAMPLE MEASUREMENT	10	*****		*****	*****	*****	****			
51407 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	*****	*****	*****	****		Daily When Discharging	CALCTD
Discharge event observation	SAMPLE MEASUREMENT	0	*****		*****	*****	*****	****			
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	Y=1;N=0	*****	*****	*****	****		Daily When Discharging	CALCTD

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

Mar 2016

**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					1	
2						
3					1	
4						
5						
6						
7						
8						
9			0.02	2.00		
10	0.080	1	0.93	7.00		Rain, Overflow Duration = 0.83 hours
11			0.08	3.00		
12	0.185	1	0.83	9.00		Rain, Overflow Duration = 0.67 hours
13	0.017		0.22	4.00		Rain, Overflow Duration = 0.17 hours
14					1	
15						
16					1	
17						
18						
19						
20						
21						
22						
23						
24					1	
25						
26						
27					1	
28						
29						
30						
31	0.085	1	0.90	9.00		Rain, Overflow Duration = 0.58 hours
<b>TOTAL</b>	<b>0.367</b>	<b>3</b>	<b>2.98</b>	<b>34.00</b>	<b>6</b>	
<b>AVG</b>	<b>0.092</b>	<b>1</b>	<b>0.50</b>	<b>5.67</b>	<b>1</b>	
<b>MAX</b>	<b>0.185</b>	<b>1</b>	<b>0.93</b>	<b>9.00</b>	<b>1</b>	
<b>MIN</b>	<b>0.017</b>	<b>1</b>	<b>0.02</b>	<b>2.00</b>	<b>1</b>	
<b>COUNT</b>	<b>4</b>	<b>3</b>	<b>6</b>	<b>6</b>	<b>6</b>	

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved

OMB NO. 2040-0004

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

TN0020575  
 PERMIT NUMBER

047 G  
 DISCHARGE NUMBER

DMR Mailing ZIP CODE: 372082206

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

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

MONITORING PERIOD  
 MM/DD/YYYY MM/DD/YYYY  
 FROM 03/01/2016 TO 03/31/2016

NO DISCHARGE [ x ]

ATTN: MR. SCOTT POTTER

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Rainfall duration 00135 1 0 Effluent Gross	SAMPLE MEASUREMENT	34.00	*****		*****	*****	*****	****			
	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	****		Daily When Discharging	CALCTD
Rainfall 46529 1 0 Effluent Gross	SAMPLE MEASUREMENT	2.98	*****		*****	*****	*****	****			
	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	****		Daily When Discharging	CALCTD
Flow, in conduit 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.092	0.185		*****	*****	*****	****			
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	****		Daily When Discharging	CONTIN
Rainfall events with no discharge 51407 1 0 Effluent Gross	SAMPLE MEASUREMENT	6	*****		*****	*****	*****	****			
	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	*****	*****	*****	****		Daily When Discharging	CALCTD
Discharge event observation 84165 1 0 Effluent Gross	SAMPLE MEASUREMENT	3	*****		*****	*****	*****	****			
	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	Y=1;N=0	*****	*****	*****	****		Daily When Discharging	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
SCOTT A. POTTER DIRECTOR		615 862-4591	04/10/2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			