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						
2						
3						
4						
5						
6					1	
7					1	
8					1	
9						
10						
11						
12						
13						
14			0.37	11.00		
15	3.52	1	0.31	3.00		Rain, Overflow Duration = 2.25 hours
16						
17						
18					1	
19						
20						
21					1	
22					1	
23						
24						
25						
26						
27					1	
28					1	
TOTAL	3.52	1	0.68	14.00	8	
AVG	3.52	1	0.34	7.00	1	
MAX	3.52	1	0.37	11.00	1	
MIN	3.52	1		3.00	1	
COUNT	1.00	1			8	

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

TN 372082206

NASHVILLE-CENTRAL STP

1600 2ND AVENUE NORTH

NASHVILLE

NAME

ADDRESS

NATIONAL POLLULTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

TN0020575
PERMIT NUMBER

FROM

MM/DD/YYYY

02/01/2017 то

019 G DISCHARGE NUMBER

MM/DD/YYYY

02/28/2017

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

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

QUANTITY OR LOADING **QUALITY OR CONCENTRATION PARAMETER** SAMPLE NO. FREQUENCY ΕX **TYPE** OF ANALYSIS **VALUE VALUE UNITS VALUE VALUE** VALUE UNITS Rainfall duration SAMPLE ***** ***** ***** ***** **** 14.00 MEASUREMENT 00135 1 0 Req. Mon. Daily When PERMIT MO TOTAL ***** ***** ***** ***** **** Discharging Effluent Gross REQUIREMENT hr CALCTD Rainfall SAMPLE ***** ***** ***** ***** *** 0.68 MEASUREMENT 46529 1 0 PERMIT Req. Mon. Daily When in ***** ***** ***** ***** **** Effluent Gross REQUIREMENT MO TOTAL Discharging CALCTD Flow, in conduit SAMPLE 3.520 ***** ***** ***** **** 3.520 MEASUREMENT Req. Mon. Mgal/d 50050 1 0 PERMIT Req. Mon. Daily When ***** ***** ***** **** DAILY MX Discharging Effluent Gross REQUIREMENT MO AVG CONTIN Rainfall events with no discharge SAMPLE 8.00 ***** ***** ***** ***** *** MEASUREMENT 51407 1 0 Req. Mon. PERMIT occur/mo Daily When ***** ***** ***** ***** **** Effluent Gross REQUIREMENT MO TOTAL Discharging CALCTD Discharge event observation SAMPLE 1.00 ***** ***** ***** ***** **** MEASUREMENT 84165 1 0 Req. Mon. Y=1;N=0 Daily When PERMIT Effluent Gross MO TOTAL CALCTD REQUIREMENT Discharging

direction or supervision in accordance with a system designed		ILCLCF	PHONE	DATE
personnel property gather and evaluate the information				
ectly responsible for gathering the information, the information best of my knowledge and belief, true, accurate, and complete.		615	862-4591	03/10/2017
e are significant penalties for submitting false information, illity of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	MM/DD/YYYY
e e il	n my inquiry of the person or persons who manage the system, extly responsible for gathering the information, the information est of my knowledge and belief, true, accurate, and complete.	n my inquiry of the person or persons who manage the system, eactly responsible for gathering the information, the information lest of my knowledge and belief, true, accurate, and complete. The are significant penalties for submitting false information, lity of fine and imprisonment for knowing violations. SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	n my inquiry of the person or persons who manage the system, actly responsible for gathering the information, the information lest of my knowledge and belief, true, accurate, and complete. The are significant penalties for submitting false information, altity of fine and imprisonment for knowing violations. SIGNATURE OF PRINCIPAL EXECUTIVE AREA	n my inquiry of the person or persons who manage the system, actly responsible for gathering the information, the information lest of my knowledge and belief, true, accurate, and complete. The are significant penalties for submitting false information, and imprisonment for knowing violations. SIGNATURE OF PRINCIPAL EXECUTIVE AREA CODE NUMBER

CENTRAL WASTEWATER TREATMENT PLANT CSO - 023 - BENEDICT & CRUTCHER

	Effluent	Number of Discharges	Rainfall causing a	Rain Duration causing a	Number of Rain Events	
	Flow	from	Discharge	Discharge	Not causing	
DATE	MGD	Outfall	Inches	Hours	a Discharge	Reason for Bypassing
2						
3						
4						
5						
6	0.009	1	0.26	2.00		Rain, Overflow Duration = 0.33 hours
7	0.062	1	0.40	4.00		Rain, Overflow Duration = 0.33 hours
8						
9						
10						
11						
12						
13					_	
14					1	
15					1	
16 17						
18					1	
19					ı	
20						
21					1	
22					1	
23						
24						
25						
26						
27					1	
28					1	
TOTAL	0.071	2	0.66	6.00	7	
AVG	0.071		0.66	6.00 3.00	1	
MAX	0.036		0.33	4.00	1	
MIN	0.002		0.40	2.00	1	
COUNT	2		2	2.00	7	

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

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

DMR	Mailing	ZIP	CODE:	372082206

Form Approved OMB NO. 2040-0004

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

TN0020575
PERMIT NUMBER

023 G DISCHARGE NUMBER MAJOR \$
(SUBR 04)
BENEDICT & CRUTCHER 191.6 CSO
External Outfall

LOCATION 1600 2ND AVENUE NORTH

NASHVILLE TN 372082206

ATTN: MR. SCOTT POTTER

NASHVILLE-CENTRAL STP

NO DISCHARGE []

PARAMETER		QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE										
	MEASUREMENT	6.00	*****		*****	*****	*****	****			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	****		Daily When Discharging	CALCTD
Rainfall	SAMPLE MEASUREMENT	0.66	*****		*****	****	*****	***			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	****	*****	***		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE MEASUREMENT	0.036	0.062		*****	*****	*****	***			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon.	Mgal/d	*****	****	*****	***		Daily When Discharging	CONTIN
Rainfall events with no discharge	SAMPLE MEASUREMENT	7.00	*****		*****	****	*****	***			
51407 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	*****	****	*****	***		Daily When Discharging	CALCTD
Discharge event observation	SAMPLE MEASUREMENT	2.00	****		*****	****	*****	****			
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	Y=1;N=0	*****	****	****	***		Daily When Discharging	CALCTD

IAME/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	03/10/2017
	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 - 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						
2						
3						
4						
5						
6					1	
7					1	
8					1	
9						
10						
11						
12						
13						
14					1	
15					1	NO DISCHARGE FOR THIS SITE FOR THIS MONTH
16						
17						
18					1	
19						
20						
21					1	
22					1	
23						
24						
25						
26						
27					1	
28					1	
TOTAL	0.000	0		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	0	10	

PERMITTEE NAME/ADDRESS	(Include Facilit	y Name/Location	if different)
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NASHVILLE-CENTRAL STP

1600 2ND AVENUE NORTH

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

Fo	orm Approved	
OMB N	2040-0004	

NASHVILLE-CENTRAL STP

TN 372082206

TN0020575
PERMIT NUMBER

FROM

024G DISCHARGE NUMBER

02/28/2017

(SUBR 04) EMH WASHINGTON MI 190.4 CSO External Outfall

MAJOR

DMR Mailing ZIP CODE: 372082206

\$

MONITORING PERIOD

MM/DD/YYYY MM/DD/YYYY

02/01/2017 то

NO DISCHARGE []

NASHVILLE TN 372082206
ATTN: MR. SCOTT POTTER

LOCATION 1600 2ND AVENUE NORTH

NASHVILLE

NAME

ADDRESS

FACILITY

PARAMETER		QUA	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	1
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	0.00	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	1
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						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	03/10/2017
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 OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	MM/DD/YYYY
COMMENT AND EXPLANATION OF ANY VIC	DLATIONS (Reference all attachments here)			

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	1					
2						
3						
4						
5						
6					1	
7	0.006	1	0.63	5.00		Rain, Overflow Duration = 0.17 hours
8			0.01	1.00		·
9						
10						
11						
12						
13						
14					1	
15					1	
16						
17						
18					1	
19						
20 21					4	
22					1	
23						
24						
25						
26						
27					1	
28						
TOTAL	0.006	1	0.64	6.00	7	
AVG	0.006	1	0.32	3.00	1	4
MAX	0.006	1	0.63			1
MIN	0.006			1.00	1	
COUNT	1	1	2	2	7	

PERMITTEE NAME/ADDRESS	(Include Facilit	y Name/Location	if different)
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NATIONAL POLLULTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

02/01/2017 то

DMR	Mailing	7IP	CODE:	372082206

Form Approved OMB NO. 2040-0004

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

TN0020575 PERMIT NUMBER

FROM

MM/DD/YYYY

033 G DISCHARGE NUMBER

MM/DD/YYYY

02/28/2017

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

NO DISCHARGE []

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

FACILITY

PARAMETER		QUA	ANTITY OR L	OADING		QUALITY OR CO	QUALITY OR CONCENTRATION		NO.	FREQUENCY	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE										
	MEASUREMENT	6.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.		hr						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	0.64	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	0.006	0.006		*****	*****	*****	****			
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	7	*****		*****	*****	*****	****			
51407 1 0	PERMIT	Req. Mon.		occur/mo						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Discharge event observation	SAMPLE		_								
	MEASUREMENT	1	*****		*****	*****	*****	****			
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	03/10/2017
	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	OLATIONS (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						
2						
3						
4						
5						
6					1	
7					1	
8					1	
9						
10						
11						
12						
13						
14					1	
15					1	NO DISCHARGE FOR THIS SITE FOR THIS MONTH
16						
17						
18					1	
19						
20						
21					1	
22					1	
23						
24						
25						
26						
27					1	
28					1	
		-				
TOTAL	0.000	0		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	0	10	

PERMITTEE NAME/ADDRESS	(Include Facilit	y Name/Location	if different)
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NASHVILLE-CENTRAL STP

1600 2ND AVENUE NORTH

NASHVILLE

NAME

ADDRESS

NATIONAL POLLULTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

02/01/2017 то

TN0020575 PERMIT NUMBER

MM/DD/YYYY

035 G DISCHARGE NUMBER

MM/DD/YYYY

02/28/2017

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		TRAL STP	
LOCATION	1600 2ND AVENU	JE NORTH	
	NASHVILLE	TN 372082206	
ATTN: M	R. SCOTT POTTE		

TN 372082206

PARAMETER		QUA	NTITY OR L	OADING	N		NO.	FREQUENCY	SAMPLE		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE										1
	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	1
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	1
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Discharge event observation	SAMPLE										
	MEASUREMENT	0	*****		*****	*****	*****	****			
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	03/10/2017
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 OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	MM/DD/YYYY
TYPED OR PRINTED COMMENT AND EXPLANATION OF ANY VI	including the possibility of fine and imprisonment for knowing violations.			MN

CENTRAL WASTEWATER TREATMENT PLANT CSO - 047 - BOSCOBEL

		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	0.003	1	0.22	2.00		Rain, Overflow Duration = 0.17 hours
7	0.011	1	0.43	5.00		Rain, Overflow Duration = 0.17 hours
8					1	
9						
10						
11						
12						
13						
14					1	
15					1	
16						
17						
18					1	
19						
20						
21					1	
22					1	
23						
24						
25						
26						
27					1	
28					1	
		•				
TOTAL	0.014	2	0.65	7.00	8	
AVG	0.007	1	0.33	3.50	1	4
MAX	0.011	1	0.43	5.00	1	
MIN	0.003	1	0.22	2.00	1	
COUNT	2	2	2	2	8	

PERMITTEE NAME/ADDRESS (Inc	clude Facility Name/Location if different)
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NATIONAL POLLULTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

DMR Mailing ZIP CODE: 372082206

Form Approved OMB NO. 2040-0004

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

NASHVILLE-CENTRAL STP LOCATION 1600 2ND AVENUE NORTH

FACILITY

NASHVILLE TN 372082206

TN0020575 047 G PERMIT NUMBER DISCHARGE NUMBER

02/01/2017 то

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY

02/28/2017

MAJOR \$ (SUBR 04)

BOSCOBEL MI 192.6 CSO

External Outfall

NO DISCHARGE []

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO.	FREQUENCY	SAMPLE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE										
	MEASUREMENT	7.00	*****		*****	*****	*****	****			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	****		Daily When	CALCTD
Rainfall	SAMPLE	MO TOTAL								Discharging	CALCID
raman	MEASUREMENT	0.65	*****		*****	*****	*****	****			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	****	in	*****	*****	*****	****		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	0.007	0.011		*****	*****	*****	***			
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 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	****	occur/mo	*****	*****	*****	***		Daily When Discharging	CALCTD
Discharge event observation	SAMPLE										1
	MEASUREMENT	2	*****		*****	*****	*****	****			
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		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	03/10/2017
	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	LATIONS (Reference all attachments here)			