

Jun 2017

**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			0.30	4.00		
5	2.03	1	0.37	8.00		Rain, Overflow Duration = 1.80 hours
6					1	
7						
8						
9						
10						
11						
12						
13						
14						
15	15.94	1	1.15	2.00		Rain, Overflow Duration = 5.28 hours
16						
17						
18	2.42	1	0.35	5.00		Rain, Overflow Duration = 5.97 hours
19			0.01	1.00		
20						
21						
22	8.44	1	0.92	8.00		Rain, Overflow Duration = 4.22 hours
23					1	
24						
25						
26						
27						
28						
29					1	
30					1	

TOTAL	28.83	4	3.10	28.00	4
AVG	7.21	1	0.52	4.67	1
MAX	15.94	1	1.15	8.00	1
MIN	2.03	1	0.01	1.00	1
COUNT	4.00	4	6	6	4

DISCHARGE MONITORING REPORT (DMR)

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  
 ATTN: MR. SCOTT POTTER

MONITORING PERIOD  
 MM/DD/YYYY MM/DD/YYYY  
 FROM 06/01/2017 TO 06/30/2017

NO DISCHARGE [ ]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Rainfall duration	SAMPLE MEASUREMENT	28.00	*****		*****	*****	*****	****			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	****		Daily When Discharging	CALCTD
Rainfall	SAMPLE MEASUREMENT	3.10	*****		*****	*****	*****	****			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	****		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE MEASUREMENT	7.208	15.940		*****	*****	*****	****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	****		Daily When Discharging	CONTIN
Rainfall events with no discharge	SAMPLE MEASUREMENT	4.00	*****		*****	*****	*****	****			
51407 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	*****	*****	*****	****		Daily When Discharging	CALCTD
Discharge event observation	SAMPLE MEASUREMENT	4.00	*****		*****	*****	*****	****			
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	07/10/2017
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)			

Jun 2017

**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	0.013	1	0.30	4.00		Rain, Overflow Duration = 0.33 hours
5	0.001		0.43	7.00		Rain, Overflow Duration = 0.17 hours
6					1	
7						
8						
9						
10						
11						
12						
13						
14						
15	1.988	1	0.90	2.00		Rain, Overflow Duration = 1.67 hours
16						
17						
18	0.206	1	0.19	5.00		Rain, Overflow Duration = 1.25 hours
19						
20						
21						
22	0.043	1	0.92	8.00		Rain, Overflow Duration = 1.08 hours
23					1	
24						
25						
26						
27						
28						
29					1	
30					1	

TOTAL	2.251	4	2.74	26.00	4
AVG	0.450	1	0.55	5.20	1
MAX	1.988	1	0.92	8.00	1
MIN	0.001	1	0.19	2.00	1
COUNT	5	4	5	5	4

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  
 ATTN: MR. SCOTT POTTER

MONITORING PERIOD  
 FROM 06/01/2017 TO 06/30/2017

NO DISCHARGE [ ]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Rainfall duration	SAMPLE MEASUREMENT	26.00	*****		*****	*****	*****	***			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	***		Daily When Discharging	CALCTD
Rainfall	SAMPLE MEASUREMENT	2.74	*****		*****	*****	*****	***			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	***		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE MEASUREMENT	0.450	1.988		*****	*****	*****	***			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	***		Daily When Discharging	CONTIN
Rainfall events with no discharge	SAMPLE MEASUREMENT	4.00	*****		*****	*****	*****	***			
51407 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	*****	*****	*****	***		Daily When Discharging	CALCTD
Discharge event observation	SAMPLE MEASUREMENT	4.00	*****		*****	*****	*****	***			
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	07/10/2017
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)			

Jun 2017

**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					1	
5					1	
6					1	
7						
8						
9						
10						
11						
12						
13					1	
14						
15					1	<b>NO DISCHARGE FOR THIS SITE FOR THIS MONTH</b>
16						
17						
18					1	
19						
20						
21						
22					1	
23					1	
24						
25						
26						
27						
28						
29					1	
30						

TOTAL	0.000	0	0.00	0.00	9
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	9

DISCHARGE MONITORING REPORT (DMR)

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  
 ATTN: MR. SCOTT POTTER

MONITORING PERIOD  
 FROM 06/01/2017 TO 06/30/2017

NO DISCHARGE [x]

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	9	*****		*****	*****	*****	****			
51407 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	*****	*****	*****	****		Daily When Discharging	CALCTD
Discharge event observation	SAMPLE MEASUREMENT	0	*****		*****	*****	*****	****			
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	Y=1;N=0	*****	*****	*****	****		Daily When Discharging	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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	07/10/2017
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)			

Jun 2017

**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	0.007	1	0.13	4.00		Rain, Overflow Duration = 0.17 hours
5	0.002		0.56	6.00		Rain, Overflow Duration = 0.17 hours
6					1	
7						
8						
9						
10						
11						
12						
13						
14						
15	2.194	1	1.09	3.00		Rain, Overflow Duration = 1.08 hours
16						
17						
18					1	
19					1	
20						
21						
22	0.203	1	1.14	7.00		Rain, Overflow Duration = 0.75 hours
23					1	
24						
25						
26						
27						
28						
29						
30						

TOTAL	2.406	3	2.92	20.00	4	
AVG	0.602	1	0.73	5.00	1	
MAX	2.194	1	1.14	7.00	1	
MIN	0.002	1	0.13	3.00	1	
COUNT	4	3	4	4	4	

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved

DISCHARGE MONITORING REPORT (DMR)

OMB NO. 2040-0004

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

TN0020575  
 PERMIT NUMBER

033 G  
 DISCHARGE NUMBER

DMR Mailing ZIP CODE: 372082206

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

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

MONITORING PERIOD  
 FROM 06/01/2017 TO 06/30/2017

NO DISCHARGE [ ]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Rainfall duration	SAMPLE MEASUREMENT	20.00	*****		*****	*****	*****	****			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	****		Daily When Discharging	CALCTD
Rainfall	SAMPLE MEASUREMENT	2.92	*****		*****	*****	*****	****			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	****		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE MEASUREMENT	0.602	2.194		*****	*****	*****	****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	****		Daily When Discharging	CONTIN
Rainfall events with no discharge	SAMPLE MEASUREMENT	4	*****		*****	*****	*****	****			
51407 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	*****	*****	*****	****		Daily When Discharging	CALCTD
Discharge event observation	SAMPLE MEASUREMENT	3	*****		*****	*****	*****	****			
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	07/10/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			



Jun 2017

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

TOTAL	0.000	0	0.00	0.00	9
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	9

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  
 ATTN: MR. SCOTT POTTER

MONITORING PERIOD  
 MM/DD/YYYY TO MM/DD/YYYY  
 FROM 06/01/2017 TO 06/30/2017

NO DISCHARGE [x]

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	*****	Mgal/d	*****	*****	*****	****		Daily When Discharging	CONTIN
Rainfall events with no discharge	SAMPLE MEASUREMENT	9	*****		*****	*****	*****	****			
51407 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	*****	*****	*****	****		Daily When Discharging	CALCTD
Discharge event observation	SAMPLE MEASUREMENT	0	*****		*****	*****	*****	****			
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	Y=1;N=0	*****	*****	*****	****		Daily When Discharging	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  SCOTT A. POTTER DIRECTOR	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
		615 862-4591	07/10/2017
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)			

Jun 2017

**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	0.006	1	0.52	5.00		Rain, Overflow Duration = 0.08 hours
5	0.016		0.84	9.00		Rain, Overflow Duration = 0.08 hours
6	0.042	1	0.17	1.00		Rain, Overflow Duration = 0.17 hours
7						
8						
9						
10						
11						
12						
13					1	
14						
15	0.158	1	0.56	2.00		Rain, Overflow Duration = 0.75 hours
16						
17						
18	0.089	1	0.20	6.00		Rain, Overflow Duration = 0.58 hours
19						
20						
21						
22	0.105	1	1.01	8.00		Rain, Overflow Duration = 0.92 hours
23	0.010	1	0.16	4.00		Rain, Overflow Duration = 0.17 hours
24						
25						
26						
27						
28						
29					1	
30						

TOTAL	0.426	6	3.46	35.00	2	
AVG	0.061	1	0.49	5.00	1	
MAX	0.158	1	1.01	9.00	1	
MIN	0.006	1	0.16	1.00	1	
COUNT	7	6	7	7	2	

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

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

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  
ATTN: MR. SCOTT POTTER

MONITORING PERIOD  
MM/DD/YYYY TO MM/DD/YYYY  
FROM 06/01/2017 TO 06/30/2017

NO DISCHARGE [ ]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Rainfall duration	SAMPLE MEASUREMENT	35.00	*****		*****	*****	*****	****			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	****		Daily When Discharging	CALCTD
Rainfall	SAMPLE MEASUREMENT	3.46	*****		*****	*****	*****	****			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	****		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE MEASUREMENT	0.061	0.158		*****	*****	*****	****			
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	2	*****		*****	*****	*****	****			
51407 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	*****	*****	*****	****		Daily When Discharging	CALCTD
Discharge event observation	SAMPLE MEASUREMENT	6	*****		*****	*****	*****	****			
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	07/10/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE NUMBER
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)				