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					1	
3						
4	8.98	1	0.43	3.00		Rain, Overflow Duration = 2.88 hours
5						
6			0.38	3.00		
7	44.06	1	1.78	9.00		Rain, Overflow Duration = 13.33 hours
8						
9						
10						
11						
12						
13						
14	5.00	1	0.99	12.00		Rain, Overflow Duration = 3.90 hours
15						
16	7.89	1	0.96	4.00		Rain, Overflow Duration = 3.83 hours
17					1	
18						
19						
20						
21						
22	10.00	1	1.33	2.00		Rain, Overflow Duration = 4.67 hours
23	0.23					Rain, Overflow Duration = 1.82 hours
24						
25						
26						
27						
28					1	
29						
30			0.12	3.00		
31	102.42	1	6.47	15.00		Rain, Overflow Duration = 9.58 hours
			·			
TOTAL	178.58	6	12.46	51.00	3	
AVG	25.51	1	1.56	6.38	1	
MAX	102.42	1	6.47	15.00	1	
MIN	0.23	1	0.12	2.00	1	
COUNT	7.00	6	8	8	3	

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

NASHVILLE-CENTRAL STP

ADDRESS 1600 2ND AVENUE NORTH

NAME

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

DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

08/01/2017 то

TN0020575
PERMIT NUMBER

MM/DD/YYYY

019 G DISCHARGE NUMBER

MM/DD/YYYY

08/31/2017

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

	NASHVILLE	TN	372082206	
	NACHWILL CE	NITOAL	C-##	
FACILITY	NASHVILLE-CE			
LOCATION	1600 2ND AVE			
	NASHVILLE	TN	372082206	
ATTN: ME	R. SCOTT POT	ΓER		

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	51.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.								Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****	hr	*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	12.46	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	25.511	102.420		*****	*****	*****	****			
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	3.00	*****		*****	*****	*****	****			
51407 1 0	PERMIT	Req. Mon.		occur/mo						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Discharge event observation	SAMPLE										
	MEASUREMENT	6.00	*****		*****	*****	*****	****			
84165 1 0	PERMIT	Req. Mon.		Y=1;N=0						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD

system designed TELEPHONE DATE
anage the system,
n, the information te, and complete.
information, SIGNATURE OF PRINCIPAL EXECUTIVE AREA ations. OFFICER OR AUTHORIZED AGENT CODE NUMBER MM/DI
ma tior ura Ise

CENTRAL WASTEWATER TREATMENT PLANT CSO - 023 - BENEDICT & CRUTCHER

		Number of	Rainfall	Rain Duration	Number of	
	Effluent	Discharges	causing a	causing a	Rain Events	
	Flow	from	Discharge	Discharge	Not causing	
DATE	MGD	Outfall	Inches	Hours	a Discharge	Reason for Bypassing
2					1	
3					I	
4	0.407	1	0.22	3.00		Rain, Overflow Duration = 0.67 hours
5	0.407		0.22	3.00		Italii, Overnow Buration = 0.07 Hours
6	0.110	1	0.16	3.00		Rain, Overflow Duration = 0.33 hours
7	1.702		1.51	6.00		Rain, Overflow Duration = 3.50 hours
8						,
9						
10					_	
11						
12						
13						
14	0.665	1	0.75	6.00		Rain, Overflow Duration = 1.17 hours
15			0.03	2.00		
16	1.400	1	0.57	3.00		Rain, Overflow Duration = 1.25 hours
17					1	
18						
19						
20						
21 22	3.542	1	1.58	5.00		Pain Overflow Duration 1.59 hours
23	3.542	1	1.58	5.00		Rain, Overflow Duration = 1.58 hours
24						
25						
26						
27						
28					1	
29						
30			0.02	2.00		
31	21.334	1	6.82	13.00		Rain, Overflow Duration = 7.83 hours
TOTAL	29.160	6	11.66	43.00	3	
AVG	4.166		1.30	4.78	1	
MAX	21.334		6.82	13.00	1	
MIN	0.110	1	0.02	2.00	1	
COUNT	7	6	9	9	3	

PERMITTEE NAME/ADDRESS	(Include Facilit	y Name/Location	if different)
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LOCATION 1600 2ND AVENUE NORTH

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

NASHVILLE-CENTRAL STP

TN0020575
PERMIT NUMBER

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

NO DISCHARGE []

LOCATION TOOU ZIND AVEINGE NOT				WIWI/DD/1111	WIIW/DD/TTTT					NO DIOCHAN	
	372082206		FROM	08/01/2017 то	08/31/2017						
ATTN: MR. SCOTT POTTER 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	43.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.		hr						Daily When	1
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	11.66	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	4.166	21.334		*****	*****	*****	****			
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	3.00	*****		*****	*****	*****	****			
51407 1 0	PERMIT	Req. Mon.		occur/mo						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Discharge event observation	SAMPLE										
	MEASUREMENT	6.00	*****		*****	*****	*****	****			
84165 1 0	PERMIT	Req. Mon.		Y=1;N=0						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		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	09/10/2017
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

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					1	
3						
4					1	
5						
6			0.49	4.00		
7	4.690	1	1.42	6.00		Rain, Overflow Duration = 1.82 hours
8						
9						
10						
11						
12						
13						
14					1	
15					1	
16					1	
17					1	
18						
19						
20						
21	0.040	4	0.70	0.00		D: 0 " D : 0.701
22	0.910	1	0.70	3.00		Rain, Overflow Duration = 0.70 hours
23 24						
25						
26						
27						
28					1	
29					<u>'</u>	
30			0.02	2.00		
31	36.280	1		14.00		Rain, Overflow Duration = 5.12 hours
1	,	•	2.0.			. ,
TOTAL	41.880	3	8.44	29.00	7	
AVG	13.960			5.80		
MAX	36.280	1	5.81	14.00		
MIN	0.910	1	0.02	2.00	1	
COUNT	3	3	5	5	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)

Form Approved
OMB NO. 2040-0004

NASHVILLE-CENTRAL STP 1600 2ND AVENUE NORTH

ADDRESS 1600 2ND AVENUE NORTH
NASHVILLE TN 372082206

FACILITY NASHVILLE-CENTRAL STP

LOCATION 1600 2ND AVENUE NORTH

NAME

NASHVILLE TN 372082206

TN0020575 PERMIT NUMBER

024G DISCHARGE NUMBER

	MONITORING PERIOD								
	MM/DD/YYYY		MM/DD/YYYY						
FROM	08/01/2017	то	08/31/2017						

DMR Mailing ZIP CODE: 372082206

MAJOR \$ (SUBR 04) EMH

WASHINGTON MI 190.4 CSO

External Outfall

NO DISCHARGE []

PARAMETER		QUA	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. FREQUENCY	FREQUENCY	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE										
	MEASUREMENT	29.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.		hr						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	8.44	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	1
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	13.960	36.280		*****	*****	*****	****			
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	3	*****		*****	*****	*****	****			
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	09/10/2017			
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 VIOLATIONS (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						
2					1	
3						
4	0.304	1	0.33	2.00		Rain, Overflow Duration = 0.67 hours
5						
6	0.024	1	0.53	3.00		Rain, Overflow Duration = 0.33 hours
7	2.909		1.52	6.00		Rain, Overflow Duration = 2.83 hours
8						
9						
10						
11						
12						
13	0.440	4	0.00	0.00		Dair Overflow Devetion 0.50 haves
14	0.442	1	0.69	8.00		Rain, Overflow Duration = 0.58 hours
15 16	1.468	1	0.72	5.00		Rain, Overflow Duration = 1.33 hours
17	1.400	1	0.72	5.00	1	Rain, Overnow Duration = 1.33 hours
18					ı	
19						
20						
21						
22	4.585	1	1.55	3.00		Rain, Overflow Duration = 1.17 hours
23						·
24						
25						
26						
27						
28					1	
29						
30	10.010		0.06	5.00		
31	42.810	1	7.94	12.00		Rain, Overflow Duration = 7.83 hours
TOT::	E0 E40	ام	40.04	44.00	^	
TOTAL	52.542	<u>6</u>	13.34	44.00	<u>3</u>	
AVG	7.506 42.810		1.67 7.94	5.50 12.00	1	
MAX MIN	0.024		0.06	2.00	1	
COUNT	7		8	2.00		
COUNT		ا	8	8	3	

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

MONITORING PERIOD

DMR	Mailing	7IP	CODE	372082206

Form Approved OMB NO. 2040-0004

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

TN0020575 PERMIT NUMBER

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

QUALITY OR CONCENTRATION

NO DISCHARGE []

NASHVILLE-CENTRAL STP FACILITY LOCATION 1600 2ND AVENUE NORTH

MM/DD/YYYY MM/DD/YYYY 08/31/2017 NASHVILLE TN 372082206 08/01/2017 то FROM ATTN: MR. SCOTT POTTER QUANTITY OR LOADING

PARAMETER									NO.	FREQUENCY	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE										
	MEASUREMENT	44.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.		hr						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	13.34	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	7.506	42.810		*****	*****	*****	****			
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	3	*****		*****	*****	*****	****			
51407 1 0	PERMIT	Req. Mon.		occur/mo						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Discharge event observation	SAMPLE										
	MEASUREMENT	6	*****		*****	*****	*****	****			
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 DIRECTOR	to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information		615 862-4591	09/10/2017		
	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		MM/DD/YYYY		
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)						

PAGE

1

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					1	
3						
4					1	
5						
6					1	
7					1	
8						
9						
10						
11						
12						
13						
14					1	
15						
16					1	
17					1	
18						
19						
20						
21						
22					1	
23						
24						
25						
26						
27						
28					1	
29						
30			0.12	3.00		
31	10.090	1	6.47	15.00		Rain, Overflow Duration = 5.67 hours
TOTAL	10.090	1	6.59	18.00	7	
AVG	10.090	1	3.30	9.00	1	
MAX	10.090	1	6.47	15.00	1	
MIN	10.090	1	0.12	3.00	1	
COUNT	1	1	2	2	7	

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

NASHVILLE-CENTRAL STP

1600 2ND AVENUE NORTH

NAME

ADDRESS

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

DISCHARGE MONITORING REPORT (DMR)

TN0020575 PERMIT NUMBER

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

DRIFTWOOD MI 192.0 CSO

External Outfall

NO DISCHARGE []

Form Approved

OMB NO. 2040-0004

ADDINESS	1000 ZIND AVEI	VOL IVOICITI	
	NASHVILLE	TN 372082206	
FACILITY	NASHVILLE-CE		
LOCATION	1600 2ND AVE	NUE NORTH	
	NASHVILLE	TN 372082206	
ATTN: M	R. SCOTT POT	TER	

 MONITORING PERIOD

 MM/DD/YYYY
 MM/DD/YYYY

 FROM
 08/01/2017
 το
 08/31/2017

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	18.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.		hr						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	6.59	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	10.090	10.090		*****	*****	*****	****			
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	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

DATE
09/10/2017
MM/DD/YYYY

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					1	
3						
4	0.017	1	0.57	3.00		Rain, Overflow Duration = 0.25 hours
5						
6	0.062	1	0.49	4.00		Rain, Overflow Duration = 0.25 hours
7	0.230		1.42	6.00		Rain, Overflow Duration = 1.42 hours
8						
9						
10						
11						
12						
13						
14	0.181	1	0.58	8.00		Rain, Overflow Duration = 0.58 hours
15			0.01	1.00		
16	0.083	1	0.25	3.00		Rain, Overflow Duration = 0.33 hours
17					1	
18						
19						
20						
21						
22	0.171	1	0.70	3.00		Rain, Overflow Duration = 0.58 hours
23						
24						
25						
26						
27						
28					1	
29						
30			0.02	2.00		
31	1.984	1	5.81	14.00		Rain, Overflow Duration = 6.33 hours
TOTAL	2.728	6	9.85	44.00	3	
AVG	0.390	1	1.09	4.89	1	
MAX	1.984	1	5.81	14.00	1	
MIN	0.017	1	0.01	1.00	1	
COUNT	7	6	9	9	3	

PERMITTEE NAME/ADDRESS (Inc	clude 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)

TN0020575 047 G

PERMIT NUMBER DISCHARGE NUMBER

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 372082206 MAJOR \$

(SUBR 04) BOSCOBEL MI 192.6 CSO

External Outfall

NO DISCHARGE []

Form Approved

OMB NO. 2040-0004

	NASHVILLE-CENTRAL STP		MONITORING	RIOD		
		E NORTH		MM/DD/YYYY		MM/DD/YYYY
	NASHVILLE	TN 372082206	FROM	08/01/2017	то	08/31/2017
ATTN: M	R SCOTT POTTER	R			•	

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	44.00	*****		*****	*****	*****	****			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	****	*****	****	***		Daily When Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	9.85	*****		*****	*****	*****	****			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	****	*****	***		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	0.390	1.984		*****	*****	*****	****			
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	3	*****		*****	*****	*****	***			
51407 1 0	PERMIT	Req. Mon.		occur/mo						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		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		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	09/10/2017
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 VIOL	ATIONS (Reference all attachments here)			