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	3.28	1	0.56	7.00		Rain, Overflow Duration = 3.43 hours
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17					1	
18					1	
19	1.25	1	0.49	10.00		Rain, Overflow Duration = 2.97 hours
20	38.20		1.50	17.00		Rain, Overflow Duration = 19.78 hours
21	0.39					Rain, Overflow Duration = 0.27 hours
22	26.41	1	0.99	14.00		Rain, Overflow Duration = 11.90 hours
23	89.84		1.51	6.00		Rain, Overflow Duration = 23.43 hours
24					1	
25						
26						
27						
28						
29						
30						
31						
TOTAL	159.37	3	5.05	54.00	3	
AVG	26.56	1	1.01	10.80	1	4
MAX	89.84	1	1.51	17.00	1	
MIN	0.39	1	0.49	6.00	1	
COUNT	6.00	3	5	5	3	

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

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

MONITORING PERIOD

12/01/2017 то

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 ST LOCATION 1600 2ND AVENUE NORTH

FACILITY

NASHVILLE TN 372082206

TN0020575 PERMIT NUMBER

MM/DD/YYYY

019 G DISCHARGE NUMBER

MM/DD/YYYY

12/31/2017

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

External Outfall

NO DISCHARGE []

PARAMETER		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	54.00	*****		*****	*****	*****	****			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	****	*****	*****	****		Daily When Discharging	CALCTD
Rainfall	SAMPLE MEASUREMENT	5.05	*****		*****	*****	*****	***			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	****	***		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE MEASUREMENT	26.562	89.840		*****	*****	****	***			
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	3.00	*****		*****	*****	*****	***			
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

619	5 862-4591	01/10/2018
		MM/DD/YYYY
	INCIPAL EXECUTIVE ARE	INCIPAL EXECUTIVE AREA

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
1						
2						
3						
4						
5	0.051	1	0.58	7.00		Rain, Overflow Duration = 0.33 hours
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16					4	
17 18					1 1	
19			0.37	9.00	1	
20	0.439	1	1.07	15.00		Pain Overflow Duration 2.09 hours
21	0.439	- 1	1.07	15.00		Rain, Overflow Duration = 3.08 hours
22	0.070	1	1.05	14.00		Rain, Overflow Duration = 1.25 hours
23	3.079	I	1.62	6.00		Rain, Overflow Duration = 1.23 hours
24	0.073		1.02	0.00	1	Ivalii, Overnow Bulation = 0.00 hours
25						
26						
27						
28						
29						
30						
31						
TOTAL	3.639	3	4.69	51.00	3	
AVG	0.910	1	0.94	10.20	1	
MAX	3.079	1	1.62	15.00	1	
MIN	0.051	1	0.37	6.00	1	
COUNT	4	3	5	5	3	

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

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

LOCATION 1600 2ND AVENUE NORTH

NASHVILLE

FACILITY

NASHVILLE-CENTRAL STP

TN 372082206

TN0020575 PERMIT NUMBER 023 G DISCHARGE NUMBER MAJOR \$
(SUBR 04)
BENEDICT & CRUTCHER 191.6 CSO
External Outfall

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	51.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.		hr						Daily When	1
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	4.69	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	0.910	3.079		*****	*****	*****	****			
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	3.00	*****		*****	*****	*****	****			
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	01/10/2018
	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	DLATIONS (Reference all attachments here)		•	•

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					1	
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17					1	
18					1	
19			0.16	9.00		
20	8.000	1	1.01	16.00		Rain, Overflow Duration = 8.00 hours
21						
22	6.000	1	1.25	15.00		Rain, Overflow Duration = 7.50 hours
23	17.000		1.71	8.00		Rain, Overflow Duration = 24.00 hours
24	13.000					Rain, Overflow Duration = 18.00 hours
25						
26						
27						
28						
29						
30						
31						
	4	_ 1	1		=	
TOTAL	44.000	2	4.13	48.00	3	
AVG	11.000	1	1.03	12.00	1	
MAX	17.000	1	1.71	16.00	1	
MIN	6.000	1	0.16	8.00	1	4
COUNT	4	2	4	4	3	

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

NASHVILLE-CENTRAL STP

TN 372082206

1600 2ND AVENUE NORTH

NASHVILLE

LOCATION 1600 2ND AVENUE NORTH

NAME

ADDRESS

FACILITY

NATIONAL POLLULTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

	Forn	n Approved
OMB	NO	2040-0004

DISCHARGE MONITORING REPORT (DMR) NASHVILLE-CENTRAL STP

TN0020575 PERMIT NUMBER

024G DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 12/01/2017 то 12/31/2017 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				FREQUENCY	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE										
	MEASUREMENT	48.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.		hr						Daily When	1
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	4.13	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	1
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	11.000	17.000		*****	*****	*****	****			
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	3	*****		*****	*****	*****	****			
51407 1 0	PERMIT	Req. Mon.		occur/mo						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Discharge event observation	SAMPLE										
	MEASUREMENT	2	*****		*****	*****	*****	****			
84165 1 0	PERMIT	Req. Mon.		Y=1;N=0					ĺ	Daily When	1
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	01/10/2018						
	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 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						
3						
4						
5	0.002	1	0.61	7.00		Rain, Overflow Duration = 0.17 hours
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17					1	
18					1	
19			0.28	10.00		
20	0.284	1	1.14	16.00		Rain, Overflow Duration = 3.00 hours
21						
22	0.017	1	1.25	14.00		Rain, Overflow Duration = 0.50 hours
23	12.507		1.83	7.00		Rain, Overflow Duration = 12.75 hours
24						
25						
26						
27						
28 29						
30						
31						
31						
TOTAL	12.810	3	5.11	54.00	2	
AVG	3.203		1.02	10.80	1	
MAX	12.507	1	1.83	16.00	1	
MIN	0.002	1	0.28	7.00	1	
COUNT	4			5	2	

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

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

DMR	Mailing	7IP	CODE:	37208220

Form Approved OMB NO. 2040-0004

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

FACILITY

NASHVILLE-CENTRAL STP

NASHVILLE TN 372082206
ATTN: MR. SCOTT POTTER

LOCATION 1600 2ND AVENUE NORTH

TN0020575 033 G
PERMIT NUMBER DISCHARGE NUMBER

FROM

| MONITORING PERIOD | MM/DD/YYYY | MM/DD/YYYY | 12/01/2017 το | 12/31/2017

MAJOR \$

(SUBR 04) EMH

SCHRADER LN MI 184.7 CSO

External Outfall

NO DISCHARGE []

PARAMETER		QUANTITY OR LOADING				QUALITY OR CO	NCENTRATIO	N	NO.	FREQUENCY	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE										
	MEASUREMENT	54.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.		hr						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	5.11	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	3.203	12.507		*****	*****	*****	***			
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	2	*****		*****	*****	*****	****			
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	01/10/2018					
	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 VIOLATIONS (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					1	
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17					1	
18					1	
19					1	
20					1	
21						
22			0.99	14.00		
23	9.72	1	1.51	6.00		Rain, Overflow Duration = 3.50 hours
24					1	
25						
26						
27						
28						
29						
30						
31						
TOTAL	9.720	1	2.50	20.00	6	
AVG	9.720	1	1.25	10.00	1	
MAX	9.720	1	1.51	14.00	1	
MIN	9.720	1	0.99	6.00	1	
COUNT	1	1	2	2	6	

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

NASHVILLE-CENTRAL STP

TN 372082206

NASHVILLE-CENTRAL STP

1600 2ND AVENUE NORTH

NASHVILLE

LOCATION 1600 2ND AVENUE NORTH

NAME

ADDRESS

FACILITY

NATIONAL POLLULTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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

PERMIT NUMBER

MONITORING PE

 MONITORING PERIOD

 мм/дд/үүүү
 мм/дд/үүүү

 from
 12/01/2017 то
 12/31/2017

LOCATION TOUGIND AVENUE NORTH				WIW/DD/TTTT	WW/DD/TTTT					NO DISCHAR	
NASHVILLE TN ATTN: MR. SCOTT POTTER	372082206	 II	FROM	12/01/2017 то	12/31/2017						
PARAMETER		QUA	QUANTITY OR LOADING			QUALITY OR CO	ONCENTRATIO	ON	NO.	FREQUENCY	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
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	2.50	*****		*****	*****	*****	***			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	****	***		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE MEASUREMENT	9.720	9.720		****	*****	*****	***			
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	*****		*****	*****	*****	***			
51407 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	*****	*****	****	***		Daily When Discharging	CALCTD
Discharge event observation	SAMPLE MEASUREMENT	1	*****		*****	*****	*****	***			
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	01/10/2018
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 - 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	0.003	1	0.62	7.00		Rain, Overflow Duration = 0.08 hours
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17					1	
18					1	
19	0.002	1	0.16	9.00		Rain, Overflow Duration = 0.08 hours
20	0.048		1.01	16.00		Rain, Overflow Duration = 1.25 hours
21						,
22	0.018	1	1.25	15.00		Rain, Overflow Duration = 0.58 hours
23	0.633		1.71	8.00		Rain, Overflow Duration = 5.00 hours
24						·
25						
26						
27						
28						
29						
30						
31						
TOTAL	0.704	3	4.75	55.00	2	
AVG	0.141	1	0.95	11.00	1	
MAX	0.633	1	1.71	16.00	1	
MIN	0.002	1	0.16	7.00	1	
COUNT	5	3	5	5	2	

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

NASHVILLE-CENTRAL STP

1600 2ND AVENUE NORTH

NASHVILLE

NAME

ADDRESS

FACILITY

NATIONAL POLLULTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

MONITORING PERIOD

12/01/2017 то

DISCHARGE MONITORING REPORT (DMR)

MM/DD/YYYY 12/31/2017

TN0020575 PERMIT NUMBER

MM/DD/YYYY

047 G DISCHARGE NUMBER

(SUBR 04) External Outfall

Form Approved OMB NO. 2040-0004

DMR Mailing ZIP CODE: 372082206 MAJOR \$

BOSCOBEL MI 192.6 CSO

NO DISCHARGE []

LOCATION	1600 2ND AVE	NUE NORTH	
	NASHVILLE	TN 372082206	
ATTN: M	R. SCOTT POT	TER	

NASHVILLE-CENTRAL STP

TN 372082206

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	55.00	*****		*****	*****	*****	****			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	****	***		Daily When Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	4.75	*****		*****	*****	*****	***			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	****	****	*****	****		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	0.141	0.633		****	*****	*****	***			
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	2	*****		*****	*****	*****	***			
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		TELEPHONE	
	prepared under my direction or supervision in accordance with a system designed			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	01/10/2018
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)			