

Feb 2019
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						
5						
6	98.52	1	5.84	12.00		Rain, Overflow Duration = 8.57 hours
7	52.50		0.31	6.00		Rain, Overflow Duration = 24.00 hours
8	0.08					Rain, Overflow Duration = 15.10 hours
9						
10	12.03	1	0.84	14.00		Rain, Overflow Duration = 8.42 hours
11			0.10	6.00		
12	24.69	1	0.78	9.00		Rain, Overflow Duration = 20.57 hours
13						
14						
15	8.59	1	0.68	9.00		Rain, Overflow Duration = 5.17 hours
16	16.33		0.06	2.00		Rain, Overflow Duration = 24.00 hours
17	52.97		0.96	13.00		Rain, Overflow Duration = 24.00 hours
18	3.98					Rain, Overflow Duration = 8.15 hours
19	2.89	1	0.82	10.00		Rain, Overflow Duration = 1.42 hours
20	71.95		1.50	13.00		Rain, Overflow Duration = 19.48 hours
21	0.31		0.28	7.00		Rain, Overflow Duration = 14.83 hours
22	5.16		0.87	18.00		Rain, Overflow Duration = 9.98 hours
23	96.80		2.28	18.00		Rain, Overflow Duration = 24.00 hours
24	0.08					Rain, Overflow Duration = 24.00 hours
25						
26						
27						
28						

TOTAL	446.88	5	15.32	137.00	0
AVG	29.79	1	1.18	10.54	#DIV/0!
MAX	98.52	1	5.84	18.00	0
MIN	0.08	1	0.06	2.00	0
COUNT	15.00	5	13	13	0

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 FROM 02/01/2019 TO 02/28/2019 MM/DD/YYYY

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	137.00	*****		*****	*****	*****	****			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	****		Daily When Discharging	CALCTD
Rainfall	SAMPLE MEASUREMENT	15.32	*****		*****	*****	*****	****			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	****		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE MEASUREMENT	29.792	98.520		*****	*****	*****	****			
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	0.00	*****		*****	*****	*****	****			
51407 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	*****	*****	*****	****		Daily When Discharging	CALCTD
Discharge event observation	SAMPLE MEASUREMENT	5.00	*****		*****	*****	*****	****			
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 TYPED OR PRINTED	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	03/10/2019
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER MM/DD/YYYY

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 02/01/2019 TO 02/28/2019

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	136.00	*****		*****	*****	*****	***			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	***		Daily When Discharging	CALCTD
Rainfall	SAMPLE MEASUREMENT	15.62	*****		*****	*****	*****	***			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	***		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE MEASUREMENT	2.424	16.008		*****	*****	*****	***			
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	1.00	*****		*****	*****	*****	***			
51407 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	*****	*****	*****	***		Daily When Discharging	CALCTD
Discharge event observation	SAMPLE MEASUREMENT	7.00	*****		*****	*****	*****	***			
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	03/10/2019
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)			

Feb 2019

**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						
6	111.28	1	5.43	12.00		Rain, Overflow Duration = 1.00 hours
7	50.13		0.37	6.00		Rain, Overflow Duration = 20.55 hours
8						Rain, Overflow Duration = 24.00 hours
9	1.56					Rain, Overflow Duration = 3.95 hours
10	6.75	1	1.04	13.00		Rain, Overflow Duration = 7.02 hours
11	0.22		0.14	7.00		Rain, Overflow Duration = 0.83 hours
12	7.84		0.74	10.00		Rain, Overflow Duration = 2.95 hours
13						
14						
15					1	
16					1	
17	9.44	1	0.90	11.00		Rain, Overflow Duration = 9.83 hours
18	0.59					Rain, Overflow Duration = 1.78 hours
19			0.82	9.00		
20	47.03	1	1.78	13.00		Rain, Overflow Duration = 16.52 hours
21	11.28		0.24	7.00		Rain, Overflow Duration = 15.65 hours
22	16.66		0.89	17.00		Rain, Overflow Duration = 23.23 hours
23	92.09		2.62	18.00		Rain, Overflow Duration = 6.73 hours
24	45.06					Rain, Overflow Duration = 24.00 hours
25	17.56					Rain, Overflow Duration = 24.00 hours
26	7.09					Rain, Overflow Duration = 24.00 hours
27	2.69					Rain, Overflow Duration = 14.38 hours
28						

TOTAL	427.270	4	14.97	123.00	3	
AVG	26.704	1	1.36	11.18	1	
MAX	111.280	1	5.43	18.00	1	
MIN	0.220	1	0.14	6.00	1	
COUNT	16	4	11	11	3	

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

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 02/01/2019 TO 02/28/2019

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	123.00	*****		*****	*****	*****	****			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	****		Daily When Discharging	CALCTD
Rainfall	SAMPLE MEASUREMENT	14.97	*****		*****	*****	*****	****			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	****		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE MEASUREMENT	26.704	111.280		*****	*****	*****	****			
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	*****		*****	*****	*****	****			
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	03/10/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			

Feb 2019

**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					1	
5						
6	47.270	1	6.30	13.00		Rain, Overflow Duration = 8.17 hours
7	19.115		0.33	7.00		Rain, Overflow Duration = 14.83 hours
8						
9						
10					1	
11			0.13	8.00		
12	0.799	1	0.70	10.00		Rain, Overflow Duration = 2.00 hours
13						
14						
15	0.006	1	0.61	9.00		Rain, Overflow Duration = 0.17 hours
16			0.06	3.00		
17	0.323	1	0.76	11.00		Rain, Overflow Duration = 1.50 hours
18						
19			0.70	9.00		
20	11.493	1	1.74	12.00		Rain, Overflow Duration = 7.25 hours
21			0.22	5.00		
22			0.86	18.00		
23	12.272	1	2.55	16.00		Rain, Overflow Duration = 7.08 hours
24						
25						
26						
27						
28					1	

TOTAL	91.278	6	14.96	121.00	3	
AVG	13.040	1	1.25	10.08	1	
MAX	47.270	1	6.30	18.00	1	
MIN	0.006	1	0.06	3.00	1	
COUNT	7	6	12	12	3	

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

TN0020575	033 G
PERMIT NUMBER	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	
MM/DD/YYYY	MM/DD/YYYY
FROM 02/01/2019	TO 02/28/2019

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	121.00	*****		*****	*****	*****	***			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	***		Daily When Discharging	CALCTD
Rainfall	SAMPLE MEASUREMENT	14.96	*****		*****	*****	*****	***			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	***		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE MEASUREMENT	13.040	47.270		*****	*****	*****	***			
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	*****		*****	*****	*****	***			
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

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SCOTT A. POTTER DIRECTOR		615 862-4591	03/10/2019
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)			

Feb

2019

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

TOTAL	0.000	0	0.00	0.00	13	
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	13	

DISCHARGE MONITORING REPORT (DMR)

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 02/01/2019 TO 02/28/2019

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	13	*****		*****	*****	*****	****			
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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		615 862-4591	03/10/2019
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)			

Feb

2019

**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					1	
5						
6	7.709	1	5.43	12.00		Rain, Overflow Duration = 7.83 hours
7	0.891		0.37	6.00		Rain, Overflow Duration = 10.00 hours
8						
9						
10					1	
11			0.14	7.00		
12	0.007	1	0.74	10.00		Rain, Overflow Duration = 0.08 hours
13						
14						
15					1	
16					1	
17	0.345	1	0.90	11.00		Rain, Overflow Duration = 0.92 hours
18						
19			0.82	9.00		
20	1.452	1	1.78	13.00		Rain, Overflow Duration = 4.75 hours
21			0.24	7.00		
22			0.89	17.00		
23	3.514	1	2.62	18.00		Rain, Overflow Duration = 10.00 hours
24	0.051					Rain, Overflow Duration = 2.25 hours
25						
26						
27						
28						
TOTAL	13.969	5	13.93	110.00	4	
AVG	1.996	1	1.39	11.00	1	
MAX	7.709	1	5.43	18.00	1	
MIN	0.007	1	0.14	6.00	1	
COUNT	7	5	10	10	4	

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

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 MM/DD/YYYY
 FROM 02/01/2019 TO 02/28/2019

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	110.00	*****		*****	*****	*****	****			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	****		Daily When Discharging	CALCTD
Rainfall	SAMPLE MEASUREMENT	13.93	*****		*****	*****	*****	****			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	****		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE MEASUREMENT	1.996	7.709		*****	*****	*****	****			
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	5	*****		*****	*****	*****	****			
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	Y=1;N=0	*****	*****	*****	****		Daily When Discharging	CALCTD

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SCOTT A. POTTER DIRECTOR		615 862-4591	03/10/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			