Number of

Rainfall

CENTRAL WASTEWATER TREATMENT PLANT CSO - 019 - KERRIGAN

		Number of	, talliali	rain Durauon	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						
7						
8					1	
9					1	
10						
11						
12	72.58	1	2.45	17.00		Rain, Overflow Duration = 13.33 hours
13	25.78		0.68	5.00		Rain, Overflow Duration = 9.23 hours
14						
15					1	
16						
17					1	
18					1	
19					1	
20					1	
21					1	
22			0.12	3.00		
23	3.52	1	0.54	11.00		Rain, Overflow Duration = 4.67 hours
24						
25					1	
26						
27						
28					1	
29					1	
30						
	101.00		3.79	26.00	11	
TOTAL	101.88 33.96	2	0.95	36.00 9.00	11	
AVG	72.58	1	2.45	17.00	1	
MAX	3.52	1	0.12	3.00	1	
MIN	3.00	2	4	3.00	11	
COUNT	3.00		4	4	11	J

PERMITTEE NAME/ADDRESS	Include Facilit	y Name/Location	if different)
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MONITORING PERIOD

04/01/2020 то

DMR	Mailing	ZIP	CODE:	372082206

Form Approved OMB NO. 2040-0004

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

TN0020575 PERMIT NUMBER

FROM

MM/DD/YYYY

019 G DISCHARGE NUMBER

MM/DD/YYYY

04/30/2020

MAJOR (SUBR 04) EJM KERRIGAN AT MI 190.4 CSO **External Outfall**

NO DISCHARGE []

FACILITY NASHVILLE-CENTRAL STP LOCATION 1600 2ND AVENUE NORTH

NASHVILLE TN 372082206

ATTN: MR. SCOTT POTTER QUANTITY OR LOADING QUALITY OR CONCENTRATION **PARAMETER** NO. FREQUENCY SAMPLE **TYPE** ΕX OF ANALYSIS **VALUE** VALUE UNITS VALUE **VALUE VALUE** UNITS Rainfall duration SAMPLE 36.00 ***** ***** ***** ***** **** MEASUREMENT 00135 1 0 Reg. Mon. Daily When PERMIT Effluent Gross MO TOTAL ***** ***** ***** ***** **** Discharging CALCTD REQUIREMENT hr Rainfall SAMPLE 3.79 ***** ***** ***** ***** **** MEASUREMENT 46529 1 0 PERMIT Req. Mon. in Daily When ***** ***** ***** **** MO TOTAL Discharging CALCTD **Effluent Gross** REQUIREMENT Flow, in conduit SAMPLE 33.960 72.580 ***** ***** ***** ++++ MEASUREMENT 50050 1 0 Req. Mon. Req. Mon. Mgal/d Daily When PERMIT Effluent Gross MO AVG DAILY MX ***** ***** ***** **** Discharging CONTIN REQUIREMENT Rainfall events with no discharge SAMPLE ***** 11.00 ***** ***** ***** **** MEASUREMENT 51407 1 0 Reg. Mon. occur/mo Daily When PERMIT ***** ***** ***** ***** **** MO TOTAL Effluent Gross REQUIREMENT Discharging CALCTD Discharge event observation SAMPLE ***** 2.00 ***** ***** ***** **** MEASUREMENT 84165 1 0 Reg. Mon. Y=1;N=0 Daily When PERMIT ***** **** Effluent Gross MO TOTAL ***** ***** ***** Discharging CALCTD REQUIREMENT

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	05/10/2020
	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	ATIONS (Reference all attachments here)			

Number of

Rainfall

CENTRAL WASTEWATER TREATMENT PLANT CSO - 023 - BENEDICT & CRUTCHER

	F.60	Discharge	rvaiiliaii	rain bulauon	Data Essents	
	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	<u> </u>				
2						
3						
<u>4</u> 5						
6						
7						
8	0.003	1	0.33	2.00		Pain Overflow Duration = 0.42 hours
9	0.003	'	0.33	2.00		Rain, Overflow Duration = 0.42 hours
10			0.04	2.00		
11						
12	0.661	1	2.51	15.00		Rain, Overflow Duration = 9.00 hours
13		ı ı	0.61	5.00		
	0.110		0.61	5.00		Rain, Overflow Duration = 2.67 hours
14 15						
16						
17					1	
18						
19	0.016	1	0.27	6.00	<u> </u>	Rain, Overflow Duration = 0.58 hours
20	0.010	'	0.27	1.00		I Verilow Duration - 0.36 flours
21			0.01	1.00	1	
22			0.09	3.00	<u>'</u>	
23	0.006	1	0.54	11.00		Rain, Overflow Duration = 0.67 hours
24	0.000	1	0.54	11.00		I vairi, Overnow Duration - 0.07 hours
25					1	
26					<u>'</u>	
27						
28					1	
29	0.007	1	0.31	3.00	<u>'</u>	Rain, Overflow Duration = 0.42 hours
30	3.307	<u> </u>	0.01	3.00		indian, ordinan suranian orizinada
	<u> </u>					
TOTAL	0.803	5	4.71	48.00	5	
AVG	0.134	1	0.52	5.33	1	
MAX	0.661	1	2.51	15.00	1	
MIN	0.003	1	0.01	1.00	1	
COUNT	6	5	9	9	5	
SCONT		<u> </u>				

MONITORING PERIOD

04/01/2020 то

DMR Mailing ZIP CODE: 372082206

OMB NO. 2040-0004

Form Approved

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

TN0020575 PERMIT NUMBER

FROM

MO TOTAL

REQUIREMENT

MM/DD/YYYY

023 G DISCHARGE NUMBER

MM/DD/YYYY

04/30/2020

MAJOR \$
(SUBR 04)
BENEDICT & CRUTCHER 191.6 CSO

External Outfall

NO DISCHARGE []

FACILITY NASHVILLE-CENTRAL STP LOCATION 1600 2ND AVENUE NORTH

Effluent Gross

NASHVILLE TN 372082206

ATTN: MR. SCOTT POTTER QUANTITY OR LOADING QUALITY OR CONCENTRATION **PARAMETER** NO. SAMPLE FREQUENCY **TYPE** ΕX OF ANALYSIS **VALUE VALUE** UNITS **VALUE VALUE VALUE** UNITS Rainfall duration SAMPLE 48.00 ***** ***** ***** ***** **** MEASUREMENT 00135 1 0 Reg. Mon. hr Daily When PERMIT Effluent Gross MO TOTAL ***** ***** ***** ***** **** CALCTD Discharging REQUIREMENT Rainfall SAMPLE 4.71 ***** ***** ***** ***** **** MEASUREMENT 46529 1 0 Reg. Mon. Daily When PERMIT in ***** ***** ***** ***** **** Effluent Gross MO TOTAL Discharging CALCTD REQUIREMENT Flow, in conduit SAMPLE 0.134 0.661 ***** **** ***** ***** MEASUREMENT 50050 1 0 Rea. Mon. Reg. Mon. Mgal/d Daily When PERMIT ***** ***** ***** **** Effluent Gross MO AVG DAILY MX Discharging CONTIN REQUIREMENT Rainfall events with no discharge SAMPLE 5.00 ***** ***** ***** ***** **** MEASUREMENT 51407 1 0 Reg. Mon. Daily When PERMIT occur/mo ***** MO TOTAL ***** ***** ***** **** CALCTD Effluent Gross Discharging REQUIREMENT Discharge event observation SAMPLE 5.00 ***** ***** ***** **** +++++ MEASUREMENT 84165 1 0 PERMIT Reg. Mon. Y=1;N=0 Daily When

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	05/10/2020
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)			

Discharging

CALCTD

Number of

Rainfall

CENTRAL WASTEWATER TREATMENT PLANT CSO - 024 - WASHINGTON DC

	F69	Discharges	rtaillaii	rain bulauon	Dein Evente	
	Effluent	Discharges	causing a	causing a	Rain Events	
DATE	Flow	from	Discharge 	Discharge	Not causing	December Democrine
DATE	MGD	Outfall	Inches	Hours	a Discharge	Reason for Bypassing
1		I	ı			
2						
3						
4						
5						
6						
7						
8					1	
9					1	
10						
11						
12	25.410	1	2.60	15.00		Rain, Overflow Duration = 9.47 hours
13	6.880		0.50	5.00		Rain, Overflow Duration = 6.13 hours
14						
15						
16						
17					1	
18					1	
19					1	
20						
21					1	
22					1	
23					1	
24					- 1	
25					<u>1</u>	
26 27					I	
28					1	
20					1	
29 30					Į.	
]	L				
TOTAL	32.290	1	3.10	20.00	12	
AVG	16.145		1.55	10.00	1	
MAX	25.410	1	2.60	15.00	1	
MIN	6.880	1	0.50	5.00	1	
COUNT	2	1	2	2	12	
						,

PERMITTEE NAME/ADDRESS	(Include Facilit	ty Name/Location if differer	ıt)
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MONITORING PERIOD

04/01/2020 то

DMR	Mailing	ZIP	CODE:	372082206

Form Approved OMB NO. 2040-0004

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

TN0020575 PERMIT NUMBER

FROM

MM/DD/YYYY

024G DISCHARGE NUMBER

MM/DD/YYYY

04/30/2020

MAJOR (SUBR 04) EMH WASHINGTON MI 190.4 CSO

External Outfall

NO DISCHARGE []

FACILITY NASHVILLE-CENTRAL STP LOCATION 1600 2ND AVENUE NORTH

NASHVILLE TN 372082206

PARAMETER		QUA	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	20.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.		hr						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	3.10	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	16.145	25.410		*****	*****	*****	****			
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	12	*****		*****	*****	*****	****			
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				İ		Daily When	1
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD

	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				
	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	05/10/2020				
	sumbitted is, to the best of my knowledge and belief, true, accurate, and complete.		İ					
	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
DATE	WGD	Oddaii	IIIOIIOO	riouis	a Discharge	reason for Sypasoning
1						
2						
3						
4						
5						
6						
7						
8	0.017	1	0.30	2.00		Rain, Overflow Duration = 0.33 hours
9			0.06	2.00		
10						
11						
12	8.637	1	2.55	15.00		Rain, Overflow Duration = 10.00 hours
13	4.749		0.64	6.00		Rain, Overflow Duration = 20.67 hours
14						
15						
16						
17					1	
18					1	
19	0.027	1	0.38	6.00		Rain, Overflow Duration = 0.42 hours
20			0.01	1.00		
21					1	
22			0.11	4.00		
23	0.037	1	0.50	10.00		Rain, Overflow Duration = 0.67 hours
24						
25					1	
26						
27						
28					1	
29	0.048	1	0.44	3.00		Rain, Overflow Duration = 0.67 hours
30						
		-				
TOTAL	13.515	5	4.99	49.00	5	
AVG	2.253	1	0.55	5.44	1	
MAX	8.637	1	2.55	15.00	1	
MIN	0.017	1	0.01	1.00	1	
COUNT	6	5	9	9	5	

PERMITTEE NAME/ADDRESS	Include Facilit	y Name/Location	if different)
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MONITORING PERIOD

04/01/2020 то

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

FROM

MM/DD/YYYY

033 G DISCHARGE NUMBER

MM/DD/YYYY

04/30/2020

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

External Outfall

NO DISCHARGE []

LOCATION 1600 2ND AVENUE NORTH

NASHVILLE TN 372082206

ATTN: MR. SCOTT POTTER

FACILITY NASHVILLE-CENTRAL STP

ATTN: MR. SCOTT POTTER		QUA	ANTITY OR LO	DADING	1	QUALITY OR CO	NCENTRATION	I	1		T
PARAMETER									NO.	FREQUENCY	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE										
	MEASUREMENT	49.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.		hr						Daily When	1
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	4.99	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	1
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE					,					
	MEASUREMENT	2.253	8.637		*****	*****	*****	****			
50050 1 0	PERMIT	Req. Mon.	Req. Mon.	Mgal/d						Daily When	1
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX		*****	*****	*****	****	İ	Discharging	CONTIN
Rainfall events with no discharge	SAMPLE					,					
	MEASUREMENT	5	*****		*****	*****	*****	****			
51407 1 0	PERMIT	Req. Mon.		occur/mo						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Discharge event observation	SAMPLE										1
	MEASUREMENT	5	*****		*****	*****	*****	****			
84165 1 0	PERMIT	Req. Mon.		Y=1;N=0						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	1	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	05/10/2020
	sumbitted is, to the best of my knowledge and belief, true, accurate, and complete.			i
	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
TYPED OR PRINTED	I am aware that there are significant penalties for submitting false information,			MM/E

Number of

Rainfall

CENTRAL WASTEWATER TREATMENT PLANT CSO - 035 - DRIFTWOOD

		Nulliber of	Mailliaii	Main Durauon	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						
7						
8					1	
9					1	
10						
11						
12					1	
13					1	
14					1	
15					1	NO DISCHARGE FOR THIS SITE FOR THIS MONTH
16						
17					1	
18					1	
19					1	
20					1	
21					1	
22					1	
23					1	
24						
25					1	
26						
27						
28					1	
29					1	
30						
	•					
TOTAL	0.000	0	0.00	0.00	16	
AVG	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	1	
MAX	0.000		0.00	0.00	1	
MIN	0.000	0	0.00	0.00	1	
COUNT	0		0	0	16	
						,

MONITORING PERIOD

04/01/2020 то

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

FROM

MM/DD/YYYY

035 G DISCHARGE NUMBER

MM/DD/YYYY

04/30/2020

MAJOR (SUBR 04) DRIFTWOOD MI 192.0 CSO External Outfall

NO DISCHARGE [X]

LOCATION	1600 2ND AVE	NUE NORTH
	NASH\/II I E	TN 37208220

NASHVILLE TN 372082206
ATTN: MR. SCOTT POTTER

PARAMETER		QUA	QUANTITY OR LOADING QUALITY OR CONCENTR.		NCENTRATIO	ENTRATION NO		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	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	0.00	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
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	16	*****		*****	*****	*****	****			
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	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	05/10/2020
	sumbitted is, to the best of my knowledge and belief, true, accurate, and complete.		1.55.	
	I am aware that there are significant penalties for submitting false information,	SIGNATURE OF PRINCIPAL EXECUTIVE	AREA	1
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 VIOL	ATIONS (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						
6						
7						
8	0.029	1	0.30	2.00		Rain, Overflow Duration = 0.33 hours
9			0.05	2.00		
10						
11						
12	1.130	1	2.60	15.00		Rain, Overflow Duration = 3.08 hours
13	0.006		0.50	5.00		Rain, Overflow Duration = 0.17 hours
14						
15						
16					- 1	
17 18					1	
19	0.008	1	0.28	5.00	I	Rain, Overflow Duration = 0.17 hours
20	0.008	'	0.20	5.00		Naili, Overnow Duration – 0.17 flours
21					1	
22			0.12	4.00		
23	0.011	1	0.53	9.00		Rain, Overflow Duration = 0.50 hours
24	0.011		0.00	0.00		Train, Greinen Baraten Green House
25	0.003	1	0.27	8.00		Rain, Overflow Duration = 0.08 hours
26			0.01	1.00		
27						
28					1	
29	0.013	1	0.26	3.00		Rain, Overflow Duration = 0.08 hours
30						
			· · · · · · · · · · · · · · · · · · ·			
TOTAL	1.200	6	4.92	54.00	4	
AVG	0.171	1	0.49	5.40	1	
MAX	1.130	1	2.60	15.00	1	
MIN	0.003	1	0.01	1.00	1	
COUNT	7	6	10	10	4	

PERMITTEE NAME/ADDRESS (/	Include Facility	y Name/Location	if different
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MONITORING PERIOD

04/01/2020 то

DMR	Mailing	ZIP	CODE:	37208220

Form Approved OMB NO. 2040-0004

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

TN0020575
PERMIT NUMBER

MM/DD/YYYY

047 G
DISCHARGE NUMBER

MM/DD/YYYY

04/30/2020

MAJOR \$
(SUBR 04)
BOSCOBEL MI 192.6 CSO
External Outfall

NO DISCHARGE []

LOCATION	1000 2110 71121		011111	
	NASHVILLE	TN	372082206	
	R. SCOTT POTT			••••

PARAMETER		QUA	ANTITY OR LO	DADING	QUALITY OR CONCENTRATION		NO.	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	WOTOTAL								Districting	O/ (LOTE)
	MEASUREMENT	4.92	*****		*****	*****	*****	****			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	***		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	0.171	1.130		****	*****	*****	****	İ		
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	4	*****		*****	*****	****	***			
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		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,						
DIDECTOR			000 4504	05/40/0000			
DIRECTOR	or those persons directly responsible for gathering the information, the information		615 862-4591	05/10/2020			
	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)							