CENTRAL WASTEWATER TREATMENT PLANT CSO - 019 - KERRIGAN

Rainfall

Number of

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
		- Julian		110410	a Bioonaigo	
1						
2	8.36	1	1.24	16.00		Rain, Overflow Duration = 9.35 hours
3	6.41		0.47	15.00		Rain, Overflow Duration = 22.97 hours
4	0.47		0.04	2.00		Rain, Overflow Duration = 6.55 hours
5						
6					1	
7					1	
8						
9						
10			0.12	3.00		
11	43.28	1	1.56	10.00		Rain, Overflow Duration = 14.32 hours
12	0.31				1	Rain, Overflow Duration = 3.55 hours
13						
14	19.06	1	1.03	7.00		Rain, Overflow Duration = 13.52 hours
15			0.04	2.00		
16						
17						
18					1	
19						
20						
21						
22	0.40	4	0.00	11.00		Diagonal Control of the Control of t
23	0.16	I	0.62	11.00		Rain, Overflow Duration = 0.80 hours
24 25			0.10	8.00		
26					1	
27					1	
28			-		ı	
29					1	
30					Į.	
31					1	
	l		L		'	
TOTAL	78.05	4	5.22	74.00	8	
AVG	11.15	1	0.58	8.22	1	
MAX	43.28	1	1.56	16.00	1	
MIN	0.16	1	0.04	2.00	1	
COUNT	7.00	4	9	9	8	

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

MONITORING PERIOD

01/01/2020 то

DMR	Mailing	7IP	CODE	372082206

Form Approved OMB NO. 2040-0004

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

TN0020575 PERMIT NUMBER

MM/DD/YYYY

019 G DISCHARGE NUMBER

MM/DD/YYYY

01/31/2020

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

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	74.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.								Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****	hr	*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	5.22	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE			,							
	MEASUREMENT	11.150	43.280		*****	*****	*****	****			
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	8.00	*****		*****	*****	*****	****			
51407 1 0	PERMIT	Req. Mon.		occur/mo						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Discharge event observation	SAMPLE										
	MEASUREMENT	4.00	*****		*****	*****	*****	****			
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		615 862-4591	02/10/2020					
	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)									

CENTRAL WASTEWATER TREATMENT PLANT CSO - 023 - BENEDICT & CRUTCHER

				-		
		Number of	Rainfall	Rain Duration	Number of	
	Effluent	Discharges	causing a	causing a	Rain Events	
DATE	Flow	from	Discharge	Discharge	Not causing	December Diversaring
DATE	MGD	Outfall	Inches	Hours	a Discharge	Reason for Bypassing
1						
2	0.082	1	1.24	17.00		Rain, Overflow Duration = 3.50 hours
3	3.302		0.46	16.00		
4			0.06	3.00		
5						
6					1	
7					1	
8						
9						
10			0.10	3.00		
11	1.445	1	1.70	8.00		Rain, Overflow Duration = 6.25 hours
12						
13						
14	1.388	1	1.04	6.00		Rain, Overflow Duration = 3.17 hours
15			0.14	3.00		
16						
17					4	
18 19					1	
20						
21						
22						
23					1	
24					1	
25					1	
26					1	
27					1	
28						
29					1	
30						
31					1	
TOTAL	2.915	3	4.74	56.00	10	
AVG	0.972	1	0.68	8.00	1	
MAX	1.445	1	1.70	17.00	1	
MIN	0.082	1	0.06	3.00	1	
COUNT	3	3	7	7	10	

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

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

NASHVILLE TN 372082206

TN0020575 023 G

PERMIT NUMBER DISCHARGE NUMBER

	MONITORING PERIOD								
	MM/DD/YYYY		MM/DD/YYYY						
FROM	01/01/2020	то	01/31/2020						

DMR Mailing ZIP CODE: 372082206 MAJOR \$ (SUBR 04)

BENEDICT & CRUTCHER 191.6 CSO External Outfall

NO DISCHARGE []

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				4	FREQUENCY	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE										
	MEASUREMENT	56.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.		hr						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****	İ	Discharging	CALCTD
Rainfall	SAMPLE			,							
	MEASUREMENT	4.74	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****	l	Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	0.972	1.445		*****	*****	*****	****			
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	10.00	*****		*****	*****	*****	****			
51407 1 0	PERMIT	Req. Mon.		occur/mo						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****	İ	Discharging	CALCTD
Discharge event observation	SAMPLE										
	MEASUREMENT	3.00	*****		*****	*****	*****	****			
84165 1 0	PERMIT	Req. Mon.		Y=1;N=0						Daily When	1
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****	1	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	02/10/2020					
	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)									
	· · · · · · · · · · · · · · · · · · ·								

CENTRAL WASTEWATER TREATMENT PLANT CSO - 024 - WASHINGTON DC

	1					
		Number of	Rainfall	Rain Duration	Number of	
	Effluent	Discharges	causing a	causing a	Rain Events	
DATE	Flow	from	Discharge 	Discharge	Not causing	Barrar for Burraria
DATE	MGD	Outfall	Inches	Hours	a Discharge	Reason for Bypassing
1	I					
2	0.750	1	1.37	17.00		Rain, Overflow Duration = 10.33 hours
3	0.630	·	0.49	17.00		Rain, Overflow Duration = 24.00 hours
4	0.280		0.08	3.00		Rain, Overflow Duration = 17.00 hours
5	00					,
6					1	
7					1	
8						
9						
10			0.11	3.00		
11	16.380	1	1.73	10.00		Rain, Overflow Duration = 14.50 hours
12	0.030				1	Rain, Overflow Duration = 19.00 hours
13						
14	5.530	1	0.73	6.00		Rain, Overflow Duration = 12.50 hours
15	0.090		0.21	2.00		Rain, Overflow Duration = 5.17 hours
16						
17						
18					1	
19 20						
21						
22						
23					1	
24					1	
25					1	
26						
27						
28						
29						
30						
31						
TOTAL	23.690	3	4.72	58.00	7	
AVG	3.384	1	0.67	8.29	1	
MAX	16.380	1	1.73	17.00	1	
MIN	0.030		0.08	2.00	1	
COUNT	7	3	7	7	7	

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

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

MONITORING PERIOD

01/01/2020 то

MM/DD/YYYY

	Forr	n Approved
OMB	NΩ	2040-0004

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

TN0020575 PERMIT NUMBER

024G DISCHARGE NUMBER

MM/DD/YYYY

01/31/2020

DMR Mailing ZIP CODE: 372082206 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		QUANTITY OR LOADING		DADING		QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE			,		'					
	MEASUREMENT	58.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.		hr						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE			,		'					
	MEASUREMENT	4.72	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	3.384	16.380		*****	*****	*****	****			
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	*****		*****	*****	*****	****		İ	
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	*****		*****	*****	*****	****	I	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	02/10/2020
	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 VIOL	ATIONS (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	0.146	1	1.35	17.00		Rain, Overflow Duration = 1.08 hours
3	0.140	'	0.51	16.00		Italii, Overnow Buration – 1.00 hours
4			0.05	2.00		
5			0.00	2.00		
6					1	
7					1	
8						
9						
10			0.13	3.00		
11	2.752	1	1.72	9.00		Rain, Overflow Duration = 9.08 hours
12					1	
13						
14	0.761	1	1.01	7.00		Rain, Overflow Duration = 4.83 hours
15			0.16	3.00		
16						
17						
18					1	
19						
20						
21						
22					1	
23 24					1	
25					1	
26					1	
27					1	
28					<u> </u>	
29					1	
30					'	
31					1	
		<u> </u>				
TOTAL	3.659	3	4.93	57.00	11	
AVG	1.220	1	0.70	8.14	1	
MAX	2.752	1	1.72	17.00	1	
MIN	0.146	1	0.05	2.00	1	
COUNT	3	3	7	7	11	

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

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

	Forr	n Approved
OMB	NO	2040-0004

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

NASHVILLE-CENTRAL STP

TN0020575 PERMIT NUMBER

033 G DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 372082206

External Outfall

MAJOR

NO DISCHARGE []

FACILITY NASHVILLE-CENTRAL STP		MONITORING	G PE	RIOD
LOCATION 1600 2ND AVENUE NORTH		MM/DD/YYYY		MM/DD/YYYY
NASHVILLE TN 372082206	FROM	01/01/2020	то	01/31/202
ATTN: MR. SCOTT POTTER		,		

PARAMETER		QUA	NTITY OR L	DADING		QUALITY OR CO	NCENTRATIO	N	NO.	FREQUENCY	SAMPLE
17404212.1									EX	OF ANALYSIS	TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Rainfall duration	SAMPLE										
	MEASUREMENT	57.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.		hr						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	4.93	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	1.220	2.752		*****	*****	*****	****			
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	11	*****		*****	*****	*****	****			
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			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	02/10/2020		
	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)						

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					1	
4					1	
5						
6					1	
7					1	
8			İ			
9						
10					1	
11					1	
12						
13						
14					1	
15						NO DISCHARGE FOR THIS SITE FOR THIS MONTH
16						
17						
18					1	
19						
20						
21						
22						
23					1	
24					1	
25					•	
26					1	
27					1	
28					<u>'</u>	
29					1	
30					<u>'</u>	
31					1	
	l				<u>'</u>	
TOTAL	0.000	0	0.00	0.00	13	
AVG	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	1	
	0.000	0	0.00	0.00	-	
MAX	0.000	0	0.00	0.00	1	
MIN	0.000	0	0.00	0.00	13	
COUNT	ı U	U	U	U	13	

	OMB NO. 2040-0004
	Form Approved

NAME	NASHVILLE-CENTRAL STP
ADDRESS	1600 2ND AVENUE NORTH
	NASHVILLE TN 372082206
540U ITV	NACHVILLE CENTRAL CER

TN0020575 035 G PERMIT NUMBER 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

TN 372082206 NASHVILLE ATTN: MR. SCOTT POTTER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 01/01/2020 TO 01/31/2020

NO DISCHARGE [X]

PARAMETER		QUANTITY OR LOADING				QUALITY OR CONCENTRATION				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	*****		*****	*****	*****	****	İ	Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	0.00	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****	İ	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	13	*****		*****	*****	*****	****			
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	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****	I	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	02/10/2020
	sumbitted is, to the best of my knowledge and belief, true, accurate, and complete.		İ	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 VIC	LATIONS (Reference all attachments here)		-	
1	,			

CENTRAL WASTEWATER TREATMENT PLANT CSO - 047 - BOSCOBEL

		Number of	Rainfall	Rain Duration	Number of	
	Effluent	Discharges	causing a	causing a	Rain Events	
DATE	Flow	from	Discharge 	Discharge	Not causing	Bassas for Buressian
DATE	MGD	Outfall	Inches	Hours	a Discharge	Reason for Bypassing
1						
2	0.050	1	1.37	17.00		Rain, Overflow Duration = 0.50 hours
3	0.000	'	0.49	17.00		Train, Overnow Baration – 0.50 floars
4			0.08	3.00		
5			0.00	0.00		
6					1	
7					1	
8						
9						
10			0.11	3.00		
11	0.183	1	1.73	10.00		Rain, Overflow Duration = 1.75 hours
12					1	
13						
14	0.019	1	0.73	6.00		Rain, Overflow Duration = 0.25 hours
15			0.21	2.00		
16						
17						
18					1	
19						
20						
21 22						
23					1	
24					1	
25					1	
26					1	
27					1	
28					'	
29					1	
30						
31					1	
			I			
TOTAL	0.252	3	4.72	58.00	11	
AVG	0.084	1	0.67	8.29	1	
MAX	0.183	1	1.73	17.00	1	
MIN	0.019	1	0.08	2.00	1	
COUNT	3	3	7	7	11	

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

F	orm	ı Appr	oved
OMB N	IO '	2040-	0004

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

FACILITY NASHVILLE-CENTRAL STP
LOCATION 1600 2ND AVENUE NORTH

NASHVILLE TN 372082206

TN0020575 047 G PERMIT NUMBER DISCHARGE NUMBER

	MONITORING PERIOD							
	MM/DD/YYYY		MM/DD/YYYY					
FROM	01/01/2020	то	01/31/2020					

DMR Mailing ZIP CODE: 372082206

MAJOR \$ (SUBR 04)

BOSCOBEL MI 192.6 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	58.00	*****		*****	*****	*****	****			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	****	*****	****		Daily When Discharging	CALCTD
Rainfall	SAMPLE	,									
	MEASUREMENT	4.72	*****		*****	*****	*****	****			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	***		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE					,					1
,	MEASUREMENT	0.084	0.183		*****	*****	*****	****			İ
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	11	*****		*****	*****	*****	****			
51407 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	****	*****	****	****		Daily When Discharging	CALCTD
Discharge event observation	SAMPLE									199	1
5	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		TELEBLIONE	BATE
	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	02/10/2020
	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		OF FIGURE ON ACTIONIZED AGENT	TOODE NOMBER	IVIIVI/DD/11111