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					
1						
2	0.44		4.04	2.00		D.: O. G. D 4071
3	8.44	1	1.04	3.00	4	Rain, Overflow Duration = 4.87 hours
4					1	
5 6					1	
7					I	
8					1	
9					<u> </u>	
10						
11						
12					1	
13					1	
14					1	
15						
16						
17						
18					1	
19						
20	2.03	1	0.41	6.00		Rain, Overflow Duration = 1.15 hours
21	1.72	1	0.54	3.00		Rain, Overflow Duration = 3.55 hours
22					1	
23						
24					1	
25					1	
26					1	
27					1	
28					1	
29						
30						
31						
	,					
TOTAL	12.19	3		12.00	14	
AVG	4.06	1	0.66	4.00	1	
MAX	8.44	1	1.04	6.00	1	
MIN	1.72	1	0.41	3.00	1	
COUNT	3.00	3	3	3	14	

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

05/01/2020 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

019 G DISCHARGE NUMBER

MM/DD/YYYY

05/31/2020

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

	1.4			
ATTN:	MR.	SCO	TT POT	TER

ATIN: MR. SCOTT POTTER	1	1 0114	NTITY OR LC	ADING	1	QUALITY OR CO	NCENTRATION	· · · · · · · · · · · · · · · · · · ·	т —		
PARAMETER		QUA	WITH OK LO	ADING				NO.		SAMPLE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE										
	MEASUREMENT	12.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.								Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****	hr	*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	1.99	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE			'							
	MEASUREMENT	4.063	8.440		*****	*****	*****	****			
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	14.00	*****		*****	*****	*****	****			
51407 1 0	PERMIT	Req. Mon.		occur/mo		i '				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	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			
DIRECTOR	submitted. Based on my inquiry of the person or persons who manage the system,		615 862-4591	06/10/2020
DIRECTOR	or those persons directly responsible for gathering the information, the information	015 002-4591	100/10/2020	
	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)	<u> </u>		

Number of

Rainfall

CENTRAL WASTEWATER TREATMENT PLANT CSO - 023 - BENEDICT & CRUTCHER

Rain Duration Number of

Effluent Flow Flow MGD Discharge Discharge Discharge Discharge Not causing a Discharge Discharge Not causing a Discharge Reason for Bypassing	
DATE MGD Outfall Inches Hours a Discharge Reason for Bypassing 1 2 3 0.041 1 0.57 2.00 Rain, Overflow Duration = 1.58 hours 4 1	
1	
2	
2	
3 0.041 1 0.57 2.00 Rain, Overflow Duration = 1.58 hours 4 1 5 1 6 1 7 8 1 9 1 10 1 11 1 12 1 1 13 1 1	
4 1 5 1 6 1 7 1 8 1 9 1 10 1 11 1 12 1 13 1 14 1	
5 1 6 1 7 1 8 1 9 1 10 1 11 1 12 1 13 1 14 1	
7 8 1 9 1 9 10 11 12 1 1 13 1 1 14 1 1 1 1 1 1 1 1 1 1 1 1 1	
8 1 9 10 11 1 12 1 13 1 14 1	
9 10 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
10 11 12 13 14	
11 12 13 14	
12 1 13 1 14 1	
13 1 14 1	
14	
15	
16	
17	
18 1	
19 1	
20 1 1 21 0.066 1 0.38 5.00 Rain, Overflow Duration = 0.67 hours	
= 1 0.000 1.000 1.000 1.000 1.000	
22 1 23 1	
24	
25 1	
26 1	
27 1	
28 1	
29	
29 30	$\overline{}$
31	$\neg \neg$
TOTAL 0.107 2 0.95 7.00 15	
AVG 0.054 1 0.48 3.50 1	
MAX 0.066 1 0.57 5.00 1	
MIN 0.041 1 0.38 2.00 1	
COUNT 2 2 2 2 15	

MONITORING PERIOD

05/01/2020 то

DMR Mailing ZIP CODE: 372082206

Form Approved OMB NO. 2040-0004

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

TN0020575 PERMIT NUMBER

MM/DD/YYYY

023 G DISCHARGE NUMBER

MM/DD/YYYY

05/31/2020

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

External Outfall

NO DISCHARGE []

FACILITY NASHVILLE-CENTRAL STP LOCATION 1600 2ND AVENUE NORTH

NASHVILLE TN 372082206

PARAMETER		QUA	ANTITY OR LO	DADING		QUALITY OR CO	NCENTRATION	1	NO.	NO. FREQUENCY	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE										
	MEASUREMENT	7.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.		hr						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****	l	Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	0.95	*****		*****	*****	*****	****			1
46529 1 0	PERMIT	Req. Mon.		in						Daily When	1
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****	İ	Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	0.054	0.066		*****	*****	*****	****			1
50050 1 0	PERMIT	Req. Mon.	Req. Mon.	Mgal/d						Daily When	
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX		*****	*****	*****	****	İ	Discharging	CONTIN
Rainfall events with no discharge	SAMPLE										
	MEASUREMENT	15.00	*****		*****	*****	*****	****			
51407 1 0	PERMIT	Req. Mon.		occur/mo						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Discharge event observation	SAMPLE										
	MEASUREMENT	2.00	*****		*****	*****	*****	****			1
84165 1 0	PERMIT	Req. Mon.		Y=1;N=0						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD

I certify under penalty of law that this document and all attachments were		TELEPHONE	DATE
to assure that qualified personnel property gather and evaluate the information			
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	06/10/2020
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
	prepared under my direction or supervision in accordance with a system designed 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 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,	prepared under my direction or supervision in accordance with a system designed 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 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	prepared under my direction or supervision in accordance with a system designed 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 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

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					1	
4					1	
5						
6					1	
7						
8					1	
9						
10						
11						
12					1	
13					1	
14						
15						NO DISCHARGE FOR THIS SITE FOR THIS MONTH
16						THE BIGGIVANGET ON THIS SITE FOR THIS MICHTIN
17						
18					1	
19					1	
20					1	
21					1	
22					1	
23					1	
24						
25					1	
26					1	
27					1	
28					<u>'</u>	
29						
30						
31						
	0.000		0.001	0.00	1-	
TOTAL	0.000		0.00	0.00	15	
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	15	

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

05/01/2020 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

05/31/2020

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		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE					i i					
	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	15	*****		*****	*****	*****	****			
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	*****		*****	*****	*****	****		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,		1			
DIRECTOR	or those persons directly responsible for gathering the information, the information		615 862-4591	06/10/2020		
	sumbitted is, to the best of my knowledge and belief, true, accurate, and complete.		i	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)						
	,					

Number of

Rainfall

CENTRAL WASTEWATER TREATMENT PLANT CSO - 033 - SCHRADER LANE

Rain Duration Number of

	F60	Number of	Raintali	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	0.522	1	0.76	2.00		Rain, Overflow Duration = 0.92 hours
4	0.322	- 1	0.70	2.00	1	I Talli, Overnow Duration - 0.32 hours
5					1	
6					1	
7					'	
8					1	
9					<u> </u>	
10						
11						
12					1	
13					1	
14						
15						
16						
17						
18					1	
19					1	
20	0.819	1	0.04	4.00		Isolated Rain, Overflow Duration = 0.67 hours
21	0.004	1	0.03	1.00		Isolated Rain, Overflow Duration = 0.17 hours
22					1	
23						
24						
25	0.069	1	0.11	4.00		Rain, Overflow Duration = 0.42 hours
26					1	
27					1	
28						
29						
30						
31						
			0.04	44.00		
TOTAL	1.414	4	0.94	11.00	11	
AVG	0.354	1	0.24	2.75	1	
MAX	0.819	1	0.76	4.00		
MIN	0.004	1	0.03	1.00	1	
COUNT	4	4	4	4	11	

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

05/01/2020 то

DMR	Mailing	ZIP	CODE:	372082206

Form Approved OMB NO. 2040-0004

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

FACILITY NASHVILLE-CENTRAL STP

TN0020575
PERMIT NUMBER

MM/DD/YYYY

033 G DISCHARGE NUMBER

MM/DD/YYYY

05/31/2020

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

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	11.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.		hr						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	0.94	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE			,							
	MEASUREMENT	0.354	0.819		*****	*****	*****	****			
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	4	*****		*****	*****	*****	****			
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	06/10/2020
	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 VIC	LATIONS (Reference all attachments here)	· · · · · · · · · · · · · · · · · · ·		

Number of

Rainfall

CENTRAL WASTEWATER TREATMENT PLANT CSO - 035 - DRIFTWOOD

Rain Duration Number of

1			Number of	r vali ilali	Main Durauon	Number of	
DATE MGD Outsit Inches Hours a Discharge Reason for Bypassing							
1			l i	1			
2	DATE	MGD	Outfall	Inches	Hours	a Discharge	Reason for Bypassing
2							,
3							
4							
Total							
6							
7							
8						1	
9							
10						1	
11							
12							
13							
14							
15						1	
16							
17							NO DISCHARGE FOR THIS SITE FOR THIS MONTH
18							
19							
20						1	
21							
22	20						
23							
24 1 25 1 26 1 27 1 28 29 30 31 TOTAL 0.000 0 0.00 0.00 12 AVG #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						1	
25							
26	24						
27						1	
28							
29						1	
30							
TOTAL 0.000 0 0.00 0.00 12 AVG	29						
TOTAL 0.000 0 0.00 0.00 12 AVG #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	30						
AVG #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	31						
AVG #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		T '	· · · · · · · · · · · · · · · · · · ·				
MAX 0.000 0 0.00 0.00 1 MIN 0.000 0 0.00 1							
MIN 0.000 0 0.00 0.00 1	AVG						
	MAX					-	
COUNT 0 0 0 12	MIN					•	
	COUNT	<u> </u>	0	0	0	12	

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

05/01/2020 то

DMR M	lailing ZII	P CODE:	372082206

Form Approved OMB NO. 2040-0004

NAME	NASHVILLE-CEN	
ADDRESS	1600 2ND AVEN	JE NORTH
	NASHVILLE	TN 372082206
FACILITY	NASHVILLE-CEN	ITRAL STP
LOCATION	1600 2ND AVEN	UE NORTH

TN0020575
PERMIT NUMBER

MM/DD/YYYY

035 G DISCHARGE NUMBER

MM/DD/YYYY

05/31/2020

MAJOR \$
(SUBR 04)
DRIFTWOOD MI 192.0 CSO
External Outfall

NO DISCHARGE [X]

	ASHVILLE	TN	3720822
ATTN: MR.	SCOTT POT	ΓER	

PARAMETER	QUA	NTITY OR LO	DADING	QUALITY OR CONCENTRATION			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	12	*****		*****	*****	*****	****			
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	*****		*****	*****	*****	****		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	06/10/2020
	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)			
1	,			

CENTRAL WASTEWATER TREATMENT PLANT CSO - 047 - BOSCOBEL

	Effluent	Number of Discharges	Rainfall causing a	Rain Duration causing a	Number of Rain Events	
	Flow	from	Discharge	Discharge	Not causing	
DATE	MGD	Outfall	Inches	Hours	a Discharge	Reason for Bypassing
			•			
1						
2						
3	0.118	1	0.52	2.00		Rain, Overflow Duration = 0.25 hours
4					1	
5						
6					1	
7	0.040	4	0.54	F 00		
8	0.013	1	0.51	5.00		Rain, Overflow Duration = 0.33 hours
9						
11						
12					1	
13					1	
14						
15						
16						
17						
18					1	
19					1	
20					1	
21					1	
22					1	
23					1	
24						
25					1	
26			0.17	1.00		
27	0.002	1	0.66	12.00		Rain, Overflow Duration = 0.08 hours
28						
29						
30						
31						
	0.400		4 00	20.00	11	
TOTAL	0.133		1.86 0.47	20.00	11 1	
AVG	0.044			5.00	•	
MAX	0.118 0.002		0.66 0.17	12.00 1.00	1	
MIN	3			1.00	11	
COUNT	<u> </u>	<u>၂</u>	4	4	11	

PERMITTEE NAME/ADDRESS (/	Include Facilit	y Name/Location	if differen	t)
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MONITORING PERIOD

05/01/2020 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

TN0020575 PERMIT NUMBER

FROM

MM/DD/YYYY

047 G DISCHARGE NUMBER

MM/DD/YYYY

05/31/2020

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

NO DISCHARGE []

LOCATION 1600 2ND AVENUE NORTH

NASHVILLE TN 372082206

ATTN: MR SCOTT POTTER

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	20.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.		hr				1		Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE					·					
	MEASUREMENT	1.86	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE					·					
	MEASUREMENT	0.044	0.118		*****	*****	*****	****			
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		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	06/10/2020
	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	LATIONS (Reference all attachments here)			