Number of

Rainfall

CENTRAL WASTEWATER TREATMENT PLANT CSO - 019 - KERRIGAN

		Number of	Kaintali	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						
3					1	
4						
5						
6						
7						
8						
9						
10						
11						
12	0.31	1	0.18	4.00		Rain, Overflow Duration = 0.77 hours
13	14.69	1	1.45	11.00		Rain, Overflow Duration = 7.78 hours
14						
15						
16						
17						
18						
19						
20						
21						
22						
23					1	
24					1	
25						
26						
27						
28					1	
29					1	
30						
TOTAL	15.00	2	1.63	15.00	6	
AVG	7.50		0.82	7.50		
MAX	14.69		1.45	11.00	1	
MIN	0.31	1		4.00	1	
COUNT	2.00			2		
300111	2.50					J

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

09/01/2020 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

09/30/2020

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

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					,					1
	MEASUREMENT	15.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.								Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****	hr	*****	*****	*****	****	İ	Discharging	CALCTD
Rainfall	SAMPLE					,					
	MEASUREMENT	1.63	*****		*****	*****	*****	****			İ
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****	İ	Discharging	CALCTD
Flow, in conduit	SAMPLE					,					
	MEASUREMENT	7.500	14.690		*****	*****	*****	****			
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	6.00	*****		*****	*****	*****	****			
51407 1 0	PERMIT	Req. Mon.		occur/mo		,				Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Discharge event observation	SAMPLE										
	MEASUREMENT	2.00	*****		*****	*****	*****	****			
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	10/10/2020	
	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)			

Number of

Rainfall

CENTRAL WASTEWATER TREATMENT PLANT CSO - 023 - BENEDICT & CRUTCHER

	F.69	Number of		rain bulauon	Dala Frants	
	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	ı			1
1					1	
2						
3					1	
4						
5						
6						
7						
8						
9						
10						
11		_				
12	0.171	1	0.26	2.00		Rain, Overflow Duration = 0.50 hours
13	0.135	1	1.83	12.00		Rain, Overflow Duration = 4.17 hours
14						
15						
16						
17						
18						
19						
20						
21						
22						
23					1	
24					1	
25						
26						
27						
28					1	
29 30					1	
30						
TOTAL	0.306		2.09	14.00	6	
AVG	0.153		1.05	7.00	1	
MAX	0.171	1	1.83	12.00	1	
MIN	0.135	1	0.26	2.00	1	
COUNT	2	2	2	2	6	
			L			

MONITORING PERIOD

09/01/2020 то

DMR Mailing ZIP CODE: 372082206

Form Approved OMB NO. 2040-0004

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

TN0020575 PERMIT NUMBER

MM/DD/YYYY

023 G DISCHARGE NUMBER

MM/DD/YYYY

09/30/2020

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

External Outfall

NO DISCHARGE []

LOCATION 1600 2ND AVENUE NORTH

NASHVILLE TN 372082206

PARAMETER		QUA	ANTITY OR LO	DADING		QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE										
	MEASUREMENT	14.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.		hr						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE					,					
	MEASUREMENT	2.09	*****		*****	*****	*****	****			1
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE					,					
	MEASUREMENT	0.153	0.171		*****	*****	*****	****			
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	6.00	*****		*****	*****	*****	****			1
51407 1 0	PERMIT	Req. Mon.		occur/mo		,				Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Discharge event observation	SAMPLE										
	MEASUREMENT	2.00	*****		*****	*****	*****	****			
84165 1 0	PERMIT	Req. Mon.	1	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 sumbitted is, to the best of my knowledge and belief, true, accurate, and complete.		615 862-4591	10/10/2020
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 VIOLA	TIONS (Reference all attachments here)			

Number of

Rainfall

CENTRAL WASTEWATER TREATMENT PLANT CSO - 024 - WASHINGTON DC

Effective Frow From Discharge Discharge Discharge Not cousing a Discharge Discharge Not cousing a Discharge Discha					· ·		
DATE MGD		Effluent	Discharges	causing a	causing a	Rain Events	
1			1				
2	DATE	MGD	Outfall	Inches	Hours	a Discharge	Reason for Bypassing
2			, ,	· · · · · · · · · · · · · · · · · · ·			
3						1	
4							
S						1	
6							
7 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9							
8 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
9 10 10 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
10							
11							
12	10						
13							
14						-	
15		4.340	1	2.15	11.00		Rain, Overflow Duration = 2.47 hours
16							
17							
18							
19							
20							
21							
22	20						
1							
24	22						
25	23						
26	24					1	
27	25						
28							
29 1 1 30 TOTAL 4.340 1 2.15 11.00 7 AVG 4.340 1 2.15 11.00 1 MAX 4.340 1 2.15 11.00 1 MIN 4.340 1 2.15 11.00 1							
TOTAL 4.340 1 2.15 11.00 7 AVG 4.340 1 2.15 11.00 1 MAX 4.340 1 2.15 11.00 1 MIN 4.340 1 2.15 11.00 1	28						
TOTAL 4.340 1 2.15 11.00 7 AVG 4.340 1 2.15 11.00 1 MAX 4.340 1 2.15 11.00 1 MIN 4.340 1 2.15 11.00 1	29					1	
AVG 4.340 1 2.15 11.00 1 MAX 4.340 1 2.15 11.00 1 MIN 4.340 1 2.15 11.00 1	30						
AVG 4.340 1 2.15 11.00 1 MAX 4.340 1 2.15 11.00 1 MIN 4.340 1 2.15 11.00 1							
AVG 4.340 1 2.15 11.00 1 MAX 4.340 1 2.15 11.00 1 MIN 4.340 1 2.15 11.00 1		,	,				
MAX 4.340 1 2.15 11.00 1 MIN 4.340 1 2.15 11.00 1							
MIN 4.340 1 2.15 11.00 1							1
				2.15			
COUNT 1 1 1 1 7							
	COUNT	1	1	1	1	7	

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

09/01/2020 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

FROM

MM/DD/YYYY

024G DISCHARGE NUMBER

MM/DD/YYYY

09/30/2020

MAJOR (SUBR 04) EMH WASHINGTON MI 190.4 CSO

External Outfall

NO DISCHARGE [x]

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

PARAMETER		QUA	ANTITY OR LO	DADING		QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	NO. EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE										
	MEASUREMENT	11.00	*****		*****	*****	*****	****			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	****		Daily When Discharging	CALCTD
Rainfall	SAMPLE MEASUREMENT	2.15	*****		*****	*****	*****	***			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	****	*****	***		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE MEASUREMENT	4.340	4.340		*****	*****	*****	***			
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	7	*****		*****	****	*****	***			
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	10/10/2020
	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 VIOLAT	FIONS (Reference all attachments here)			

Number of

Rainfall

CENTRAL WASTEWATER TREATMENT PLANT CSO - 033 - SCHRADER LANE

					- · -	
	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	Т
1					1	
2					1	
3					I	
<u>4</u> 5						
6						
7						
8						
9						
10						
11						
12					1	
13	1.595	1	2.12	11.00		Rain, Overflow Duration = 4.08 hours
14	1.595	'	2.12	11.00		Raili, Overliow Duration – 4:06 flours
15						
16						
17						
18						
19						
20						
21						
22						
23					1	
24					1	
25						
26						
27						
28					1	
29					1	
29 30						
TOTAL	1.595	1	2.12	11.00	8	
AVG	1.595		2.12	11.00	1	
MAX	1.595		2.12	11.00	1	
MIN	1.595		2.12	11.00	1	
COUNT	1		1	1	8	
						•

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

09/01/2020 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

09/30/2020

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

NO DISCHARGE []

LOCATION 1600 2ND AVENUE NORTH

FACILITY NASHVILLE-CENTRAL STP

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 11.00 ***** ***** ***** ***** **** MEASUREMENT 00135 1 0 Reg. Mon. hr Daily When PERMIT Effluent Gross MO TOTAL ***** ***** ***** ***** **** CALCTD Discharging REQUIREMENT Rainfall SAMPLE 2.12 ***** ***** ***** ***** **** MEASUREMENT 46529 1 0 Reg. Mon. Daily When PERMIT in ***** ***** ***** **** Effluent Gross MO TOTAL ***** Discharging CALCTD REQUIREMENT Flow, in conduit SAMPLE 1.595 1.595 ***** ***** ***** **** MEASUREMENT Mgal/d 50050 1 0 Rea. Mon. Reg. Mon. Daily When PERMIT ***** ***** ***** **** MO AVG DAILY MX Discharging CONTIN Effluent Gross REQUIREMENT Rainfall events with no discharge SAMPLE 8 ***** ***** ***** ***** **** MEASUREMENT 51407 1 0 PERMIT Req. Mon. occur/mo Daily When ***** ***** **** Effluent Gross MO TOTAL Discharging CALCTD REQUIREMENT Discharge event observation SAMPLE ***** ***** ***** **** MEASUREMENT 84165 1 0 Req. Mon. Y=1:N=0 Daily When PERMIT ***** ***** ***** ***** **** Effluent Gross Discharging MO TOTAL CALCTD REQUIREMENT

	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	10/10/2020			
	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 - 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					1	
2						
3					1	
4						
5						
6						
7						
8						
9						
10						
11						
12					1	
13					1	
14					1	
15						NO DISCHARGE FOR THIS SITE FOR THIS MONTH
16						
17						
18						
19						
20						
21						
22						
23					1	
24					1	
25						
26						
27						
28					1	
29					1	
30						
TOTAL	0.000		0.00	0.00	7	
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	7	
						-

MONITORING PERIOD

09/01/2020 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

035 G DISCHARGE NUMBER

MM/DD/YYYY

09/30/2020

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

NO DISCHARGE [X]

LOCATION 1600 2ND AVENUE NORTH

NASHVILLE TN 372082206
ATTN: MR SCOTT POTTER

PARAMETER		QUA	NTITY OR LO	DADING		QUALITY OR CO	NCENTRATIO	N	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	7	*****		*****	*****	*****	****			
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	10/10/2020			
	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	,						

Number of

Rainfall

CENTRAL WASTEWATER TREATMENT PLANT CSO - 047 - BOSCOBEL

		Number of	Kaintali	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					1	
2						
3					1	
4						
5						
6						
7						
8						
9						
10						
11						
12	0.128	1	0.62	3.00		Rain, Overflow Duration = 0.42 hours
13	0.160	1	2.15	11.00		Rain, Overflow Duration = 1.67 hours
14						
15						
16						
17						
18						
19						
20						
21						
22						
23					1	
24					1	
25						
26						
27						
28					1	
29					1	
29 30						
TOTAL	0.288	2	2.77	14.00	6	
AVG	0.144		1.39	7.00	1	
MAX	0.160		2.15		1	
MIN	0.100		0.62	3.00	1	
COUNT	2		2	2	6	
COONT				2		I

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

09/01/2020 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
LOCATION	1600 2ND AVENUE NORTH

TN0020575
PERMIT NUMBER

MM/DD/YYYY

FROM

047 G
DISCHARGE NUMBER

MM/DD/YYYY

09/30/2020

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

NO DISCHARGE []

١	NASHVILLE	TN 372082206
ATTN: MR	. SCOTT POTTER	R

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	14.00	*****		*****	*****	*****	****			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	****	*****	*****	****		Daily When Discharging	CALCTD
Rainfall	SAMPLE	·									
	MEASUREMENT	2.77	*****		*****	*****	*****	****			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	****	in	****	****	*****	***		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	0.144	0.160		*****	*****	*****	****			
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	6	****		****	****	*****	***			
51407 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	*****	*****	*****	****		Daily When Discharging	CALCTD
Discharge event observation	SAMPLE										
	MEASUREMENT	2	*****		*****	*****	*****	****			
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			
DIDECTOR	submitted. Based on my inquiry of the person or persons who manage the system,		000 4504	40/40/0000
DIRECTOR	or those persons directly responsible for gathering the information, the information	615 862-4591	10/10/2020	
	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)			