Jun 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			0.25	5.00		
7	74.84	1	2.22	14.00		Rain, Overflow Duration = 18.10 hours
8			0.01	1.00		
9						
10						
11						
12						
13						
14						
15						
16						
17			0.20	7.00		
18	3.83	1	0.50	4.00		Rain, Overflow Duration = 8.92 hours
19	15.31	1	0.58	4.00		Rain, Overflow Duration = 3.67 hours
20	5.16		0.05	3.00		Rain, Overflow Duration = 5.40 hours
21					1	
22					1	
23			0.34	3.00		
24	5.94	1	0.57	5.00		Rain, Overflow Duration = 9.75 hours
25						
26	4.84	1	0.67	1.00		Rain, Overflow Duration = 0.76 hours
27	19.61		1.14	5.00		Rain, Overflow Duration = 15.05 hours
28						
29						
30						

TOTAL	129.53	5	6.53	52.00	2
AVG	18.50	1	0.59	4.73	1
MAX	74.84	1	2.22	14.00	1
MIN	3.83	1	0.01	1.00	1
COUNT	7.00	5	11	11	2

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

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

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

ATTN: MR. SCOTT POTTER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

DISCHARGE MONITORING REPORT (*DMR*)

Form Approved
OMB NO. 2040-0004

TN0020575	019 G
PERMIT NUMBER	**DISCHARGE NUMBER**

DMR Mailing ZIP CODE: 372082206
MAJOR $
(SUBR 04) EJM
KERRIGAN AT MI 190.4 CSO
External Outfall

NO DISCHARGE [ ]

MONITORING PERIOD

	MM/DD/YYYY		MM/DD/YYYY
FROM	06/01/2019	TO	06/30/2019

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	52.00	******		******	******	******	****			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	******	hr	******	******	******	****		Daily When Discharging	CALCTD
Rainfall	SAMPLE MEASUREMENT	6.53	******		******	******	******	****			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	******	in	******	******	******	****		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE MEASUREMENT	18.504	74.840		******	******	******	****			
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	2.00	******		******	******	******	****			
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	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 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, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
SCOTT A. POTTER DIRECTOR			615 862-4591	07/10/2019
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)

Jun 2019

CENTRAL WASTEWATER TREATMENT PLANT
CSO - 023 - BENEDICT & CRUTCHER

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					1	
6			0.21	7.00		
7	2.478	1	2.27	14.00		Rain, Overflow Duration = 6.50 hours
8					1	
9	0.003	1	0.21	2.00		Rain, Overflow Duration = 0.33 hours
10						
11						
12						
13						
14						
15						
16						
17	0.015	1	0.37	6.00		Rain, Overflow Duration = 0.33 hours
18	0.342		0.52	5.00		Rain, Overflow Duration = 1.67 hours
19	0.153	1	0.73	3.00		Rain, Overflow Duration = 1.00 hours
20	0.001		0.06	2.00		Rain, Overflow Duration = 0.42 hours
21					1	
22					1	
23	0.013	1	0.34	3.00		Rain, Overflow Duration = 0.42 hours
24	0.029		0.58	5.00		Rain, Overflow Duration = 1.42 hours
25						
26	1.740	1	0.67	1.00		Rain, Overflow Duration = 1.25 hours
27	0.035		0.59	4.00		Rain, Overflow Duration = 2.42 hours
28						
29						
30						
TOTAL	4.809	6	6.55	52.00	4	
AVG	0.481	1	0.60	4.73	1	
MAX	2.478	1	2.27	14.00	1	
MIN	0.001	1	0.06	1.00	1	
COUNT	10	6	11	11	4	

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

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

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

ATTN: MR. SCOTT POTTER

NATIONAL POLLULTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

DISCHARGE MONITORING REPORT (*DMR*)

Form Approved
OMB NO. 2040-0004

TN0020575	023 G
PERMIT NUMBER	**DISCHARGE NUMBER**

DMR Mailing ZIP CODE: 372082206
MAJOR $
(SUBR 04)
BENEDICT & CRUTCHER 191.6 CSO
External Outfall

NO DISCHARGE [ ]

MONITORING PERIOD

	MM/DD/YYYY		MM/DD/YYYY
FROM	06/01/2019	**TO**	06/30/2019

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**	52.00	******		******	******	******	****			
00135 1 0 Effluent Gross	**PERMIT REQUIREMENT**	Req. Mon. MO TOTAL	******	hr	******	******	******	****		Daily When Discharging	CALCTD
Rainfall	**SAMPLE MEASUREMENT**	6.55	******		******	******	******	****			
46529 1 0 Effluent Gross	**PERMIT REQUIREMENT**	Req. Mon. MO TOTAL	******	in	******	******	******	****		Daily When Discharging	CALCTD
Flow, in conduit	**SAMPLE MEASUREMENT**	0.481	2.478		******	******	******	****			
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**	4.00	******		******	******	******	****			
51407 1 0 Effluent Gross	**PERMIT REQUIREMENT**	Req. Mon. MO TOTAL	******	occur/mo	******	******	******	****		Daily When Discharging	CALCTD
Discharge event observation	**SAMPLE MEASUREMENT**	6.00	******		******	******	******	****			
84165 1 0 Effluent Gross	**PERMIT REQUIREMENT**	Req. Mon. MO TOTAL	******	Y=1;N=0	******	******	******	****		Daily When Discharging	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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 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, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
SCOTT A. POTTER DIRECTOR			615 862-4591	07/10/2019
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)

Jun 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						
5						
6			0.24	6.00		
7	14.47	1	2.78	17.00		Rain, Overflow Duration = 2.83 hours
8					1	
9						
10						
11						
12						
13						
14						
15						
16						
17					1	
18					1	
19					1	
20					1	
21					1	
22					1	
23					1	
24					1	
25						
26	5.47	1	1.56	1.00		Rain, Overflow Duration = 0.23 hours
27	4.66		0.63	4.00		Rain, Overflow Duration = 1.25 hours
28						
29						
30						
TOTAL	24.600	2	5.21	28.00	9	
AVG	8.200	1	1.30	7.00	1	
MAX	14.470	1	2.78	17.00	1	
MIN	4.660	1	0.24	1.00	1	
COUNT	3	2	4	4	9	

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

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

FACILITY NASHVILLE-CENTRAL STP
LOCATION 1600 2ND AVENUE NORTH
NASHVILLE TN 372082206
ATTN: MR. SCOTT POTTER

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

Form Approved
OMB NO. 2040-0004

TN0020575	024G
PERMIT NUMBER	**DISCHARGE NUMBER**

DMR Mailing ZIP CODE: 372082206
MAJOR $
(SUBR 04) EMH
WASHINGTON MI 190.4 CSO
External Outfall

NO DISCHARGE [ ]

MONITORING PERIOD
FROM 06/01/2019 (MM/DD/YYYY) TO 06/30/2019 (MM/DD/YYYY)

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	28.00	******		******	******	******	****			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	******	hr	******	******	******	****		Daily When Discharging	CALCTD
Rainfall	SAMPLE MEASUREMENT	5.21	******		******	******	******	****			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	******	in	******	******	******	****		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE MEASUREMENT	8.200	14.470		******	******	******	****			
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	9	******		******	******	******	****			
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			TELEPHONE	DATE
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 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, including the possibility of fine and imprisonment for knowing violations.		615 862-4591	07/10/2019
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)

Jun 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						
5						
6			0.21	6.00		
7	1.891	1	3.04	14.00		Rain, Overflow Duration = 2.75 hours
8					1	
9	0.080	1	0.21	2.00		Rain, Overflow Duration = 0.42 hours
10						
11						
12						
13						
14						
15						
16						
17			0.11	5.00		
18	0.309	1	0.86	5.00		Rain, Overflow Duration = 0.75 hours
19	0.192	1	0.76	3.00		Rain, Overflow Duration = 0.83 hours
20			0.06	3.00		
21					1	
22					1	
23	0.014	1	0.53	4.00		Rain, Overflow Duration = 0.33 hours
24	0.144		0.69	4.00		Rain, Overflow Duration = 0.67 hours
25						
26					1	
27	2.736	1	1.15	4.00		Rain, Overflow Duration = 0.92 hours
28						
29						
30						

TOTAL	5.366	6	7.62	50.00	4
AVG	0.767	1	0.76	5.00	1
MAX	2.736	1	3.04	14.00	1
MIN	0.014	1	0.06	2.00	1
COUNT	7	6	10	10	4

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

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

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

ATTN: MR. SCOTT POTTER

NATIONAL POLLULTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

DISCHARGE MONITORING REPORT (*DMR*)

Form Approved
OMB NO. 2040-0004

TN0020575	033 G
PERMIT NUMBER	**DISCHARGE NUMBER**

DMR Mailing ZIP CODE: 372082206
MAJOR $
(SUBR 04) EMH
SCHRADER LN MI 184.7 CSO
External Outfall

NO DISCHARGE [ ]

MONITORING PERIOD

	MM/DD/YYYY		MM/DD/YYYY
FROM	06/01/2019	TO	06/30/2019

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	50.00	******		******	******	******	****			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	******	hr	******	******	******	****		Daily When Discharging	CALCTD
Rainfall	SAMPLE MEASUREMENT	7.62	******		******	******	******	****			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	******	in	******	******	******	****		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE MEASUREMENT	0.767	2.736		******	******	******	****			
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	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			TELEPHONE	DATE
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 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, including the possibility of fine and imprisonment for knowing violations.		615 862-4591	07/10/2019
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)

Jun 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					1	
6					1	
7					1	
8					1	
9					1	
10						
11						
12						
13						
14						
15						NO DISCHARGE FOR THIS SITE FOR THIS MONTH
16						
17					1	
18					1	
19					1	
20					1	
21					1	
22					1	
23					1	
24					1	
25						
26					1	
27					1	
28						
29						
30						

TOTAL	0.000	0	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 Facility Name/Location if different)*

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

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

ATTN: MR. SCOTT POTTER

NATIONAL POLLULTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

DISCHARGE MONITORING REPORT (*DMR*)

Form Approved
OMB NO. 2040-0004

TN0020575	035 G
PERMIT NUMBER	**DISCHARGE NUMBER**

DMR Mailing ZIP CODE: 372082206
MAJOR $
(SUBR 04)
DRIFTWOOD MI 192.0 CSO
External Outfall

NO DISCHARGE [X]

MONITORING PERIOD			
	MM/DD/YYYY		**MM/DD/YYYY**
FROM	06/01/2019	**TO**	06/30/2019

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**	15	******		******	******	******	****			
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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
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 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, including the possibility of fine and imprisonment for knowing violations.		615 862-4591	07/10/2019
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)

Jun 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						
5						
6			0.24	6.00		
7	0.828	1	2.78	17.00		Rain, Overflow Duration = 2.00 hours
8					1	
9						
10						
11						
12						
13						
14						
15						
16						
17	0.021	1	0.21	6.00		Rain, Overflow Duration = 0.25 hours
18	0.297		0.48	4.00		Rain, Overflow Duration = 0.67 hours
19	0.061	1	0.60	4.00		Rain, Overflow Duration = 0.33 hours
20			0.06	4.00		
21					1	
22					1	
23	0.019	1	0.62	3.00		Rain, Overflow Duration = 0.25 hours
24	0.039		0.50	5.00		Rain, Overflow Duration = 0.42 hours
25						
26	0.004	1	1.56	1.00		Rain, Overflow Duration = 0.17 hours
27	0.022		0.63	4.00		Rain, Overflow Duration = 0.33 hours
28						
29						
30						
TOTAL	1.291	5	7.68	54.00	3	
AVG	0.161	1	0.77	5.40	1	
MAX	0.828	1	2.78	17.00	1	
MIN	0.004	1	0.06	1.00	1	
COUNT	8	5	10	10	3	

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

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

FACILITY NASHVILLE-CENTRAL STP
LOCATION 1600 2ND AVENUE NORTH
NASHVILLE TN 372082206
ATTN: MR. SCOTT POTTER

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

Form Approved
OMB NO. 2040-0004

TN0020575	047 G
PERMIT NUMBER	**DISCHARGE NUMBER**

DMR Mailing ZIP CODE: 372082206
MAJOR $
(SUBR 04)
BOSCOBEL MI 192.6 CSO
External Outfall

NO DISCHARGE [ ]

MONITORING PERIOD			
	MM/DD/YYYY		**MM/DD/YYYY**
FROM	06/01/2019	**TO**	06/30/2019

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**	54.00	******		******	******	******	****			
00135 1 0 Effluent Gross	**PERMIT REQUIREMENT**	Req. Mon. MO TOTAL	******	hr	******	******	******	****		Daily When Discharging	CALCTD
Rainfall	**SAMPLE MEASUREMENT**	7.68	******		******	******	******	****			
46529 1 0 Effluent Gross	**PERMIT REQUIREMENT**	Req. Mon. MO TOTAL	******	in	******	******	******	****		Daily When Discharging	CALCTD
Flow, in conduit	**SAMPLE MEASUREMENT**	0.161	0.828		******	******	******	****			
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**	5	******		******	******	******	****			
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 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, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
SCOTT A. POTTER DIRECTOR			615 862-4591	07/10/2019
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)