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						
2						
3						
4						
5	0.64	1	0.58	6.00		Rain, Overflow Duration = 1.87 hours
6					1	
7						
8					1	
9						
10						
11	2.06	1	0.55	7.00		Rain, Overflow Duration = 1.73 hours
12	62.88		1.62	7.00		Rain, Overflow Duration = 16.77 hours
13	24.78		1.07	5.00		Rain, Overflow Duration = 5.60 hours
14	2.76		0.06	2.00		Rain, Overflow Duration = 13.23 hours
15			0.09	2.00		
16	6.87	1	0.53	4.00		Rain, Overflow Duration = 2.90 hours
17	7.00	4	0.11	1.00		Dair Overfley Douglies - 4 22 haves
18 19	7.23	I	0.82	5.00		Rain, Overflow Duration = 4.32 hours
20						
21					1	
22					Į.	
23						
24						
25	1.16	1	0.41	5.00		Rain, Overflow Duration = 1.78 hours
26						,
27						
28						
29						
30						
	1					
TOTAL	108.38		5.84	44.00	3	
AVG	13.55	1	0.58	4.40	1	
MAX	62.88	1	1.62	7.00	1	
MIN	0.64		0.06	1.00	1	
COUNT	8.00	5	10	10	3	

PERMITTEE NAME/ADDRESS	Include Facilit	v Name/Location i	f different

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

LOCATION 1600 2ND AVENUE NORTH

NASHVILLE TN 372082206

ATTN: MR. SCOTT POTTER

FACILITY NASHVILLE-CENTRAL STP

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

TN0020575
PERMIT NUMBER

019 G DISCHARGE NUMBER

	MONITORING PERIOD							
	MM/DD/YYYY		MM/DD/YYYY					
FROM	04/01/2022	то	04/30/2022					

Form Approved OMB NO. 2040-0004

DMR Mailing ZIP CODE: 372082206

MAJOR \$ (SUBR 04) EJM

KERRIGAN AT MI 190.4 CSO

External Outfall

NO DISCHARGE []

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	44.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.								Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****	hr	*****	*****	*****	****	İ	Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	5.84	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****	İ	Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	13.548	62.880		*****	*****	*****	****			
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	3.00	*****		*****	*****	*****	****			
51407 1 0	PERMIT	Req. Mon.		occur/mo						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****	İ	Discharging	CALCTD
Discharge event observation	SAMPLE										
	MEASUREMENT	5.00	*****		*****	*****	*****	****			
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 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	05/10/2022			
	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 EVEL ANATION OF ANY VIOLATIONS (Peference all attachments here)							

2022

Number of

Rainfall

Apr

CENTRAL WASTEWATER TREATMENT PLANT CSO - 023 - BENEDICT & CRUTCHER

		Number of	Rainfail	Rain Duration	Number of	
	Effluent	Discharges	causing a	causing a	Rain Events	
D.4.T.E	Flow	from	Discharge 	Discharge 	Not causing	Davis for Davis day
DATE	MGD	Outfall	Inches	Hours	a Discharge	Reason for Bypassing
1	1					
2						
3						
4						
5	0.003	1	0.44	7.00		Rain, Overflow Duration = 1.75 hours
6	0.000		****		1	
7						
8					1	
9						
10						
11	0.002	1	0.46	8.00		Rain, Overflow Duration = 1.58 hours
12	0.074		1.88	7.00		Rain, Overflow Duration = 3.42 hours
13	0.322	1	0.91	5.00		Rain, Overflow Duration = 3.83 hours
14	0.001		0.06	2.00		Rain, Overflow Duration = 0.42 hours
15			0.08	1.00		
16	0.085	1	0.45	4.00		Rain, Overflow Duration = 2.67 hours
17			0.09	1.00		
18	0.032	1	0.52	5.00		Rain, Overflow Duration = 2.92 hours
19						
20						
21					1	
22						
23						
24	0.007	4	0.40	4.00		D
25	0.097	1	0.42 0.01	4.00 1.00		Rain, Overflow Duration = 0.42 hours
26 27			0.01	1.00		
28						
29						
30						
30						
TOTAL	0.616	6	5.32	45.00	3	
AVG	0.077	1	0.48	4.09	1	
MAX	0.322	1	1.88	8.00	1	
MIN	0.001	1	0.01	1.00	1	
COUNT	8			11	3	
						1

PERMITTEE NAME/ADDRESS	(Include Facilit	v Name/Location	if different

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

For	n Approved
OMB NO	2040-0004

NO DISCHARGE []

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

TN0020575 PERMIT NUMBER DISCHARGE NUMBER DMR Mailing ZIP CODE: 372082206 **MAJOR** \$ (SUBR 04) BENEDICT & CRUTCHER 191.6 CSO

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

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 04/01/2022 то 04/30/2022

023 G

External Outfall

ATTN: MR. SCOTT POTTER											
PARAMETER		QUA	NTITY OR LO	DADING		QUALITY OR CO	NCENTRATIO	N	NO.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX		
Rainfall duration	SAMPLE					·					
	MEASUREMENT	45.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.		hr		·				Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE					'					
	MEASUREMENT	5.32	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE					·					
	MEASUREMENT	0.077	0.322		*****	*****	*****	****			
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	3.00	*****		*****	*****	*****	****			
51407 1 0	PERMIT	Req. Mon.		occur/mo		,				Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Discharge event observation	SAMPLE										
	MEASUREMENT	6.00	*****		*****	*****	*****	****			
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	05/10/2022
	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
		· · ·		

Number of

Rainfall

CENTRAL WASTEWATER TREATMENT PLANT CSO - 024 - WASHINGTON DC

		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						
2						
3						
4						
5					1	
6					1	
7					1	
8					1	
9						
10						
11			0.56	9.00		
12	23.50	1	2.01	9.00		Rain, Overflow Duration = 5.15 hours
13	6.97	1	0.82	6.00		Rain, Overflow Duration = 3.00 hours
14	3.50		0.04	2.00		Rain, Overflow Duration = 0.07 hours
15					1	
16					1	
17					1	
18					1	
19						
20						
21					1	
22						
23						
24						
25					1	
26					1	
27						
28						
29						
30						
TOTAL	33.970	2	3.43	9.00		
AVG	11.323		0.86	2.30		
MAX	23.500		2.01			
MIN	3.500		0.04			
COUNT	3		4	4	11	
303111				7		J

PERMITTEE NAME/ADDRESS	(Include Facilit	v 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)

TN0020575
PERMIT NUMBER

024G DISCHARGE NUMBER

	MONITORING PERIOD								
	MM/DD/YYYY		MM/DD/YYYY						
FROM	04/01/2022	то	04/30/2022						

Form Approved OMB NO. 2040-0004

DMR Mailing ZIP CODE: 372082206

MAJOR \$ (SUBR 04) EMH

WASHINGTON MI 190.4 CSO

External Outfall

NO DISCHARGE []

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	9.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.		hr						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****	İ	Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	3.43	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	11.323	23.500		*****	*****	*****	****			
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	11	*****		*****	*****	*****	****			
51407 1 0	PERMIT	Req. Mon.		occur/mo						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Discharge event observation	SAMPLE										
	MEASUREMENT	2	*****		*****	*****	*****	****			
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	05/10/2022		
	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 EVEL ANATION OF ANY VIOLATION						

2022

Number of

Rainfall

Apr

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					
1						
2						
3						
4	0.010	4	0.50	0.00		Daile Occupiose Demotion - 0.40 havens
5	0.010	1	0.52	6.00		Rain, Overflow Duration = 0.42 hours
6 7	0.013	I	0.19	3.00		Rain, Overflow Duration = 0.42 hours
					1	
8 9					1	
10 11	0.008	1	0.62	8.00		Pain Overflow Duration = 0.25 hours
	10.288	I				Rain, Overflow Duration = 0.25 hours Rain, Overflow Duration = 5.50 hours
12 13	2.478	1	1.91 1.16	8.00		,
14	2.478	I	0.06	4.00 1.00		Rain, Overflow Duration = 2.83 hours
15			0.06			
16	0.104	1	0.11	1.00 5.00		Rain, Overflow Duration = 1.00 hours
17	0.104	1	0.42	1.00		Rain, Overnow Duration – 1.00 nours
18	0.526	1	0.03	4.00		Rain, Overflow Duration = 1.42 hours
19	0.526	1	0.36	4.00		Rain, Overnow Duration – 1.42 nours
20						
21					1	
22						
23						
24						
25	0.181	1	0.22	5.00		Rain, Overflow Duration = 0.67 hours
26	0.101	'	0.22	1.00		Train, Overnow Buration – 0.07 Hours
27			0.01	1.00		
28						
29						
30						
	1					
TOTAL	13.608	7	5.65	47.00	2	
AVG	1.701	1	0.47	3.92	1	
MAX	10.288	1	1.91	8.00	1	
MIN	0.008	1	0.01	1.00	1	
COUNT	8	7	12	12	2	
300111						

PERMITTEE NAME/ADDRESS	(Include Facilit	v 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

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

TN0020575
PERMIT NUMBER

033 G DISCHARGE NUMBER

| MONITORING PERIOD | | MM/DD/YYYY | MM/DD/YYYY | TO | 04/30/2022 | | MM/DD/YYYY | 04/30/2022 |

Form Approved OMB NO. 2040-0004

DMR Mailing ZIP CODE: 372082206

MAJOR \$ (SUBR 04) EMH

SCHRADER LN MI 184.7 CSO

External Outfall

NO DISCHARGE []

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	47.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.		hr						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****	İ	Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	5.65	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	1
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****	İ	Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	1.701	10.288		*****	*****	*****	***			
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	2	*****		*****	*****	*****	****			
51407 1 0	PERMIT	Req. Mon.		occur/mo						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****	İ	Discharging	CALCTD
Discharge event observation	SAMPLE										
	MEASUREMENT	7	*****		*****	*****	*****	****			
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	05/10/2022		
	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 EVEL ANATION OF ANY VIOLATIONS (Personne all ottenhanne)						

Number of

Rainfall

CENTRAL WASTEWATER TREATMENT PLANT CSO - 035 - DRIFTWOOD

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			Number of	r vali ilali	Main Durauon	Number of	
DATE MGD Oufsit Inches Hours a Discharge Reason for Bypassing			1				
1		1	i 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							
16							
17							NO DISCHARGE FOR THIS SITE FOR THIS MONTH
18							
19							
20						1	
21							
22	20						
23						1	
24 1 25 1 26 1 27 28 29 30 TOTAL 0.000 0 0.00 0.00 14 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							
25							
26	24						
27							
28						1	
29							
TOTAL 0.000 0 0.00 0.00 14	28						
TOTAL 0.000 0 0.00 0.00 14 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	29						
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							
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		,	,				
MAX 0.000 0 0.00 0.00 1 MIN 0.000 0 0.00 1	TOTAL						
MIN 0.000 0 0.00 0.00 1	AVG						
	MAX						
COUNT 0 0 0 14	MIN						
	COUNT	0	[0	0	0	14	

PERMITTEE NAME/ADDRESS	(Include Facilit	v Name/Location	if different

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

For	n Approved
OMB NO	2040-0004

NAME	NASHVILLE-CE	
ADDRESS	1600 2ND AVE	NUE NORTH
	NASHVILLE	TN 372082206

TN0020575 PERMIT NUMBER MONITORING PERIOD

MM/DD/YYYY

04/01/2022 то

035 G DISCHARGE NUMBER

MM/DD/YYYY

04/30/2022

DMR Mailing ZIP CODE: 372082206 MAJOR \$ DRIFTWOOD MI 192.0 CSO

(SUBR 04) External Outfall

NO DISCHARGE [X]

LOCATION		NUE NORTH	
	NASHVILLE	TN 372082206	
ATTN: M	R SCOTT POT	TER	

FACILITY NASHVILLE-CENTRAL STP

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO.	IFREQUENCY	SAMPLE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE										T
	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	14	*****		*****	*****	*****	****			
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	05/10/2022
	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

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					1	
6					1	
7					1	
8 9					1	
10						
11			0.56	9.00		
12	0.168	1	2.01	9.00		Rain, Overflow Duration = 2.25 hours
13	0.100	1	0.82	6.00		Rain, Overflow Duration = 2.23 flours
14	0.032	'	0.04	2.00		I tain, Overnow Duration - 1.36 hours
15			0.09	1.00		
16	0.014	1	0.43	4.00		Rain, Overflow Duration = 0.67 hours
17	0.014	<u> </u>	0.09	1.00		Train, Overnow Burdion 6.07 Hours
18	0.015	1	0.43	5.00		Rain, Overflow Duration = 0.50 hours
19	0.0.0		0.10	0.00		Training of territoria Earth and the state of the state o
20						
21					1	
22						
23						
24						
25	0.010	1	0.37	4.00		Rain, Overflow Duration = 0.17 hours
26			0.01	1.00		
27						
28						
29						
30						
	,					
TOTAL	0.239	5		42.00	5	
AVG	0.048	1	0.49	4.20	1	
MAX	0.168	1	2.01	9.00	1	4
MIN	0.010	1	0.01	1.00	1	
COUNT	5	5	10	10	5	

PERMITTEE NAME/ADDRESS	(Include Facilit	v Name/Location	if different

)

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

MONITORING PERIOD

04/01/2022 то

Form Approved OMB NO. 2040-0004

NAME	NASHVILLE-CENTRA	•
		ÖRTH
	NASHVILLE TI	N 372082206

TN0020575
PERMIT NUMBER

MM/DD/YYYY

047 G
DISCHARGE NUMBER

MM/DD/YYYY

04/30/2022

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

NO DISCHARGE []

FACILITY	NASHVILLE-CE	ENTRAL STP	
LOCATION	1600 2ND AVE	NUE NORTH	
	NASHVILLE	TN 372082206	
	IR SCOTT POT		

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER									NO.		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE										
	MEASUREMENT	42.00	*****		*****	*****	*****	****			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	****	****	*****	***		Daily When Discharging	CALCTD
Rainfall	SAMPLE			,							
	MEASUREMENT	4.85	*****		*****	*****	*****	****			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	***		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE										107.20.2
. 1011, 111 00114411	MEASUREMENT	0.048	0.168		*****	*****	*****	***			
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	5	*****		*****	*****	*****	****			
51407 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	*****	****	*****	***		Daily When Discharging	CALCTD
Discharge event observation	SAMPLE			-							1
j	MEASUREMENT	5	*****		*****	*****	*****	****			
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	Y=1;N=0	*****	*****	*****	****		Daily When Discharging	CALCTD

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TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT		MM/DD/YYYY
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