#### 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
					<b>g</b> -	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1					1	
2						
3						
4						
5			0.05	3.00		
6	9.00	1	0.90	4.00		Rain, Overflow Duration = 3.07 hours
7						
8						
9						
10					1	
11	6.00	1	0.76	4.00		Rain, Overflow Duration = 3.95 hours
12						
13						
14						
15						
16	2.00	1	0.55	8.00		Rain, Overflow Duration = 0.75 hours
17			0.57	11.00		
18					1	
19						
20						
21						
22						
23						
24						
25						
26						
27						
28					1	
29					1	
30 31					1	
- ১ী						
	17.00		2.02	20.00		
TOTAL	17.00 5.67	3	2.83 0.57	30.00 6.00	6	
AVG	9.00		0.57			
MAX	2.00	1	0.90	11.00 3.00	1 1	
MIN		1 3				
COUNT	3.00		5	5	6	

Enter in new months and dates.

12/01/2021 01/10/2022

12/31/2021

PERMITTEE NAME/ADDRESS	(Include Facility	Name/Location	if different,
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# NAME NASHVILLE-CENTRAL STP ADDRESS 1600 2ND AVENUE NORTH NASHVILLE TN 372082206 FACILITY NASHVILLE-CENTRAL STP LOCATION 1600 2ND AVENUE NORTH

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

TN0020575	
PERMIT NUMBER	

019 G	
DISCHARGE NUMBER	

MAJC
(SUB
KERF
Fxter

Form Approved OMB NO. 2040-0004

**DMR Mailing ZIP CODE:** 372082206 MAJOR \$

MAJOR \$ (SUBR 04) EJM

KERRIGAN AT MI 190.4 CSO

External Outfall

NO DISCHARGE []

FACILITY NASHVILLE-CENTRAL STP		MONITORIN	G PE	RIOD
LOCATION 1600 2ND AVENUE NORTH		MM/DD/YYYY		MM/DD/YYYY
NASHVILLE TN 372082206	FROM	12/01/2021	то	12/31/2021
ATTN: MR. SCOTT POTTER			•	

PARAMETER		QUA	NTITY OR LC	ADING		QUALITY OR CO	NCENTRATIO	N	NO.	FREQUENCY	SAMPLE
. 7.1. <b>0</b> 1.1.2.1.		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE										
	MEASUREMENT	30.00	*****		*****	*****	*****	****	İ		
00135 1 0	PERMIT	Req. Mon.								Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****	hr	*****	*****	*****	****	İ	Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	2.83	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	5.667	9.000		*****	*****	*****	****			
50050 1 0	PERMIT	Req. Mon.	Req. Mon.	Mgal/d						Daily When	T
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	*****		*****	*****	*****	****	İ	Discharging	CALCTD
Discharge event observation	SAMPLE										
	MEASUREMENT	3.00	*****		*****	*****	*****	****			
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 sumbitted is, to the best of my knowledge and belief, true, accurate, and complete.		615 862-4591	01/10/2022
	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 EXPLANATION OF ANY VIOL	ATIONS (Perference all attachments here)			

12/01/2021 01/10/2022

12/31/2021

#### CENTRAL WASTEWATER TREATMENT PLANT CSO - 023 - BENEDICT & CRUTCHER

	F-69	Number of	Rainfall	Rain Duration	Number of	
	Effluent Flow	Discharges from	causing a Discharge	causing a Discharge	Rain Events Not causing	
DATE	MGD	Outfall	Inches	Hours	a Discharge	Reason for Bypassing
						-,,,,
1					1	
2						
3						
4						
5			0.07	3.00		
6	0.553	1	0.95	4.00		Rain, Overflow Duration = 2.42 hours
7						
8						
9						
10	0.470		0.54	4.00	1	
11 12	0.172	1	0.54	4.00		Rain, Overflow Duration = 0.42 hours
13						
14						
15						
16	0.060	1	0.44	9.00		Rain, Overflow Duration = 0.50 hours
17	0.001	'	0.54	10.00		Rain, Overflow Duration = 0.92 hours
18	0.001		0.54	10.00	1	Train, Overnow Baration - 0.32 hours
19					•	
20						
21						
22						
23						
24						
25						
26						
27						
28					1	
29					1	
30					1	
31					1	
TOTAL	0.786	3	2.54	30.00	7	
AVG	0.197	1	0.51	6.00	1	
MAX	0.553	1	0.95	10.00	1	
MIN	0.001	1	0.07	3.00	1	
COUNT	4	3	5	5	7	
Enter	new months	and dates.				

	PERMITTEE NAME/ADDRESS (	Include Facilit	v Name/Location	if differen
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#### NATIONAL POLLULTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

For	n Approved
OMB NO	2040-0004

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

NASHVILLE

TN 372082206

TN0020575
PERMIT NUMBER

023 G DISCHARGE NUMBER DMR Mailing ZIP CODE: 372082206
MAJOR \$
(SUBR 04)
BENEDICT & CRUTCHER 191.6 CSO
External Outfall

NO DISCHARGE []

ATTN: MR. SCOTT POTTER		•	FROM	12/01/2021	12/01/2021	J					
PARAMETER			NTITY OR LO	DADING		QUALITY OR CO	NCENTRATIO	N	NO.		SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX		TYPE
Rainfall duration	SAMPLE										
	MEASUREMENT	30.00	*****		*****	*****	*****	****			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	***		Daily When Discharging	CALCTD
Rainfall	SAMPLE MEASUREMENT	2.54	*****		*****	*****	*****	***			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	***		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE MEASUREMENT	0.197	0.553		*****	*****	*****	***			
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	7.00	*****		*****	*****	*****	***			
51407 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	*****	*****	*****	***		Daily When Discharging	CALCTD
Discharge event observation	SAMPLE MEASUREMENT	3.00	*****		*****	****	*****	***			
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		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	01/10/2022
	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 VIO	ATIONS (Paferance all attachments here)			

### 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					1	
2						
3						
4						
5			0.17	4.00		
6	3.59	1	0.90	4.00		Rain, Overflow Duration = 1.58 hours
7						
8						
9						
10					1	
11					1	
12						
13						
14					1	
15						
16					1	
17					1	
18					1	
19						
20					1	
21						
22						
23						
24						
25						
26						
27						
28					1	
29					1	
30						
31					1	
TOTAL	3.590	1	1.07	9.00		
AVG	3.590	1	0.54			
MAX	3.590	1	0.90			
MIN	3.590	1	0.17			
COUNT	1	1	2	2	11	

Enter in new months and dates.

12/01/2021 01/10/2022

12/31/2021

	PERMITTEE NAME/ADDRESS (	Include Facilit	v Name/Location	if differen
--	--------------------------	-----------------	-----------------	-------------

# 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	3 PE	RIOD
	MM/DD/YYYY		MM/DD/YYYY
FROM	12/01/2021	то	12/31/2021

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		QUA	ANTITY 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	9.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.		hr						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	1.07	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	1
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	3.590	3.590		*****	*****	*****	****			
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					, and the second					1
	MEASUREMENT	11	*****		*****	*****	*****	****			
51407 1 0	PERMIT	Req. Mon.		occur/mo						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Discharge event observation	SAMPLE										
	MEASUREMENT	1	*****		*****	*****	*****	****			
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	01/10/2022
	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 ANIATION OF ANIVOVIOL	ATIONO (D. C	· · · · · · · · · · · · · · · · · · ·		

#### 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						
5			0.15	4.00		
6	1.904	1	1.11	4.00		Rain, Overflow Duration = 1.75 hours
7						
8						
9						
10					1	
11	0.621	1	0.75	4.00		Rain, Overflow Duration = 1.08 hours
12						
13						
14						
15						
16	0.047	1	0.56	9.00		Rain, Overflow Duration = 0.58 hours
17			0.56	12.00	-	
18					1	
19						
20						
21						
22						
23						
24						
25 26						
26						
			0.45	2.00		
28 29	0.017	4	0.15 0.39	3.00		Pain Overflow Duration = 0.42 haves
30	0.017	1	0.39	6.00		Rain, Overflow Duration = 0.42 hours
31					1	
31					I I	
TOT::	2.589	4 [	3.67	42.00	A	
TOTAL	0.647	4	0.52	6.00	1	
AVG	1.904	1	1.11	12.00	1	
MAX						
MIN	0.017	1	0.15	3.00	1	
COUNT	4	4	7	7	4	

Enter in new months and dates.

12/01/2021 01/10/2022

12/31/2021

	PERMITTEE NAME/ADDRESS (	Include Facilit	v Name/Location	if differen
--	--------------------------	-----------------	-----------------	-------------

## 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	) PE	RIOD
	MM/DD/YYYY		MM/DD/YYYY
FROM	12/01/2021	то	12/31/2021

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				D. FREQUENCY	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	X OF ANALYSIS	TYPE
Rainfall duration	SAMPLE										
	MEASUREMENT	42.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.		hr						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	3.67	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	0.647	1.904		*****	*****	*****	***			
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	4	*****		*****	*****	*****	****			
51407 1 0	PERMIT	Req. Mon.		occur/mo						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Discharge event observation	SAMPLE										
	MEASUREMENT	4	*****		*****	*****	*****	****			1
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	01/10/2022
	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 EVEN ANIATION OF ANIXAME	ATIONIO (D. (			

#### 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						
4						
5					1	
6					1	
7						
8						
9						
10					1	
11					1	
12						
13						
14					1	
15						NO DISCHARGE FOR THIS SITE FOR THIS MONTH
16					1	
17					1	
18					1	
19						
20						
21						
22						
23						
24						
25						
26						
27						
28					1	
29					1	
30					1	
31					1	
TOTAL	0.000	0	0.00	0.00	12	
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	12	

Enter in new months and dates. 12/01/2021 01/10/2022

12/31/2021

PERMITTEE NAME/ADDRESS	(Include Facility	Name/Location	if different,
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#### NATIONAL POLLULTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

Form Approve	эd
OMB NO. 2040-000	)4

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

FACILITY NASHVILLE-CENTRAL STP LOCATION 1600 2ND AVENUE NORTH

TN 372082206 NASHVILLE ATTN: MR. SCOTT POTTER

TN0020575	035 G
PERMIT NUMBER	DISCHARGE NUME

IBER

	MONITORING PERIOD								
	MM/DD/YYYY		MM/DD/YYYY						
FROM	12/01/2021	то	12/31/2021						

DMR Mailing ZIP CODE: 372082206

**MAJOR** \$ (SUBR 04)

DRIFTWOOD MI 192.0 CSO

External Outfall

NO DISCHARGE [X]

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	0.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.		hr						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****	İ	Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	0.00	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****	İ	Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	#DIV/0!	0.000		*****	*****	*****	****			
50050 1 0	PERMIT	Req. Mon.	Req. Mon.	Mgal/d						Daily When	
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX		*****	*****	*****	****		Discharging	CONTIN
Rainfall events with no discharge	SAMPLE										
	MEASUREMENT	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 sumbitted is, to the best of my knowledge and belief, true, accurate, and complete.		615 862-4591	01/10/2022
	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

### 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					1	
2						
3						
4						
5			0.17	4.00		
6	0.034	1	0.90	4.00		Rain, Overflow Duration = 1.42 hours
7						
8						
9						
10			0.06	3.00		
11	0.022	1	0.71	4.00		Rain, Overflow Duration = 0.33 hours
12						
13						
14					1	
15						
16	0.022	1	0.58	9.00		Rain, Overflow Duration = 0.25 hours
17			0.48	11.00		
18					1	
19						
20					1	
21						
22						
23						
24						
25						
26						
27			0.00	2.00		
28	0.000	4	0.03 0.40	3.00		Dain Overflow Downston - 0.00 have
29	0.002	1	0.40	8.00		Rain, Overflow Duration = 0.08 hours
30 31					4	
31					1	
	0.000	4 [	2 22	46.00	г	
TOTAL	0.080 0.020	4	3.33 0.42	46.00 5.75	5	
AVG	0.020	1	0.42		1	
MAX		1		11.00	1	
MIN	0.002	1	0.03	3.00	1	
COUNT	4	4	8	8	5	J

Enter in new months and dates.

12/01/2021 01/10/2022

12/31/2021

	PERMITTEE NAME/ADDRESS (	Include Facility Name/Location if differe
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#### NATIONAL POLLULTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

Form Approve
OMB NO. 2040-0004

NIANAT	NASHVILLE-CENTRAL STP
NAME	
ADDRESS	1600 2ND AVENUE NORTH
	NASHVILLE TN 372082206
FACILITY	NASHVILLE-CENTRAL STP
	4000 OND AVENUE NODELL

TN0020575	047 G
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

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

NO DISCHARGE []

LOCATION	1600 2ND AVENUI	MM/DD/YYYY		MM/DD/YYYY		
	NASHVILLE	TN 372082206	FROM	12/01/2021	то	12/31/2021
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	46.00	*****		*****	*****	*****	****			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	***		Daily When Discharging	CALCTD
Rainfall	SAMPLE	,		,		·					
	MEASUREMENT	3.33	*****		*****	*****	*****	****			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	****		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE			,							
,	MEASUREMENT	0.020	0.034		*****	*****	*****	****			
50050 1 0	PERMIT	Req. Mon.	Req. Mon.	Mgal/d	1					Daily When	
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX		*****	*****	*****	****		Discharging	CONTIN
Rainfall events with no discharge	SAMPLE MEASUREMENT	5	*****		*****	*****	*****	****			
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 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	01/10/2022				
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 EVEL ANATION OF ANY VIOLATIONS (Deference all attachments here)								