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
		ı				
2	5	1	1.13	15.00		Rain, Overflow Duration = 2.78 hours
3	10	1	1.13	16.00		Rain, Overflow Duration = 5.78 hours
4	10	ı	1.57	10.00		Ivalii, Overnow Duration – 3.76 hours
5					1	
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16 17	16	4	2.29	11.00		Dais Overflow Division - 12 FO haves
18	14	1	2.29	11.00		Rain, Overflow Duration = 13.50 hours Rain, Overflow Duration = 10.33 hours
19	14					Rain, Overnow Duration = 10.33 hours
20						
21			0.17	4.00		
22	40	1	2.44	16.00		Rain, Overflow Duration = 13.35 hours
23	20		0.55	6.00		Rain, Overflow Duration = 24.00 hours
24	40		1.65	19.00		Rain, Overflow Duration = 24.00 hours
25	30		0.03	2.00		Rain, Overflow Duration = 24.00 hours
26	20					Rain, Overflow Duration = 18.57 hours
27					1	
28						
	105.00		0.00	00.00		
TOTAL	195.00	4	9.83	89.00	2	
AVG	21.67	1	1.23	11.13	1	
MAX	40.00 5.00	1	2.44 0.03	19.00 2.00	1	
MIN	9.00	1 4	0.03	2.00	1	
COUNT	9.00	4	8	8	2	

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

019 G DISCHARGE NUMBER

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	89.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.								Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****	hr	*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	9.83	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	21.667	40.000		*****	*****	*****	****			
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	2.00	*****		*****	*****	*****	****			
51407 1 0	PERMIT	Req. Mon.		occur/mo						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Discharge event observation	SAMPLE										
	MEASUREMENT	4.00	*****		*****	*****	*****	****			
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	03/10/2022
	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 VIC	ATIONS (Peferance all attechments here)			

CENTRAL WASTEWATER TREATMENT PLANT CSO - 023 - BENEDICT & CRUTCHER

		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
D, (12	Mab	Guidii	IIIOIOO	Hours	a Districting	reductive bypaconing
1						
2	0.004	1	1.19	15.00		Rain, Overflow Duration = 2.50 hours
3	0.966	1	1.49	13.00		Rain, Overflow Duration = 5.75 hours
4						
5					1	
6						
7						
8						
9						
10						
11						
12						
13						
14						
15 16						
17	1.651	1	1.89	9.00		Rain, Overflow Duration = 6.50 hours
18	1.001	'	1.09	9.00		Raili, Overliow Duration – 0.30 flours
19						
20						
21	0.004	1	0.12	3.00		Rain, Overflow Duration = 0.42 hours
22	1.366	-	2.52	17.00		Rain, Overflow Duration = 13.58 hours
23	0.158		0.50	6.00		Rain, Overflow Duration = 4.42 hours
24	1.091		1.57	20.00		Rain, Overflow Duration = 14.92 hours
25			0.04	3.00		
26						
27					1	
28						
TOTAL	5.240	4	9.32	86.00	2	
AVG	0.749	1	1.17	10.75	1	
MAX	1.651	1	2.52	20.00	1	
MIN	0.004	1	0.04	3.00	1	
COUNT	7	4	8	8	2	

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

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

MONITORING PERIOD

02/01/2022 то

For	n 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

023 G DISCHARGE NUMBER

MM/DD/YYYY

02/28/2022

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

External Outfall

NO DISCHARGE []

LOCATION	1000 LIND / WL	NUE NORTH
	NASHVILLE	TN 372082206
ATTN: M	R SCOTT POT	TFR

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	86.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.		hr						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE			,							
	MEASUREMENT	9.32	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE			,		·					
	MEASUREMENT	0.749	1.651		*****	*****	*****	****			
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	2.00	*****		*****	*****	*****	****			
51407 1 0	PERMIT	Req. Mon.		occur/mo		,				Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Discharge event observation	SAMPLE										
	MEASUREMENT	4.00	*****		*****	*****	*****	****			
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	03/10/2022
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

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
			ı			
1			1.29	17.00		
3	13.88	1	1.29	15.00		Rain, Overflow Duration = 5.43 hours
4	13.00	- 1	1.33	15.00	1	
5					1	
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17	22.81	1	2.04	11.00		Rain, Overflow Duration = 5.50 hours
18						
19						
20			0.45	0.00		
21	25.50		0.15	3.00		
22	35.50	1	2.47	17.00		Rain, Overflow Duration = 13.02 hours
23	12.31		0.49	6.00		Rain, Overflow Duration = 23.22 hours
24 25	46.06 11.31		1.68 0.04	19.00 2.00		Rain, Overflow Duration = 24.00 hours Rain, Overflow Duration = 23.93 hours
26	0.81		0.04	2.00		Rain, Overflow Duration = 23.93 hours Rain, Overflow Duration = 5.60 hours
27	0.61				1	Raili, Overliow Duration – 5.00 flours
28					-	
20						
TOTAL	142.680	3	9.69	9.00		
AVG	20.383	1	1.21			
MAX	46.060	1	2.47			
MIN	0.810	1	0.04			
COUNT	7	3	8	8	3	

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

024G DISCHARGE NUMBER

	MONITORING PERIOD							
	MM/DD/YYYY		MM/DD/YYYY					
FROM	02/01/2022	то	02/28/2022					

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					, and the second					
	MEASUREMENT	9.69	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****	İ	Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	20.383	46.060		*****	*****	*****	***			
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	*****		*****	*****	*****	****			
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	03/10/2022
	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 ANIVAVIOR	ATIONS (D. C	· · · · · · · · · · · · · · · · · · ·		<u> </u>

CENTRAL WASTEWATER TREATMENT PLANT CSO - 033 - SCHRADER LANE

	1					
		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		T				
2					1	
3	3.567	1	1.45	15.00	<u>'</u>	Rain, Overflow Duration = 3.58 hours
4	0.007		11.10	10.00	1	Train, evernew Baraden else neare
5					1	
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17	6.031	1	2.02	9.00		Rain, Overflow Duration = 5.58 hours
18						
19						
20			0.00	2.00		
21 22	6.025	1	0.09 2.44	17.00		Rain, Overflow Duration = 11.33 hours
23	0.025	ı ı	0.51	6.00		Rain, Overnow Duration = 11.33 hours
24	3.806	1	1.64	20.00		Rain, Overflow Duration = 4.08 hours
25	3.800	ı	0.04	3.00		Ivairi, Overnow Duration - 4.00 hours
26			0.0-1	0.00		
27					1	
28					•	
		•				
TOTAL	19.429	4	8.19	72.00	4	
AVG	4.857	1	1.17	10.29	1	
MAX	6.031	1	2.44	20.00	1	
MIN	3.567	1	0.04	2.00	1	
COUNT	4	4	7	7	4	

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

033 G
DISCHARGE NUMBER

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		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	72.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.		hr						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE					,					
	MEASUREMENT	8.19	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	4.857	6.031		*****	*****	*****	****			
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	4	*****		*****	*****	*****	****			
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	03/10/2022
	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 VIOL	ATIONS (Deference all attachments have)			

CENTRAL WASTEWATER TREATMENT PLANT CSO - 035 - DRIFTWOOD

		Number of	Rainfall	Rain Duration	Number of	
	F#1	i				
	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					1	
3					1	
4					1	
5						
6						
7						
8						
9						
10						
11						
12	_					
13						
14						
15						NO DISCHARGE FOR THIS SITE FOR THIS MONTH
16						
17					1	
18						
19						
20						
21					1	
22					1	
23					1	
24					1	
25					1	
26						
27					1	
28					1	
	0.000	21	0.001	0.00		
TOTAL	0.000	0	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	

PERMITTEE NAME/ADDRESS	(Include Facility	Name/Location	if different,
------------------------	-------------------	---------------	---------------

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

Form Approve	ed
OMB NO. 2040-000)4

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

035 G 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	02/01/2022	то	02/28/2022						

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	*****		*****	*****	*****	****		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	Ī
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,		1	
DIRECTOR	or those persons directly responsible for gathering the information, the information		615 862-4591	03/10/2022
	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	0.004		4.00	47.00		D : 0 # D :: 0051
2	0.004	1	1.29	17.00		Rain, Overflow Duration = 0.25 hours
3	0.190	1	1.53	15.00	- 4	Rain, Overflow Duration = 2.58 hours
4 5					<u>1</u>	
6					ļ	
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17	0.154	1	2.04	11.00		Rain, Overflow Duration = 2.83 hours
18						
19						
20						
21	0.008	1	0.15	3.00		Rain, Overflow Duration = 0.17 hours
22	0.094		2.47	17.00		Rain, Overflow Duration = 4.67 hours
23	0.037		0.49	6.00		Rain, Overflow Duration = 1.00 hours
24	0.172		1.68	19.00		Rain, Overflow Duration = 6.25 hours
25			0.04	2.00		
26						
27					1	
28						
TOTAL	0.659	4	9.69	90.00	3	
AVG	0.039	1	1.21	11.25	1	
MAX	0.190	1	2.47	19.00	1	
MIN	0.004	1	0.04	2.00	1	
COUNT	7	4	8	8	3	

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

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

MONITORING PERIOD

02/01/2022 то

Forr	n Approved
OMB NO	2040-0004

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

TN0020575
PERMIT NUMBER

MM/DD/YYYY

047 G
DISCHARGE NUMBER

MM/DD/YYYY

02/28/2022

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

NO DISCHARGE []

FACILITY	NASHVILLE-CEI	NTRAL STP	
LOCATION	1600 2ND AVEN	IUE NORTH	
	NASHVILLE	TN 372082206	
	IR. SCOTT POTT	ER	

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	90.00	*****		*****	*****	*****	****			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	****	***		Daily When Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	9.69	*****		*****	*****	*****	****			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	***		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	0.094	0.190		*****	*****	*****	****			
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	*****		*****	*****	*****	****			
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			
DIRECTOR	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		615 862-4591	03/10/2022
	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,	OLONATURE OF PRINCIPAL EXECUTIVE	I AREA	
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	CODE NUMBER	MM/DD/YYYY
COMMENT AND EVEL ANATION OF ANY VIOL	ATIONIC (Defended of the bounds beauty)			