CENTRAL WASTEWATER TREATMENT PLANT CSO - 019 - KERRIGAN

		Niconale	Dalme-II	Dala Direction	Niconale	
l l.	F.66	Number of	Rainfall	Rain Duration	Number of	
ľ	Effluent	Discharges	causing a	causing a	Rain Events	
DATE	Flow	from	Discharge	Discharge	Not causing	December Dimension
DATE	MGD	Outfall	Inches	Hours	a Discharge	Reason for Bypassing
1						
2					1	
3					1	
4						
5						
6						
7						
8						
9					1	
10						
11						
12						
13						
14			0.04	1.00	1	
15 16	33.75	1	0.01 1.81	1.00 10.00		Rain, Overflow Duration = 10.48 hours
17	33.75	<u>'</u>	1.01	10.00		Rain, Overnow Duration = 10.46 hours
18						
19						
20						
21						
22					1	
23					1	
24					1	
25					1	
26					1	
27					1	
28						
	ļ					
TOTAL	33.75	1	1.82	11.00	10	
AVG	33.75	1	0.91	5.50	10	
MAX	33.75	1	1.81	10.00	1	
MIN	33.75	1	0.01	1.00	1	
COUNT	1.00	1	2	2	10	

PERMITTEE NAME/ADDRESS	(Include Facilit	y Name/Location	if different)
------------------------	------------------	-----------------	---------------

NASHVILLE-CENTRAL STP

NAME

NATIONAL POLLULTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

TN0020575 PERMIT NUMBER

019 G DISCHARGE NUMBER DMR Mailing ZIP CODE: 372082206 MAJOR

\$ (SUBR 04) EJM KERRIGAN AT MI 190.4 CSO

External Outfall

NO DISCHARGE []

Form Approved

OMB NO. 2040-0004

	1600 2ND AVEN			
	NASHVILLE	TN 3	72082206	
			_000	
	NASHVILLE-CE			
LOCATION	1600 2ND AVEI		TH	
	NASHVILLE	TN 3	72082206	
ATTN: ME	SCOTT POT	TFR		

	MONITORIN	G PI	ERIOD
	MM/DD/YYYY		MM/DD/YYYY
FROM	02/01/2023	то	02/28/2023

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	11.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.								Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****	hr	*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	1.82	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	33.750	33.750		*****	*****	*****	****			
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	10.00	*****		*****	*****	*****	****			
51407 1 0	PERMIT	Req. Mon.		occur/mo						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Discharge event observation	SAMPLE										
	MEASUREMENT	1.00	*****		*****	*****	*****	****			
84165 1 0	PERMIT	Req. Mon.		Y=1;N=0						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD

IAME/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	03/10/2023
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 - 023 - BENEDICT & CRUTCHER

Number of Rainfall Rain Duration Number of

		Nullibel of	Railliaii	Raili Duration	Nullibel 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					1	
3						
4						
5						
6						
7						
8						
9	0.001	1	0.25	3.00		Rain, Overflow Duration = 1.08 hours
10	0.001		0.20	0.00		Italii, Overnow Buration – 1.00 nouro
11						
12						
13						
14					1	
15					'	
16	0.734	1	1.72	11.00		Rain, Overflow Duration = 7.75 hours
17	0.734	'	0.01	1.00		Ivaiii, Overnow Duration = 7.73 hours
18			0.01	1.00		
19						
20					1	
21					'	
22					1	
23					1	
24					1	
25					1	
26					1	
27					1	
28					'	
-20						
-						
<u> </u>						
	0.705	0	4.00	45.00		
TOTAL	0.735	2	1.98	15.00	9	
AVG	0.368	1	0.66	5.00		
MAX	0.734	1	1.72	11.00	1	
MIN	0.001	1	0.01	1.00	1	
COUNT	2	2	3	3	9	

PERMITTEE NAME/ADDRESS (Incl.	ude Facility Name/Location if different,
-------------------------------	--

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

MONITORING PERIOD

DMR	Mailing	ZIP	CODE:	372082206

Form Approved OMB NO. 2040-0004

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

NASHVILLE-CENTRAL STP

TN0020575 PERMIT NUMBER

MM/DD/YYYY

023 G DISCHARGE NUMBER MAJOR (SUBR 04) BENEDICT & CRUTCHER 191.6 CSO External Outfall

LOCATION 1600 2ND AVENUE NORTH NASHVILLE TN 372082206
ATTN: MR. SCOTT POTTER

FACILITY

FROM

MM/DD/YYYY 02/01/2023 то 02/28/2023 NO DISCHARGE []

PARAMETER		QUA	ANTITY OR L	DADING		QUALITY OR CO	NCENTRATIO	N	NO.	FREQUENCY	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE										
	MEASUREMENT	15.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.		hr						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	1.98	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	0.368	0.734		*****	*****	*****	****			
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	9.00	*****		*****	*****	*****	****			
51407 1 0	PERMIT	Req. Mon.		occur/mo						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Discharge event observation	SAMPLE										
	MEASUREMENT	2.00	*****		*****	*****	*****	****			
84165 1 0	PERMIT	Req. Mon.		Y=1;N=0						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD

SCOTT A. POTTER to assure that qua	200 - Lancour de Contrata de Carlo de C			
submitted Ba	alified personnel property gather and evaluate the information ased on my inquiry of the person or persons who manage the system,			
DIRECTOR or those person	ons directly responsible for gathering the information, the information to the best of my knowledge and belief, true, accurate, and complete.		615 862-4591	03/10/2023
	at there are significant penalties for submitting false information, 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

			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					1	
2					1	
3						
4						
5						
6						
7						
8						
9					1	
10						
11						
12						
13						
14					1	
15						
16	11.22	1	1.72	11.00		Rain, Overflow Duration = 2.67 hours
17						
18						
19						
20					1	
21					1	
22					1	
23					1	
24					1	
25					1	
26					1	
27					1	
28						
TOTAL	11.220	1	1.72	11.00		
AVG	11.220	1	1.72			
MAX	11.220	1	1.72			
MIN	11.220	1	1.72			
COUNT	1	1	1	1	12	

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

Form Approve	ed
OMB NO. 2040-000)4

NASHVILLE-CENTRAL STP

ADDRESS 1600 2ND AVENUE NORTH
NASHVILLE TN 372082206

FACILITY NASHVILLE-CENTRAL STP

NAME

NASHVILLE TN 372082206 ATTN: MR. SCOTT POTTER TN0020575 PERMIT NUMBER 024G DISCHARGE NUMBER

 MONITORING PERIOD

 MM/DD/YYYY
 MM/DD/YYYY

 FROM
 02/01/2023 TO
 02/28/2023

DMR Mailing ZIP CODE: 372082206

MAJOR \$ (SUBR 04) EMH

WASHINGTON MI 190.4 CSO

External Outfall

NO DISCHARGE []

PARAMETER		QUA	ANTITY OR L	OADING		QUALITY OR CONCENTRATION			NO.	NO. FREQUENCY	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE										
	MEASUREMENT	11.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.		hr						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	1.72	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	11.220	11.220		*****	*****	*****	****			
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	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 sumbitted is, to the best of my knowledge and belief, true, accurate, and complete.		615 862-4591	03/10/2023
TYPED OR PRINTED	I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	MM/DD/YYYY
COMMENT AND EXPLANATION OF ANY VIO		GITIZEN GIVAGITIONIZED AGENT	OGSE MONIBER	WIIVI, D.D./ 1 1 1 1

1

CENTRAL WASTEWATER TREATMENT PLANT CSO - 033 - SCHRADER LANE

		Numberet	Doinfall	Doin Duration	Numberes	
	[F66]anh	Number of	Rainfall	Rain Duration	Number of	
	Effluent	Discharges	causing a	causing a	Rain Events	
DATE	Flow	from	Discharge	Discharge	Not causing	Decree for Decreeding
DATE	MGD	Outfall	Inches	Hours	a Discharge	Reason for Bypassing
1					1	
2					1	
3						
4						
5						
6						
7						
8						
9					1	
10						
11						
12						
13						
14					1	
15 16	4.404	4	4.70	42.00		Dain Overflow Downting 275 hours
17	4.494	1	1.73 0.01	13.00 1.00		Rain, Overflow Duration = 2.75 hours
18			0.01	1.00		
19						
20					1	
21					'	
22					1	
23					1	
24					1	
25					1	
26					1	
27					1	
28						
TOTAL	4.494	1	1.74	14.00	11	
TOTAL AVG	4.494			7.00	1	
MAX	4.494			13.00	1	
MIN	4.494			1.00	1	
COUNT	1			2	11	
		· ·			• • •	l .

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

MONITORING PERIOD

02/01/2023 то

DMR	Mailing	ZIP	CODE:	372082206

Form Approved OMB NO. 2040-0004

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

TN0020575 PERMIT NUMBER

FROM

MM/DD/YYYY

033 G DISCHARGE NUMBER

MM/DD/YYYY

02/28/2023

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

NO DISCHARGE []

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

ATTN: MR. SCOTT POTTER

FACILITY

QUANTITY OR LOADING QUALITY OR CONCENTRATION **PARAMETER** SAMPLE NO. FREQUENCY **TYPE** ΕX OF ANALYSIS **VALUE** VALUE **UNITS VALUE VALUE VALUE** UNITS Rainfall duration SAMPLE ***** ***** ***** ***** **** 14.00 MEASUREMENT 00135 1 0 Reg. Mon. hr Daily When PERMIT MO TOTAL ***** ***** ***** ***** **** CALCTD **Effluent Gross** REQUIREMENT Discharging Rainfall SAMPLE 1.74 **** MEASUREMENT Req. Mon. 46529 1 0 PERMIT in Daily When ***** Effluent Gross MO TOTAL ***** ***** ***** **** Discharging CALCTD REQUIREMENT Flow, in conduit SAMPLE 4.494 4.494 ***** ***** ***** **** MEASUREMENT 50050 1 0 Req. Mon. Mgal/d Daily When PERMIT Req. Mon. ***** ***** ***** **** Effluent Gross MO AVG DAILY MX Discharging CONTIN REQUIREMENT Rainfall events with no discharge SAMPLE ***** ***** **** 11 MEASUREMENT 51407 1 0 Req. Mon. Daily When PERMIT occur/mo ***** ***** ***** ***** **** Effluent Gross REQUIREMENT MO TOTAL Discharging CALCTD Discharge event observation SAMPLE 1 ***** ***** ***** ***** **** MEASUREMENT 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	03/10/2023
	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 (Reference all attachments here)			

PAGE

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
4	1					
1					1	
2					1	
3						
4						
5						
6						
7						
8						
9					1	
10						
11						
12						
13						
14					1	
15					1	NO DISCHARGE FOR THIS SITE FOR THIS MONTH
16					1	
17					1	
18						
19						
20					1	
21						
22					1	
23					1	
24					1	
25					1	
26						
27					1	
28						
TOTAL	0.000	0	0.00	0.00	11	
AVG	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	1	
MAX	0.000			0.00	1	J.
MIN	0.000			0.00	1	
COUNT	0.000					J.
COUNT		U	U		11	

PERMITTEE NAME/ADDRESS	(Include Facilit	y Name/Location	if different)
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NASHVILLE-CENTRAL STP

TN 372082206

NASHVILLE-CENTRAL STP

1600 2ND AVENUE NORTH

NATIONAL POLLULTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

02/01/2023 то

TN0020575

FROM

035 G DISCHARGE NUMBER

MM/DD/YYYY

02/28/2023

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

Form Approved OMB NO. 2040-0004

PERMIT NUMBER

MM/DD/YYYY

External Outfall

NO DISCHARGE [X]

TN 372082206 NASHVILLE ATTN: MR. SCOTT POTTER

NASHVILLE

LOCATION 1600 2ND AVENUE NORTH

NAME

ADDRESS

FACILITY

PARAMETER		QUA	ANTITY OR L	OADING		QUALITY OR CO	ONCENTRATIO	ON	NO.	NO. FREQUENCY EX OF ANALYSIS	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX		TYPE
Rainfall duration	SAMPLE										
	MEASUREMENT	0.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.	*****	hr	*****	*****	*****	***		Daily When	0.11.075
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	11	*****		*****	*****	*****	****			
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	03/10/2023
	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

		Nulliber of	Railliaii	Raili Dulation	Nullibel 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					1	
3						
4						
5						
6						
7						
8						
9	0.010	1	0.33	3.00		Rain, Overflow Duration = 0.25 hours
10	0.010	·	0.00	0.00		Train, Overnow Burdien - 0:20 Hourd
11	†					
12						
13						
14					1	
15					'	
16	0.640	1	1.72	11.00		Rain, Overflow Duration = 2.08 hours
17	0.040	<u>'</u>	1.72	11.00		Ivalii, Overnow Buration = 2.00 Hours
18						
19						
20					1	
21					1	
22					1	
23					1	
24					1	
25					1	
26					1	
27					1	
28					'	
TOTAL	0.650	2	2.05	14.00	11	
AVG	0.030	1	1.03	7.00	1	
MAX	0.525	1	1.72	11.00	1	
	0.040	1	0.33	3.00	1	
MIN	2			2.00	11	
COUNT					1.1	

PERMITTEE NAME/ADDRESS	(Include Facilit	y Name/Location	if different)
------------------------	------------------	-----------------	---------------

TN 372082206

NASHVILLE-CENTRAL STP

1600 2ND AVENUE NORTH

NASHVILLE

NAME

ADDRESS

NATIONAL POLLULTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

TN0020575
PERMIT NUMBER

047 G DISCHARGE NUMBER DMR Mailing ZIP CODE: 372082206 MAJOR \$ (SUBR 04)

BOSCOBEL MI 192.6 CSO External Outfall

NO DISCHARGE []

Form Approved

OMB NO. 2040-0004

FACILITY	NASHVILLE-CENTRAL STP				MONITORING PERIOD			
LOCATION	1600 2ND AVE	NUE NORTH			MM/DD/YYYY		MM/DD/YYYY	
	NASHVILLE	TN 37208	2206	FROM	02/01/2023	то	02/28/20	
	MR. SCOTT POT	TER		•				

PARAMETER		QUANTITY OR LOADING				QUALITY OR CONCENTRATION			T.,,	IFREQUENCY	SAMPLE
FARAIVIETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	NO. EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE MEASUREMENT	14.00	*****		*****	****	*****	***			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	***		Daily When Discharging	CALCTD
Rainfall	SAMPLE MEASUREMENT	2.05	*****		****	*****	****	***			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	***		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE MEASUREMENT	0.325	0.640		****	****	*****	****			
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	11	*****		*****	*****	*****	****			
51407 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	****	*****	****	***		Daily When Discharging	CALCTD
Discharge event observation	SAMPLE MEASUREMENT	2	*****		*****	*****	*****	****			
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	Y=1;N=0	*****	*****	*****	****		Daily When Discharging	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were			
	prepared under my direction or supervision in accordance with a system designed		TELEPHONE	DATE
SCOTT A. POTTER	to assure that qualified personnel property gather and evaluate the information			
	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	03/10/2023
	sumbitted is, to the best of my knowledge and belief, true, accurate, and complete.			
	I am aware that there are significant penalties for submitting false information,	SIGNATURE OF PRINCIPAL EXECUTIVE	AREA	
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	CODE NUMBER	MM/DD/YYYY
COMMENT AND EXPLANATION OF ANY VIC	LATIONS (Reference all attachments here)			