2021

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	2.00		0.48	9.00		Rain, Overflow Duration = 0.65 hours
2						
3					1	
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15					1	
16						
17						
18						
19						
20					1	
21					1	
22						
23						
24			0.04	4.00		
25	7.00	1	1.00	16.00		Rain, Overflow Duration = 5.62 hours
26	3.00					Rain, Overflow Duration = 2.15 hours
27					1	
28						
29					-	
30					1	
31					1	
TOTAL	12.00	1	1.52	29.00	7	
AVG	4.00	1	0.51	9.67	1	4
MAX	7.00	1	1.00	16.00	1	4
MIN	2.00	1	0.04	4.00	1	
COUNT	3.00	1	3	3	7	J

NASHVILLE TN 372082206

NASHVILLE-CENTRAL STP

ADDRESS 1600 2ND AVENUE NORTH

FACILITY NASHVILLE-CENTRAL STP

LOCATION 1600 2ND AVENUE NORTH

NAME

.....

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

TN0020575 019 G
DISCHARGE NUMBER
MONITORING PERIOD

 MONITORING PERIOD

 MM/DD/YYYY
 MM/DD/YYYY

 FROM
 01/01/2021
 01/31/2021

DMR Mailing	ZIP CODE:	372082206
MAJOR	\$	

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

NO DISCHARGE []

NASHVILLE TN 372082206 ATTN: MR. SCOTT POTTER

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION						
PARAMETER									NO.	FREQUENCY	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE										
	MEASUREMENT	29.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.								Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****	hr	*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	1.52	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	4.000	7.000		*****	*****	*****	****			
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	7.00	*****		*****	*****	*****	****			
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

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	02/10/2021	
	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 VIOLAT	TIONS (Reference all attachments here)			

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Form Approved OMB NO. 2040-0004

2021

CENTRAL WASTEWATER TREATMENT PLANT CSO - 023 - BENEDICT & CRUTCHER

		Number of	Rainfall	Rain Duration	Number of	
E	ffluent	Discharges	causing a	causing a	Rain Events	
	Flow	from	Discharge	Discharge	Not causing	
DATE	MGD	Outfall	Inches	Hours	a Discharge	Reason for Bypassing
1	0.001		0.45	10.00		Rain, Overflow Duration = 0.50 hours
2	0.001		0.40	10.00	1	
3					1	
4					•	
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15					1	
16						
17						
18						
19						
20					1	
21						
22						
23 24			0.04	3.00		
24	0.002	1	0.04	16.00		Rain, Overflow Duration = 1.17 hours
26	0.002	1	0.30	10.00		
20					1	
28						
29						
30					1	
31					1	
TOTAL	0.003	1	1.45	29.00	8	1
AVG	0.002	1	0.48	9.67	1	
MAX	0.002	1	0.96	16.00	1]
MIN	0.001	1	0.04	3.00	1	
COUNT	2	1	3	3	8]

TN 372082206

NASHVILLE-CENTRAL STP

NASHVILLE-CENTRAL STP

ADDRESS 1600 2ND AVENUE NORTH

LOCATION 1600 2ND AVENUE NORTH

NASHVILLE

NAME

FACILITY

Effluent Gross

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

023 G DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 01/31/2021 01/01/2021 то

DMR Mailing ZIP CODE: 372082206

MAJOR

(SUBR 04)

External Outfall

\$

BENEDICT & CRUTCHER 191.6 CSO

NO DISCHARGE []

Discharging

1

CALCTD

NASHVILLE TN 372082206 ATTN: MR. SCOTT POTTER QUANTITY OR LOADING QUALITY OR CONCENTRATION PAR Rainfall dur 00135 1 0 Effluent Gro Rainfall 46529 1 0 Effluent Gro

MO TOTAL

REQUIREMENT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were TELEPHONE DATE prepared under my direction or supervision in accordance with a system designed 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 615 862-4591 02/10/2021 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, SIGNATURE OF PRINCIPAL EXECUTIVE AREA TYPED OR PRINTED including the possibility of fine and imprisonment for knowing violations. CODE NUMBER MM/DD/YYYY OFFICER OR AUTHORIZED AGENT COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

EPA Form 3320-1 (Rev. 01/06) Previous editions may be used.

Form Approved OMB NO. 2040-0004

TN0020575 PERMIT NUMBER FROM

PARAMETER										FREQUENCY	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE										
	MEASUREMENT	29.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.		hr						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	1.45	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	0.002	0.002		*****	*****	*****	****			
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	8.00	*****		****	*****	*****	****			
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	

2021

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					1	
3					1	
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15					1	NO DISCHARGE FOR THIS SITE FOR THIS MONTH
16						
17						
18						
19						
20					1	
21					1	
22						
23						
24					1	
25					1	
26						
27					1	
28						
29						
30					1	
31					1	
	•					
TOTAL	0.000	0	0.00	0.00	11	
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		
COUNT	0			0		
		· · · ·	-			J Contraction of the second

TN 372082206

NASHVILLE-CENTRAL STP

ADDRESS 1600 2ND AVENUE NORTH

NASHVILLE

FACILITY NASHVILLE-CENTRAL STP

LOCATION 1600 2ND AVENUE NORTH

NAME

.

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

 TN0020575
 024G

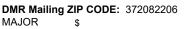
 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD

 MM/DD/YYYY
 MM/DD/YYYY

 FROM
 01/01/2021

 TY OR LOADING
 QUAL



MAJOR \$ (SUBR 04) EMH WASHINGTON MI 190.4 CSO External Outfall

NO DISCHARGE [x]

NASHVILLE TN 372082206 ATTN: MR. SCOTT POTTER

QUANTITY OR LOADING QUALITY OR CONCENTRATION PARAMETER NO. FREQUENCY SAMPLE TYPE EΧ OF ANALYSIS VALUE VALUE UNITS VALUE VALUE VALUE UNITS Rainfall duration SAMPLE 0.00 ***** ***** ***** ***** **** MEASUREMENT 00135 1 0 Reg. Mon. hr Daily When PERMIT Effluent Gross MO TOTAL ***** ***** ***** ***** **** Discharging CALCTD REQUIREMENT Rainfall SAMPLE 0.00 ***** ***** ***** ***** **** MEASUREMENT 46529 1 0 Reg. Mon. Daily When PERMIT in ***** ***** ***** ***** **** Effluent Gross MO TOTAL Discharging CALCTD REQUIREMENT Flow, in conduit SAMPLE #DIV/0! 0.000 ***** ***** ***** **** MEASUREMENT Mgal/d 50050 1 0 Rea. Mon. Req. Mon. Daily When PERMIT ***** ***** ***** **** MO AVG DAILY MX Discharging CONTIN Effluent Gross REQUIREMENT Rainfall events with no discharge SAMPLE 11 ***** ***** ***** ***** **** MEASUREMENT 51407 1 0 PERMIT Req. Mon. occur/mo Daily When ***** ***** ***** ***** **** Effluent Gross MO TOTAL Discharging CALCTD REQUIREMENT Discharge event observation SAMPLE 0 ***** ***** ***** ***** **** MEASUREMENT 84165 1 0 Req. Mon. Y=1:N=0 Daily When PERMIT ***** ***** ***** ***** **** Effluent Gross MO TOTAL Discharging CALCTD REQUIREMENT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were			1
	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 sumbitted is, to the best of my knowledge and belief, true, accurate, and complete.	615 862-4591	02/10/2021	
	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 VIOLAT	TONS (Reference all attachments here)			

1

Form Approved OMB NO. 2040-0004

2021

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					1	
3					1	
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14					1	
15						
16						
17						
18						
19						
20					1	
21					1	
22						
23						
24			0.04	3.00		
25	0.014	1	1.21	18.00		Rain, Overflow Duration = 0.33 hours
26						
27					1	
28						
29						
30					1	
31					1	
TOTAL	0.014	1	1.25	21.00	9	1
AVG	0.014		0.63	10.50		
MAX	0.014	1	1.21	18.00		
MIN	0.014		0.04	3.00		
COUNT	1	1	2	2	9	
300.01	· ·	•		-	`	

NASHVILLE TN 372082206

NASHVILLE-CENTRAL STP

ADDRESS 1600 2ND AVENUE NORTH

FACILITY NASHVILLE-CENTRAL STP

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

 TN0020575
 033 G

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 FROM
 01/01/2021

 TO
 01/31/2021

 NTITY OR LOADING
 QUALITY

 VALUE
 UNITS

DMR Mailing ZIP CODE: 372082206

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

NO DISCHARGE []

LOCATION 1600 2ND AVENUE NORTH NASHVILLE TN 372082206

ATTN: MR. SCOTT POTTER

NAME

.....

PARAMETER						QUALITY OR COI	NCENTRATION		NO.		SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE										
	MEASUREMENT	21.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.		hr						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	1.25	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	0.014	0.014		*****	*****	*****	****			
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	*****		*****	*****	*****	****			
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

	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
	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.		615 862-4591	02/10/2021
	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

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Form Approved OMB NO. 2040-0004

2021

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					1	
3					1	
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14					1	
15						NO DISCHARGE FOR THIS SITE FOR THIS MONTH
16						
17						
18						
19						
20					1	
21					1	
22					1	
23						
24					1	
25					1	
26						
27					1	
28						
29						
30					1	
31					1	
					<u>_</u>	
TOTAL	0.000	0	0.00	0.00	10	
AVG	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	1	
MAX	0.000	0	0.00	0.00	-	
MIN	0.000	0	0.00	0.00		
COUNT	0.000			0.00		
		0	0	0		J

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

Form Approved OMB NO. 2040-0004

			DISCH	ARGE MONITORING R	EPORT (<i>DMR</i>)						B NO. 2040-0004
NAME NASHVILLE-CENTRAL S	DMR Mailing ZIP CODE: 3720						3720822	:06			
ADDRESS 1600 2ND AVENUE NORTH		•	TN0020575		035 G		MAJOR	\$			
NASHVILLE TN 372082206			PERMIT NUMBER		DISCHARGE NUMBER		(SUBR 04)				
FACILITY NASHVILLE-CENTRAL S						ı	DRIFTWOOD External Outfa		C		
			MM/DD/YYYY N							NO DISCHARGE [X]	
LOCATION 1600 2ND AVENUE NORTH NASHVILLE TN 372082206 ATTN: MR. SCOTT POTTER					01/31/2021	4			NO DISCHARGE [X]		
	72082200		FROM	01/01/2021 10	01/31/2021	J					
ATTN. MR. SCOTTFOTTER					1			N	1		1
PARAMETER		QUANTITY OR LOADING		JADING		QUALITY OR C	CONCENTRATION		NO.		SAMPLE
			1				<u> </u>			OF ANALYSIS	TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALISIS	1
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	
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX		*****	*****	*****	****		Discharging	CONTIN
Rainfall events with no discharge	SAMPLE	10									
	MEASUREMENT	10	*****		*****	*****	*****	****			
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 DIRECTOR	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.		615 862-4591	02/10/2021
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 VIOLAT	IONS (Reference all attachments here)		·	
EPA Form 3320-1 (Rev. 01/06) Previous ec	litions may be used.		PAGE	1

2021

CENTRAL WASTEWATER TREATMENT PLANT CSO - 047 - BOSCOBEL

Burder of Pown Pown Pown Pown Pown Pown Pown Pown							
Prov from Discharge Discharge Not causing 1 0.004 1 0.51 9.00 Rain, Overflow Duration = 0.17 hours 2 0 1 0.1 1 3 0 0 1 1 4 0 0 1 1 4 0 0 1 1 4 0 0 1 1 4 0 0 1 1 4 0 0 1 1 4 0 0 0 1 6 0 0 0 1 6 0 0 0 1 7 0 0 0 1 11 0 0 0 1 12 0 0 0 1 13 0 0 0 1 14 0 0 0 1			Number of	Rainfall	Rain Duration	Number of	
DATE MoD Outbil Inches Hour Discharge Reason for Bypassing 1 0.004 1 0.51 9.00 Rain, Overflow Duration = 0.17 hours 2		Effluent	Discharges	causing a	causing a	Rain Events	
1 0.004 1 0.51 9.00 Rain, Overflow Duration = 0.17 hours 2 1 1 1 3 1 1 1 4 1 1 5 1 1 6 1 1 7 1 1 8 1 1 9 1 1 10 1 1 11 1 1 12 1 1 13 1 1 14 1 1 15 1 1 16 1 1 17 1 1 18 1 1 19 1 1 22 1 1 23 1 1 24 0.06 5.00 25 0.019 1 11 1 1 29 1 1 20 1 1 25 0.019 1 110 1 1 29 1 1 29 1 1 30 1 1 31		Flow	from	Discharge	Discharge	Not causing	
2 1 1 3 1 1 4 1 1 5 1 1 6 1 1 7 1 1 8 1 1 9 1 1 10 1 1 11 1 1 12 1 1 13 1 1 14 1 1 15 1 1 16 1 1 17 1 1 18 1 1 20 1 1 21 1 1 22 1 1 23 1 1 24 0.06 5.00 25 0.019 1 1.0 28 1 1 29 1 1 30 1 1 30 1 1 30 1 1 30 <th>DATE</th> <th>MGD</th> <th>Outfall</th> <th>Inches</th> <th>Hours</th> <th>a Discharge</th> <th>Reason for Bypassing</th>	DATE	MGD	Outfall	Inches	Hours	a Discharge	Reason for Bypassing
2 1 1 3 1 1 4 1 1 5 1 1 6 1 1 7 1 1 8 1 1 9 1 1 10 1 1 11 1 1 12 1 1 13 1 1 14 1 1 15 1 1 16 1 1 17 1 1 18 1 1 20 1 1 21 1 1 22 1 1 23 1 1 24 0.06 5.00 25 0.019 1 1.0 28 1 1 29 1 1 30 1 1 30 1 1 30 1 1 30 <th>-</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	-						
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NATIONAL POLLULTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

Form 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 ADDRESS 1600 2ND AVENUE NORTH NASHVILLE TN 372082206 ATTN: MR. SCOTT POTTER		MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY FROM 01/01/2021 то 01/31/2021					DMR Mailing ZIP CODE: 3720 MAJOR \$ (SUBR 04) BOSCOBEL MI 192.6 CSO External Outfall			NO DISCHARGE []	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Rainfall duration	SAMPLE	31.00	*****		*****	*****	*****	****			
00135 1 0 Effluent Gross	PERMIT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	****		Daily When Discharging	CALCTD
Rainfall	SAMPLE	1.67	*****		*****	*****	*****	****			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	****	*****	*****	****		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE MEASUREMENT	0.012	0.019		*****	*****	*****	****			
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	8	*****		*****	*****	*****	****			
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	02/10/2021
	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 VIOL	ATIONS (Reference all attachments here)			

ENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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