# CENTRAL WASTEWATER TREATMENT PLANT CSO - 019 - KERRIGAN

		1				1
		Number of	Rainfall	Rain Duration	Number of	
	Effluent	Discharges	causing a	causing a	Rain Events	
DATE	Flow	from	Discharge	Discharge	Not causing	Descen for Dimension
DATE	MGD	Outfall	Inches	Hours	a Discharge	Reason for Bypassing
1					1	
2					1	
3					1	
4						
5						
6						
7					1	
8						
9	8	1	1.20	12.00		Rain, Overflow Duration = 7.17 hours
10						
11						
12 13					1	
14					1	
15					1	
16					1	
17					1	
18					1	
19	9	1	1.28	12.00		Rain, Overflow Duration = 8.58 hours
20	3					Rain, Overflow Duration = 3.98 hours
21						,
22						
23						
24						
25						
26						
27						
28					1	
29					1	
30					1	
31						
	20.00	2	2.48	24.00	12	
TOTAL	6.67	1	1.24	12.00	12	
AVG MAX	9.00	1	1.24	12.00	1	
MIN	3.00	1	1.20	12.00	1	
COUNT	3.00	2	2	2	12	
COUNT	3.00				12	J

PERMITTEE NAME/ADDRESS	(Include Facility Name/Location if differe	nt)
------------------------	--	-----

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

	MONITORING	RIOD	
	MM/DD/YYYY		MM/DD/YYYY
FROM	01/01/2022	то	01/31/2022

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 []

		•		04/04/0000	0.4.10.4.10.000	-					
NASHVILLE TN 3 ATTN: MR. SCOTT POTTER	372082206	•	FROM	01/01/2022 то	01/31/2022	J					
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	24.00	*****		*****	*****	*****	****			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	***		Daily When Discharging	CALCTD
Rainfall	SAMPLE MEASUREMENT	2.48	*****		*****	*****	*****	***			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	***		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE MEASUREMENT	6.667	9.000		*****	*****	*****	***			
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	12.00	*****		*****	****	*****	***			
51407 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	*****	****	*****	***		Daily When Discharging	CALCTD
Discharge event observation	SAMPLE MEASUREMENT	2.00	*****		*****	*****	*****	***			
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 sumbitted is, to the best of my knowledge and belief, true, accurate, and complete.		615 862-4591	02/10/2022			
	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 (Professor all attachments have)							

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

	Effluent	Number of Discharges	Rainfall causing a	Rain Duration causing a	Number of Rain Events	
	Flow	from	Discharge	Discharge	Not causing	
DATE	MGD	Outfall	Inches	Hours	a Discharge	Reason for Bypassing
1	0.002	1	0.91	11.00		Rain, Overflow Duration = 2.08 hours
2	0.002	I	0.91	11.00		Rain, Overnow Duration = 2.08 hours
3			0.20	11.00	1	
4					<u> </u>	
5						
6						
7					1	
8						
9	1.022	1	1.15	11.00		Rain, Overflow Duration = 5.00 hours
10						
11						
12						
13 14						
15					1	
16					1	
17					1	
18						
19	0.191	1	1.20	12.00		Rain, Overflow Duration = 6.17 hours
20						
21						
22						
23						
24						
25						
26 27						
28						
29						
30						
31						
TOTAL	1.215	3	3.46	45.00	5	
AVG	0.405	1	0.87	11.25	1	
MAX	1.022	1	1.20	12.00	1	
MIN	0.002	1	0.20	11.00	1	
COUNT	3	3	4	4	5	

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

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

MONITORING PERIOD

01/01/2022 то

Form Approv	/ed
OMB NO. 2040-00	004

NAME	NASHVILLE-CENTRAL STP	
ADDRESS	1600 2ND AVENUE NORTH	
	NASHVILLE TN 372082206	
FACILITY	NASHVILLE-CENTRAL STP	
	1000 OND AVENUE MODELL	

TN0020575
PERMIT NUMBER

MM/DD/YYYY

023 G DISCHARGE NUMBER

MM/DD/YYYY

01/31/2022

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

NO DISCHARGE []

LOCATION	1600 2ND AVE	NUE NORTH
	NASHVILLE	TN 372082206
ATTN: M		TFR

PARAMETER		QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
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	3.46	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	0.405	1.022		*****	*****	*****	****			
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	5.00	*****		*****	*****	*****	****			
51407 1 0	PERMIT	Req. Mon.		occur/mo						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Discharge event observation	SAMPLE			-							
	MEASUREMENT	3.00	*****		*****	*****	*****	****			
84165 1 0	PERMIT	Req. Mon.		Y=1;N=0						Daily When	1
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			
or those persons directly responsible for gathering the information, the information		615 862-4591	02/10/2022
I am aware that there are significant penalties for submitting false information,	SIGNATURE OF PRINCIPAL EXECUTIVE	AREA	
including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	CODE NUMBER	MM/DD/YYYY
	prepared under my direction or supervision in accordance with a system designed 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. I am aware that there are significant penalties for submitting false information,	prepared under my direction or supervision in accordance with a system designed 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. I am aware that there are significant penalties for submitting false information,  SIGNATURE OF PRINCIPAL EXECUTIVE	prepared under my direction or supervision in accordance with a system designed 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. I am aware that there are significant penalties for submitting false information,  SIGNATURE OF PRINCIPAL EXECUTIVE  AREA

# 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					1	
5					1	
6						
7				0.00	1	
8	0.07		0.90	9.00		
9	9.97	1	1.24	12.00		Rain, Overflow Duration = 7.18 hours
10						
11						
12						
13						
14 15					- 1	
					1	
16					1	
17					1	
18 19	F 0F	1	1 22	15.00		Dain Overflow Downties - F 20 hours
20	5.25	I	1.32	15.00		Rain, Overflow Duration = 5.38 hours
21					1	
22					I	
23						
24						
25						
26						
27						
28						
29						
30						
31						
<u> </u>	ı					
TOTAL	15.220	2	3.46	9.00		
AVG	7.610	1	1.15	3.30		
MAX	9.970	1	1.32			
MIN	5.250	1	0.90			
COUNT	2	2	3	3	8	
300.11						

	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 024G DISCHARGE NUMBER

 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				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	3.46	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****	İ	Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	7.610	9.970		*****	*****	*****	****			
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	8	*****		*****	*****	*****	****			
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	02/10/2022
	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 AND TION OF ANDVIVE	ATIONS (D. C	· · · · · · · · · · · · · · · · · · ·		<u> </u>

# 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	B
DATE	MGD	Outfall	Inches	Hours	a Discharge	Reason for Bypassing
1	0.078	1	0.91	11.00		Rain, Overflow Duration = 0.67 hours
2			0.24	12.00		
3					1	
4						
5						
6						
7					1	
8	1.001		4.00	10.00	1	
9	1.821	1	1.22	12.00		Rain, Overflow Duration = 3.67 hours
10 11						
12						
13						
14						
15					1	
16					1	
17					1	
18						
19	0.314	1	1.22	14.00		Rain, Overflow Duration = 1.92 hours
20						
21					1	
22						
23						
24 25						
25 26						
27						
28						
29						
30						
31						
TOTAL	2.213	3	3.59	49.00	7	
AVG	0.738	1	0.90	12.25	1	
MAX	1.821	1	1.22	14.00	1	
MIN	0.078	1	0.24	11.00	1	
COUNT	3	3	4	4	7	

PERMITTEE NAME/ADDRESS (Include Facility	y 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		QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE										
	MEASUREMENT	49.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.		hr						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	3.59	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	0.738	1.821		*****	*****	*****	****			
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	*****		*****	*****	*****	****			
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	02/10/2022
	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 VIOLE	ATIONS (Deference all ettechments have)	· · · · · · · · · · · · · · · · · · ·		

#### 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					1	
8						
9					1	
10						
11						
12						
13						
14						
15						NO DISCHARGE FOR THIS SITE FOR THIS MONTH
16					1	
17					1	
18						
19					1	
20						
21					1	
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
	1					
TOTAL	0.000	0		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 Facilit	v Name/Location	if different

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

	Forr	n Approved
OMB	NΟ	2040-0004

NAME	NASHVILLE-CE	
ADDRESS	1600 2ND AVEN	UE NORTH
	NASHVILLE	TN 372082206

FACILITY NASHVILLE-CENTRAL STP LOCATION 1600 2ND AVENUE NORTH

NASHVILLE TN 372082206 ATTN: MR. SCOTT POTTER

TN0020575
PERMIT NUMBER

035 G				
DISCHARGE NUMBER	DISCHARGE NUMBER			

	MONITORING PERIOD								
	MM/DD/YYYY		MM/DD/YYYY						
FROM	01/01/2022	то	01/31/2022						

DMR Mailing ZIP CODE: 372082206

MAJOR \$ (SUBR 04)

DRIFTWOOD MI 192.0 CSO

External Outfall

NO DISCHARGE [X]

PARAMETER		QUA	NTITY OR LO	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	
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
	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	02/10/2022
	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

2022

Jan

# CENTRAL WASTEWATER TREATMENT PLANT CSO - 047 - BOSCOBEL

	Effluent	Number of Discharges	Rainfall causing a	Rain Duration causing a	Number of Rain Events	
	Flow	from	Discharge	Discharge	Not causing	
DATE	MGD	Outfall	Inches	Hours	a Discharge	Reason for Bypassing
1	0.014	1	0.90	9.00		Rain, Overflow Duration = 0.75 hours
2	0.014	1	0.30	3.00		Italii, Overnow Buration - 0.75 hours
3						
4					1	
5					1	
6						
7					1	
8	0.040		0.90	9.00		
9	0.218	1	1.24	12.00		Rain, Overflow Duration = 2.58 hours
10 11						
12						
13						
14						
15					1	
16					1	
17					1	
18						
19	0.057	1	1.32	15.00		Rain, Overflow Duration = 1.42 hours
20						
21					1	
22						
23 24						
2 <del>4</del> 25						
26						
27						
28						
29						
30						
31						
TOTAL	0.289	3	4.36	45.00	7	
AVG	0.096	1	1.09	11.25	1	
MAX	0.218	1	1.32	15.00	1	
MIN	0.014	1	0.90	9.00	1	
COUNT	3	3	4	4	7	

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

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

710 0005	0-000000	
		OMB NO. 2040-0004
		Form Approved

NAME	NASHVILLE-CEN	TRAL STP	
ADDRESS	1600 2ND AVENU	JE NORTH	
	NASHVILLE	TN 372082206	
FACILITY	NASHVILLE-CEN	TRAL STP	•
LOCATION	1600 2ND AVEN	JE NORTH	•
	NASHVILLE	TN 372082206	
ATTKI. NA		- D	••

TN0020575	047 G
PERMIT NUMBER	DISCHARGE NUMBER

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

NO DISCHARGE []

	MONITORING PERIOD								
	MM/DD/YYYY		MM/DD/YYYY						
FROM	01/01/2022	то	01/31/202						

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	45.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.		hr		, and the second				Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	4.36	*****		*****	*****	*****	****		İ	
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE					·					
	MEASUREMENT	0.096	0.218		*****	*****	*****	****			
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	*****		*****	*****	*****	****			
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

Ļ	TELEPHONE	
F		DATE
	615 862-4591	02/10/2022
RE OF PRINCIPAL EXECUTIVE	AREA	
OR AUTHORIZED AGENT	CODE NUMBER	MM/DD/YYYY