2021

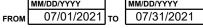
CENTRAL WASTEWATER TREATMENT PLANT CSO - 019 - KERRIGAN

		· · · · ·				n
		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	1	0.48	5.00		Rain, Overflow Duration = 0.92 hours
2	2.00	1	0.40	5.00		
3						
4						
5						
6						
7					1	
8						
9					1	
10						
11	30.00	1	2.30	6.00		Rain, Overflow Duration = 8.22 hours
12					1	
13						
14						
15						
16 17						
17	28.00	1	1.67	3.00		Rain, Overflow Duration = 7.82 hours
19	7.00	1	0.04	2.00		Rain, Overflow Duration = 7.62 hours Rain, Overflow Duration = 1.75 hours
20	7.00		0.04	2.00		
21						
22						
23						
24						
25						
26	1.00	1	0.22	2.00		Rain, Overflow Duration = 1.57 hours
27			0.02	2.00		
28						
29						
30						
31	30.00	1	2.30	4.00		Rain, Overflow Duration = 3.47 hours
	00.00		7 001	04.00		
TOTAL	98.00		7.03	24.00	3	
AVG	16.33		1.00	3.43	1	
MAX	30.00 1.00		2.30 0.02	6.00 2.00	•	
	6.00		0.02	2.00	3	
COUNT	0.00	5	/	/	3	J

NASHVILLE TN 372082206

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

TN0020575	019 G										
PERMIT NUMBER	DISCHARGE NUMBER										
MM/DD/YYYY	MM/DD/YYYY										



DMR Mailing ZIP CODE: 372082206 MAJOR \$

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

NO DISCHARGE []

NASHVILLE TN 372082206 ATTN: MR. SCOTT POTTER

NASHVILLE-CENTRAL STP

ADDRESS 1600 2ND AVENUE NORTH

FACILITY NASHVILLE-CENTRAL STP

LOCATION 1600 2ND AVENUE NORTH

NAME

.....

		QUA	NTITY OR LC	ADING	QUALITY OR CONCENTRATION						
PARAMETER						_			NO.	FREQUENCY	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE										
	MEASUREMENT	24.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.								Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****	hr	*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	7.03	*****		*****	*****	*****	****			
46529 1 0 Effluent Gross	PERMIT	Req. Mon. MO TOTAL	*****	in	****	*****	*****	****		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE									Discharging	
	MEASUREMENT	16.333	30.000		*****	*****	*****	****			
50050 1 0 Effluent Gross	PERMIT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	****		Daily When Discharging	CONTIN
Rainfall events with no discharge	SAMPLE										
	MEASUREMENT	3.00	*****		*****	*****	*****	****			
51407 1 0	PERMIT	Req. Mon.		occur/mo						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Discharge event observation	SAMPLE										
	MEASUREMENT	5.00	*****		*****	*****	*****	****			
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	08/10/2021
	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	IONS (Reference all attachments here)			

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Form Approved OMB NO. 2040-0004

2021

CENTRAL WASTEWATER TREATMENT PLANT CSO - 023 - BENEDICT & CRUTCHER

		ï				
		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		I			1	
2						
3						
4						
5						
6						
7					1	
8						
9	0.243	1	0.72	2.00		Rain, Overflow Duration = 0.33 hours
10						
11	0.716	1	1.97	7.00		Rain, Overflow Duration = 3.67 hours
12						
13						
14						
15						
16						
17	0.140		0.00	4.00		
18 19	2.146	1	0.96	4.00		Rain, Overflow Duration = 2.42 hours
20						
20						
22						
23						
24						
25						
26					1	
27						
28						
29						
30						
31	3.289	1	2.43	4.00		Rain, Overflow Duration = 3.42 hours
		. 1	1		-	
TOTAL	6.394		6.08		3	
AVG	1.599		1.52	4.25		
MAX	3.289		2.43	7.00	1	
MIN	0.243		0.72	2.00	1	
COUNT	4	4	4	4	3	

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

Form Approved OMB NO. 2040-0004

NAME NASHVILLE-CENTRAL S	STP	DMR Mailing ZIP CODE:								372082206		
ADDRESS 1600 2ND AVENUE NOR	TH	•	Г	N0020575	023 G		MAJOR	\$	5120022	.00		
NASHVILLE TN 3	72082206	•	PERMIT I		DISCHARGE NUMBE							
						BENEDICT & CRUTCHEF			191.6 C	SO		
FACILITY NASHVILLE-CENTRAL S	STP	MONITORING PERIOD					External Outfal					
OCATION 1600 2ND AVENUE NORTH					MM/DD/YYYY	1				NO DISCHAR	GE []	
NASHVILLE TN 3	72082206	FROM 07/01/2021 TO 07/31/2021										
ATTN: MR. SCOTT POTTER		•				1						
			ANTITY OR L	OADING		QUALITY OR CO	NCENTRATION	Ń			Т	
PARAMETER									NO.	FREQUENCY	SAMPLE	
									EX	OF ANALYSIS	TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
Rainfall duration	SAMPLE											
	MEASUREMENT	17.00	*****		*****	*****	*****	****				
00135 1 0	PERMIT	Req. Mon.		hr						Daily When		
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD	
Rainfall	SAMPLE											
	MEASUREMENT	6.08	*****		*****	*****	*****	****				
46529 1 0	PERMIT	Req. Mon.		in						Daily When		
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD	
Flow, in conduit	SAMPLE											
	MEASUREMENT	1.599	3.289		*****	*****	*****	****				
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	3.00	*****		*****	*****	*****	****				
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	

/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
OTT 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,			
RECTOR	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	08/10/2021	
	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
TYPED OR PRINTED IMENT AND EXPLANATION OF ANY VIO				IBER

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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						
3						
4						
5						
6						
7					1	
8						
9					1	
10	11.000		1.00	0.00		
11	11.630	1	1.90	8.00		Rain, Overflow Duration = 1.82 hours
12						
13						
14 15						
15						
17						
17	16.310	1	0.83	3.00		Rain, Overflow Duration = 1.48 hours
19	10.310	1	0.03	5.00	1	
20					1	
20						
22						
23						
24						
25						
26					1	
27						
28						
29						
30						
31	19.720	1	2.39	4.00		Rain, Overflow Duration = 2.83 hours
	-		_		1	
TOTAL	47.660	3	5.12	9.00		
AVG	15.887		1.71			
MAX	19.720		2.39			
MIN	11.630	1	0.83			
COUNT	3	3	3	3	5]

NASHVILLE TN 372082206

NASHVILLE-CENTRAL STP

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

 TN0020575
 024G

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 FROM
 07/01/2021

 TITY OR LOADING
 QUALIT

 VALUE
 UNITS
 VALUE
 V

DMR Mailing ZIP CODE: 372082206 MAJOR \$

(SUBR 04) EMH WASHINGTON MI 190.4 CSO External Outfall

NO DISCHARGE []

LOCATION 1600 2ND AVENUE NORTH NASHVILLE TN 372082206

ATTN: MR. SCOTT POTTER

FACILITY NASHVILLE-CENTRAL STP

ADDRESS 1600 2ND AVENUE NORTH

NAME

.....

		QU	ANTITY OR LO	OADING		QUALITY OR CO	NCENTRATION				
PARAMETER									NO.	FREQUENCY	SAMPLE
									EX	OF ANALYSIS	TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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	5.12	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	15.887	19.720		*****	*****	*****	****			
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	*****		*****	*****	*****	****			
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			DATE
	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	08/10/2021
	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 VIO	OLATIONS (Reference all attachments here)		•	•

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Form Approved OMB NO. 2040-0004

2021

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	0.018	1	0.54	5.00		Rain, Overflow Duration = 0.42 hours
2	0.010		0.04	0.00		
3						
4						
5						
6						
7					1	
8						
9	0.291	1	0.51	1.00		Rain, Overflow Duration = 0.50 hours
10						
11	4.402	1	1.03	7.00		Rain, Overflow Duration = 2.08 hours
12					1	
13					1	
14						
15 16						
17						
18	1.362	1	1.11	3.00		Rain, Overflow Duration = 1.25 hours
19	1.502		1.11	0.00	1	
20	0.017	1	0.32	1.00		Rain, Overflow Duration = 0.25 hours
21						
22						
23						
24						
25						
26						
27					1	
28						
29						
30 31	7.042	1	2.26	4.00		Rain, Overflow Duration = 2.83 hours
31	7.042		2.20	4.00		
TOTAL	13.132	6	5.77	21.00	5	4
TOTAL AVG	2.189		0.96	3.50		4
MAX	7.042		2.26	7.00	-	4
MIN	0.017		0.32	1.00		4
COUNT	6			6		
50011		• • • • •	~	0		

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
 07/01/2021

 TO
 07/31/2021

 NTITY OR LOADING
 QUALITY

 VALUE
 UNITS

DMR Mailing ZIP CODE: 372082206 MAJOR \$

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

.....

		QU	ANTITY OR LO	DADING		QUALITY OR CO	NCENTRATION				
PARAMETER										FREQUENCY	SAMPLE
								L IN ITO	EX	OF ANALYSIS	TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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	5.77	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	2.189	7.042		*****	*****	*****	****			
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	*****		*****	*****	*****	****			
51407 1 0	PERMIT	Req. Mon.		occur/mo						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Discharge event observation	SAMPLE										
	MEASUREMENT	6	*****		*****	*****	*****	****			
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	08/10/2021
	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 VIC	DLATIONS (Reference all attachments here)			

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

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

Form Approved OMB NO. 2040-0004

NAME NASHVILLE-CENTRAL S	TP				· · · ·		DMR Mailing	ZIP CODE: 3	3720822	06			
ADDRESS 1600 2ND AVENUE NOR	ŤΗ	•	TI	N0020575	035 G		MAJOR	\$					
NASHVILLE TN 372082206		PERMIT NUMBER		UMBER	DISCHARGE NUMBER		(SUBR 04)						
		•					DRIFTWOOD	MI 192.0 CS0	С				
FACILITY NASHVILLE-CENTRAL S	TP		1	MONITORING PE	RIOD]	External Outfa	ll					
LOCATION 1600 2ND AVENUE NOR	(IH)			MM/DD/YYYY	MM/DD/YYYY					NO DISCHAR	GE[X]		
NASHVILLE TN 3 ATTN: MR. SCOTT POTTER	72082206		FROM	07/01/2021 то	07/31/2021								
ATTN: MR. SCOTT POTTER		•				-							
		QUA	NTITY OR LO	DADING		QUALITY OR C	ONCENTRATIO	Ň					
PARAMETER									NO.	FREQUENCY	SAMPLE		
									EX	OF ANALYSIS	TYPE		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS					
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	9	*****		*****	*****	*****	****					
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	08/10/2021
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 VIOLA	TIONS (Reference all attachments here)			•
EPA Form 3320-1 (Rev. 01/06) Previous e	ditions may be used.		PAGE	1

2021

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						
4 5						
6						
7					1	
8						
9	0.094	1	0.47	2.00		Rain, Overflow Duration = 0.42 hours
10	0.004	· ·	0.47	2.00		
11	0.040	1	1.90	8.00		Rain, Overflow Duration = 1.00 hours
12	0.010		1.00	0.00		
13	0.003	1	0.09	2.00		Isolated Rain, Overflow Duration = 0.17 hours
14	0.000		0.00	2.00		
15						
16						
17						
18	0.460	1	0.83	3.00		Rain, Overflow Duration = 0.83 hours
19					1	
20						
21						
22						
23						
24						
25	0.014	1	0.28	2.00		Isolated Rain, Overflow Duration = 0.17 hours
26					1	
27						
28						
29						
30			-			
31	0.215	1	2.39	4.00		Rain, Overflow Duration = 2.17 hours
		_ 1				
TOTAL	0.826			21.00	4	
AVG	0.138		0.99	3.50		
MAX	0.460		2.39	8.00	1	
MIN	0.003		0.09	2.00		
COUNT	6	6	6	6	4	J

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

Form Approved OMB NO. 2040-0004

NAME NASHVILLE-CENTRAL S ADDRESS 1600 2ND AVENUE NORT NASHVILLE TN 37 FACILITY NASHVILLE-CENTRAL S LOCATION 1600 2ND AVENUE NOR NASHVILLE TN 37 FACILITY NASHVILLE-CENTRAL S LOCATION 1600 2ND AVENUE NOR NASHVILLE TN 37 ATTN: MR.	ГН /2082206 ГР ТН		T PERMIT N FROM	МОNITORING PEF мм/dd/үүүү 07/01/2021 то	MM/DD/YYYY 07/31/2021		DMR Mailing MAJOR (SUBR 04) BOSCOBEL M External Outfa	\$ 1I 192.6 CSO II	3720822	NO DISCHAR	1
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Rainfall duration	SAMPLE	21.00	*****		****	*****	*****	****			
00135 1 0 Effluent Gross	PERMIT	Req. Mon. MO TOTAL	*****	hr	****	*****	*****	****		Daily When Discharging	CALCTD
Rainfall	SAMPLE MEASUREMENT	5.96	*****		*****	*****	****	****			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	****	in	*****	*****	*****	****		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE MEASUREMENT	0.138	0.460		****	*****	*****	****			
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	4	*****		*****	*****	*****	****			
51407 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	*****	*****	*****	****		Daily When Discharging	CALCTD
Discharge event observation	SAMPLE MEASUREMENT	6	****		****	*****	*****	****			
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	08/10/2021
	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 VIOLATIONS (Reference all attachments here)

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

1