Jul

CENTRAL WASTEWATER TREATMENT PLANT CSO - 019 - KERRIGAN

		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
Ditte	WGD	Oddaii	IIICICS	riouis	a Discridinge	Node of the Dypasoning
1						
2						
3	4.31	1	1.74	4.00		Rain, Overflow Duration = 2.08 hours
4						
5						
6						
7						
8	0.79	1	0.58	2.00		Rain, Overflow Duration = 1.10 hours
9	16.02		1.01	7.00		Rain, Overflow Duration = 7.70 hours
10						
11						
12						
13						
14						
15						
16						
17	7.04		4.00	7.00		D : 0 (1 D :: 0.70)
18	7.34	1	1.29	7.00		Rain, Overflow Duration = 2.72 hours
19						
20 21						
22						
23						
24						
25					1	
26					<u>'</u> 1	
27					<u>'</u>	
28	1.84	1	1.04	2.00		Rain, Overflow Duration = 1.43 hours
29	8.41	- '	1.26	6.00		Rain, Overflow Duration = 8.78 hours
30	5		0	3.30		, 2.13.113.1.2.113.113.113.113
31					1	
					<u> </u>	
TOTAL	38.70	4	6.92	28.00	3	
AVG	6.45	1	1.15	4.67	1	
MAX	16.02	1	1.74	7.00	1	
MIN	0.79	1	0.58	2.00	1	
COUNT	6.00	4	6	6	3	

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

MONITORING PERIOD

FROM 07/01/2022 TO 07/31/2022

Forr	n Approved
OMB NO	2040-0004

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

TN0020575
PERMIT NUMBER

MM/DD/YYYY

019 G
DISCHARGE NUMBER

MM/DD/YYYY

DMR Mailing ZIP CODE: 372082206
MAJOR \$
(SUBR 04) EJM
KERRIGAN AT MI 190.4 CSO
External Outfall

NO DISCHARGE []

TACILITI	TO TOTAL OF	
LOCATION	1600 2ND AVEI	NUE NORTH
	NASHVILLE	TN 372082206
	IR. SCOTT POT	

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	28.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.								Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****	hr	*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	6.92	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	6.451	16.018		*****	*****	*****	****			
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

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	08/10/2022
TYPED OF PRINTER	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 VIOLA	TIONS (Reference all attachments here)			

Number of

Rainfall

Jul

CENTRAL WASTEWATER TREATMENT PLANT CSO - 023 - BENEDICT & CRUTCHER

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
		- unum	menee	110410	a Diodinaligo	· iouseio. Dypassing
1						
2						
3	0.335	1	0.62	2.00		Rain, Overflow Duration = 0.92 hours
4					1	
5						
6						
7						
8	0.002	1	0.02	1.00		Rain, Overflow Duration = 0.67 hours
9	0.707		1.19	8.00		Rain, Overflow Duration = 1.83 hours
10						
11						
12						
13						
14						
15						
16						
17						
18	0.039	1	1.34	7.00		Rain, Overflow Duration = 1.50 hours
19						
20						
21					1	
22						
23						
24						
25	0.001	1	0.01	1.00		Rain, Overflow Duration = 0.25 hours
26					1	
27						
28	0.002	1	0.16	1.00		Rain, Overflow Duration = 0.50 hours
29	0.046	1	0.57	7.00		Rain, Overflow Duration = 1.75 hours
30						
31					1	
TOTAL	1.132	6		27.00	4	
AVG	0.162	1	0.56	3.86	1	
MAX	0.707	1	1.34	8.00	1	
MIN	0.001	1	0.01	1.00	1	
COUNT	7	6	7	7	4	

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

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

For	n 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

TN0020575 PERMIT NUMBER

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

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 07/01/2022 то 07/31/2022

NO DISCHARGE []

											,
NASHVILLE TN 3	372082206		FROM	07/01/2022 то	07/31/2022	J					
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	27.00	*****		****	*****	*****	***			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	***		Daily When Discharging	CALCTD
Rainfall	SAMPLE MEASUREMENT	3.91	*****		*****	*****	*****	***			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	****	*****	***		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE MEASUREMENT	0.162	0.707		*****	*****	*****	***			
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	4.00	*****		*****	*****	*****	***			
51407 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	*****	****	*****	***		Daily When Discharging	CALCTD
Discharge event observation	SAMPLE MEASUREMENT	6.00	*****		*****	*****	*****	***			
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		615 862-4591	08/10/2022
	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 EXPLANATION OF ANY VIOL	ATIONS (Reference all attachments here)			

202

Jul

CENTRAL WASTEWATER TREATMENT PLANT CSO - 024 - WASHINGTON DC

	Effluent	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
-/ \ \ L	MGD	Oddan	IIIOIIOO	Hours	a Districting	rouserror sypasoning
1						
2						
3	1.78	1	1.28	5.00		Rain, Overflow Duration = 0.30 hours
4					1	
5					1	
6					1	
7					1	
8			0.12	3.00		
9	3.25	1	1.79	10.00		Rain, Overflow Duration = 0.87 hours
10						
11						
12						
13						
14						
15						
16						
17 18	1 66	4	1.38	0.00		Pain Overflow Duration = 0.90 hours
19	1.66	1	1.38	9.00		Rain, Overflow Duration = 0.80 hours
20						
21					1	
22						
23						
24						
25					1	
26					1	
27						
28					1	
29					1	
30						
31						
TOTAL	6.690	3	4.57	9.00		
AVG	2.230	1	1.14			
MAX	3.250	1	1.79			
MIN	1.660	1	0.12			
COUNT	3	3	4	4	9	

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

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

MONITORING PERIOD

07/01/2022 то

Form Approved
OMB NO 2040-0004

NAME	NASHVILLE-CE	=: · · · · · · · · · = · · · ·
ADDRESS	1600 2ND AVE	NUE NORTH
	NASHVILLE	TN 372082206

TN0020575 PERMIT NUMBER

MM/DD/YYYY

024G DISCHARGE NUMBER

MM/DD/YYYY

07/31/2022

DMR Mailing ZIP CODE: 372082206 **MAJOR** (SUBR 04) EMH WASHINGTON MI 190.4 CSO

External Outfall

NO DISCHARGE []

NASHVILLE TN 372082206 ATTN: MR. SCOTT POTTER

FACILITY NASHVILLE-CENTRAL STP

LOCATION 1600 2ND AVENUE NORTH

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	*****		*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	4.57	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	2.230	3.250		*****	*****	*****	****			
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	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 sumbitted is, to the best of my knowledge and belief, true, accurate, and complete.		615 862-4591	08/10/2022		
	I am aware that there are significant penalties for submitting false information,	SIGNATURE OF PRINCIPAL EXECUTIVE	IAREA			
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)						

Jul

CENTRAL WASTEWATER TREATMENT PLANT CSO - 033 - SCHRADER LANE

		Number of	Rainfall	Rain Duration	Number of	
	Effluent	Discharges	causing a	causing a	Rain Events	
DATE	Flow	from	Discharge	Discharge	Not causing	Pageon for Purposing
DATE	MGD	Outfall	Inches	Hours	a Discharge	Reason for Bypassing
1						
2						
3	2.195	1	0.81	2.00		Rain, Overflow Duration = 0.83 hours
4						,
5						
6						
7						
8			0.05	1.00		
9	1.600	1	0.97	7.00		Rain, Overflow Duration = 1.33 hours
10						
11						
12						
13						
14						
15						
16						
17	4 4 5 4	4	4.05	0.00		Dair O. G. D. ati . 1001
18	1.151	1	1.05	8.00		Rain, Overflow Duration = 1.83 hours
19						
20					1	
21 22					I	
23						
24						
25					1	
26					1	
27						
28	0.124	1	0.13	1.00		Rain, Overflow Duration = 0.50 hours
29	0.212	1	0.46	6.00		Rain, Overflow Duration = 0.92 hours
30						
31					1	_
TOTAL	5.282	5	3.47	25.00	4	
AVG	1.056	1	0.58	4.17	1	
MAX	2.195	1	1.05	8.00	1	
MIN	0.124	1	0.05	1.00	1	
COUNT	5	5	6	6	4	

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

MONITORING PERIOD

07/01/2022 то

MM/DD/YYYY

	Forn	n Approved
OMB	NO	2040-0004

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

TN0020575 PERMIT NUMBER

FROM

033 G DISCHARGE NUMBER

MM/DD/YYYY

07/31/2022

DMR Mailing ZIP CODE: 372082206 MAJOR \$ (SUBR 04) EMH

SCHRADER LN MI 184.7 CSO

External Outfall

NO DISCHARGE []

FACILITY NASHVILLE-CENTRAL STP LOCATION 1600 2ND AVENUE NORTH NASHVILLE TN ATTN: MR SCOTT POTTER TN 372082206

		QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER									NO.		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE										
	MEASUREMENT	25.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.		hr						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	3.47	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	1.056	2.195		*****	*****	*****	****			
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	*****		*****	*****	*****	****			1
51407 1 0	PERMIT	Req. Mon.		occur/mo						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Discharge event observation	SAMPLE						_				
	MEASUREMENT	5	*****		*****	*****	*****	****			
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	08/10/2022		
	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 EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)						

Number of

Rainfall

Jul

CENTRAL WASTEWATER TREATMENT PLANT CSO - 035 - DRIFTWOOD

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						
3					1	
4					1	
5						
6						
7						
8					1	
9					1	
10						
11						
12						
13						
14						NO DICOLLADOS FOR THIS CITE FOR THIS CONTROL
15						NO DISCHARGE FOR THIS SITE FOR THIS MONTH
16						
17						
18 19					1	
20 21					1	
22					<u> </u>	
23						
24						
25					1	
26					<u> </u>	
27						
28					1	
29					1	
30					·	
31						
	ı		<u>I</u>			
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)
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	Forr	n 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

TN0020575
PERMIT NUMBER

035 G DISCHARGE NUMBER

	MONITORING	PE	RIOD
	MM/DD/YYYY		MM/DD/YYYY
FROM	07/01/2022	то	07/31/2022

DMR Mailing ZIP CODE: 372082206

MAJOR \$ (SUBR 04)

DRIFTWOOD MI 192.0 CSO

External Outfall

NO DISCHARGE [X]

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				1		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
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	08/10/2022
	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
	1-1010 (F. 6			

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

Jul

CENTRAL WASTEWATER TREATMENT PLANT CSO - 047 - BOSCOBEL

	Effluent	Number of Discharges	Rainfall causing a	Rain Duration causing a	Number of Rain Events	
DATE	Flow MGD	from Outfall	Discharge Inches	Discharge Hours	Not causing a Discharge	Reason for Bypassing
1						
2						
3	0.010	1	1.28	5.00		Rain, Overflow Duration = 0.25 hours
4					1	
5					1	
6					1	
7					1	
8			0.12	3.00		
9	0.011	1	1.79	10.00		Rain, Overflow Duration = 0.25 hours
10						
11						
12						
13						
14						
15						
16						
17						
18	0.021	1	1.38	9.00		Rain, Overflow Duration = 0.50 hours
19						
20						
21					1	
22						
23						
24						
25					1	
26					1	
27						
28					1	
29	0.009	1	0.28	6.00		Rain, Overflow Duration = 0.17 hours
30						
31						
TOTAL	0.051	4	4.85	33.00	8	
AVG	0.013	1	0.97	6.60	1	
MAX	0.021	1	1.79	10.00	1	
MIN	0.009	1	0.12	3.00	1	
COUNT	4	4	5	5	8	

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

MONITORING PERIOD

07/01/2022 то

	Forr	n Approved
OMB	NO	2040-0004

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

TN0020575
PERMIT NUMBER

MM/DD/YYYY

047 G
DISCHARGE NUMBER

MM/DD/YYYY 07/31/2022 DMR Mailing ZIP CODE: 372082206 MAJOR \$ (SUBR 04) BOSCOBEL MI 192.6 CSO External Outfall

NO DISCHARGE []

FACILITY	NASHVILLE-CE	NTRAL STP	
LOCATION	1600 2ND AVE	NUE NORTH	
	NASHVILLE	TN 372082206	
ATTN: M	R. SCOTT POT	TER	•••••

PARAMETER		QUA	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO.	FREQUENCY	SAMPLE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE										
	MEASUREMENT	33.00	*****		*****	*****	*****	****			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	****		Daily When Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	4.85	*****		*****	*****	*****	****		İ	
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	****	*****	***		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	0.013	0.021		*****	*****	*****	****			
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	*****		*****	*****	*****	****			
51407 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	*****	*****	*****	****		Daily When Discharging	CALCTD
Discharge event observation	SAMPLE	WOTOTAL								Discharging	ICALCID
G	MEASUREMENT	4	*****		*****	*****	*****	***			
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	08/10/2022
	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 EXPLANATION OF ANY VIOLA	TIONS (Reference all attachments here)		,	