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			0.10	1.00		
2	7.00	1	1.44	13.00		Rain, Overflow Duration = 8.47 hours
3						
4						
5					1	
6					1	
7						
8						
9					1	
10	2.00	1	0.28	2.00		Rain, Overflow Duration = 2.30 hours
11	2.00		0.35	2.00		Rain, Overflow Duration = 2.55 hours
12						
13						
14						
15						
16						
17						
18						
19						
20					4	
21					1	
22						
23						
24						
25						
26 27						
28						
29						
30						
30						
	l		ļ			
TOT::	11.00	വ	2.17	18.00	1	
TOTAL	3.67	2	0.54	4.50	<u>4</u> 1	
AVG	7.00	1		13.00	<u>1</u> 1	
MAX	2.00	1	1.44 0.10	1.00	1	
MIN	3.00	2				
COUNT	J 3.00		4	4	4	

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

DMR	Mailing	ZIP	CODE:	372082206

Form Approved OMB NO. 2040-0004

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

TN0020575
PERMIT NUMBER

019 G DISCHARGE NUMBER MAJOR \$
(SUBR 04) EJM
KERRIGAN AT MI 190.4 CSO

External Outfall

NO DISCHARGE []

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

ATTN: MR. SCOTT POTTER QUANTITY OR LOADING QUALITY OR CONCENTRATION SAMPLE **PARAMETER** NO. FREQUENCY TYPE ΕX OF ANALYSIS **VALUE** VALUE **UNITS VALUE** VALUE VALUE UNITS Rainfall duration SAMPLE 18.00 ***** ***** **** MEASUREMENT 00135 1 0 Reg. Mon. Daily When **PERMIT** ***** ***** Effluent Gross MO TOTAL ***** Discharging CALCTD REQUIREMENT hr Rainfall SAMPLE 2.17 ***** ***** ***** ***** **** MEASUREMENT 46529 1 0 Req. Mon. in Daily When **PERMIT** MO TOTAL ***** ***** Discharging CALCTD Effluent Gross REQUIREMENT Flow, in conduit SAMPLE 7.000 3.667 ***** ***** ***** **** **MEASUREMENT** 50050 1 0 Req. Mon. Req. Mon. Mgal/d Daily When PERMIT ***** ***** Effluent Gross MO AVG DAILY MX Discharging CONTIN REQUIREMENT Rainfall events with no discharge SAMPLE 4.00 ***** ***** ***** ***** **** MEASUREMENT 51407 1 0 Daily When Req. Mon. occur/mo **PERMIT** MO TOTAL ***** ***** ***** ***** **** Effluent Gross REQUIREMENT Discharging CALCTD Discharge event observation SAMPLE 2.00 ***** ***** ***** ***** **** MEASUREMENT 84165 1 0 PERMIT Req. Mon. Y=1:N=0 Daily When ***** ***** ***** ***** **** MO TOTAL CALCTD Effluent Gross REQUIREMENT Discharging

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			
DIRECTOR	submitted. Based on my inquiry of the person or persons who manage the system,		000 4504	07/40/0004
DIRECTOR	or those persons directly responsible for gathering the information, the information		615 862-4591	07/10/2021
	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 EVEL ANATION OF ANY VIO	N ATIONS (Peferance all attachments here)			

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

Number of

Rainfall

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
DAIL	MGD	Outiali	inches	nouis	a Discharge	Neason for Dypassing
1			0.01	1.00		
2	0.006	1	1.33	12.00		Rain, Overflow Duration = 2.83 hours
3						
4						
5					1	
6					1	
7						
8						
9					1	
10	0.105	1	0.37	3.00		Rain, Overflow Duration = 0.42 hours
11	0.126		0.55	3.00		Rain, Overflow Duration = 1.00 hours
12						
13						
14						
15						
16						
17						
18						
19 20						
21					1	
22					1	
23						
24						
25						
26						
27						
28						
29						
30						
TOTAL	0.237	2	2.26	19.00	4	
AVG	0.079	1	0.57	4.75	1	
MAX	0.126	1	1.33	12.00	1	
MIN	0.006	1	0.01	1.00	1	
COUNT	3	2	4	4	4	

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

DMR Mailing ZIP CODE: 372082206

Form Approved OMB NO. 2040-0004

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

TN0020575 PERMIT NUMBER 023 G DISCHARGE NUMBER MAJOR \$
(SUBR 04)
BENEDICT & CRUTCHER 191.6 CSO
External Outfall

NO DISCHARGE []

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

PARAMETER		QUA	NTITY OR LO	DADING		QUALITY OR CONCENTRATION			NO.	FREQUENCY	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE										
	MEASUREMENT	19.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.		hr						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	2.26	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	0.079	0.126		*****	*****	*****	****			
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	4.00	*****		*****	*****	*****	****			
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	*****		*****	*****	*****	****	1	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			
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	07/10/2021
	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 VIOL	ATIONS (Reference all attachments here)			

Number of

Rainfall

CENTRAL WASTEWATER TREATMENT PLANT CSO - 024 - WASHINGTON DC

Rain Duration Number of

		Number of	Kaintali	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					1	
7					1	
8					1	
9					1	
10			0.61	2.00		
11	2.160	1	1.17	4.00		Rain, Overflow Duration = 0.98 hours
12						
13						
14						
15						
16						
17						
18						
19						
20						
21					1	
22						
23						
24						
25						
26						
27						
28						
29					1	
29 30						
					1	
					1	
TOTAL	2.160	1	1.78	9.00		
AVG	2.160		0.89	- 20		
MAX	2.160		1.17			
MIN	2.160		0.61			
COUNT	1	1	2	2	9	
303111	<u>'</u>	<u>'</u>				I

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

MONITORING PERIOD

06/01/2021 то

DMR	Mailing	ZIP	CODE:	372082206

Form Approved OMB NO. 2040-0004

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

TN0020575 PERMIT NUMBER

FROM

MM/DD/YYYY

024G DISCHARGE NUMBER

MM/DD/YYYY

06/30/2021

MAJOR (SUBR 04) EMH WASHINGTON MI 190.4 CSO

External Outfall

NO DISCHARGE [x]

FACILITY NASHVILLE-CENTRAL STP LOCATION 1600 2ND AVENUE NORTH

TN 372082206 NASHVILLE ATTN: MR SCOTT POTTER

ATTN: MR. SCOTT POTTER		QUA	NTITY OR LO	DADING		QUALITY OR CO	NCENTRATION	1	1		T
PARAMETER									NO.	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	1.78	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	1
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	2.160	2.160		*****	*****	*****	****			
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

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	07/10/2021
	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 VIOL	ATIONS (Reference all attachments here)	-	•	

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
4	Ι		0.08	1.00		Г
2	0.024	1	1.39	12.00		Dain Overflow Duration = 0.50 hours
3	0.024		1.39	12.00	1	Rain, Overflow Duration = 0.58 hours
4					<u> </u>	
5					1	
6					1	
7					1	
8					<u>'</u>	
9			0.07	4.00		
10	0.776	1	0.40	2.00		Rain, Overflow Duration = 0.67 hours
11	0.425		0.63	2.00		Rain, Overflow Duration = 0.67 hours
12	01.20		5.55			
13						
14						
15						
16						
17						
18						
19						
20						
21					1	
22						
23						
24						
25						
26						
27						
28						
29						
30						
	4 005		0 ==1	04.00		
TOTAL	1.225	2		21.00	5	
AVG	0.408	1	0.51	4.20	1	
MAX	0.776	1	1.39	12.00	1	
MIN	0.024	1	0.07	1.00	1	
COUNT	3	2	5	5	5	

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

	Form Approved
	OMB NO. 2040-0004
!! 7ID CODE. 07000000	

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

TN 372082206

NASHVILLE

TN0020575 033 G
PERMIT NUMBER DISCHARGE NUMBER

	MONITORING	PE	RIOD
	MM/DD/YYYY		MM/DD/YYYY
FROM	06/01/2021	то	06/30/2021

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				NO.	FREQUENCY	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	2.57	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	0.408	0.776		*****	*****	*****	****			
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	2	*****		*****	*****	*****	****			
84165 1 0	PERMIT	Req. Mon.		Y=1;N=0						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****	1	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	07/10/2021
	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 VIOL	ATIONS (Reference all attachments here)		•	•

CENTRAL WASTEWATER TREATMENT PLANT CSO - 035 - DRIFTWOOD

			i			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					1	
6					1	
7						
8					1	
9					1	
10					1	
11					1	
12					1	
13						
14						
15						NO DISCHARGE FOR THIS SITE FOR THIS MONTH
16						
17						
18						
19						
20						
21					1	
22						
23						
24						
25						
26						
27						
28						
29						
30						
TOTAL	0.000	0	0.00	0.00	8	
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	0.000	0	0.00	0.00	8	
COONT	<u> </u>		<u> </u>			I

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

MONITORING PERIOD

06/01/2021 то

	i oiiii Appioved
	OMB NO. 2040-0004
DMR Mailing ZIP CODE: 372082206	

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

TN0020575
PERMIT NUMBER

MM/DD/YYYY

035 G
DISCHARGE NUMBER

MM/DD/YYYY

06/30/2021

MAJOR \$
(SUBR 04)
DRIFTWOOD MI 192.0 CSO
External Outfall

NO DISCHARGE [X]

NASHVILLE TN 372082206
ATTN: MR. SCOTT POTTER

PARAMETER		QUA	NTITY OR LO	DADING		QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PANAMETER							ı		NO.	OF ANALYSIS	TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX		
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										Ī
	MEASUREMENT	#DIV/0!	0.000		*****	*****	*****	****			
50050 1 0	PERMIT	Req. Mon.	Req. Mon.	Mgal/d						Daily When	T
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX		*****	*****	*****	****		Discharging	CONTIN
Rainfall events with no discharge	SAMPLE			,							Ī
	MEASUREMENT	8	*****		*****	*****	*****	****			
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	1
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	07/10/2021
	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 VIOLA	ATIONS (Reference all attachments here)			

CENTRAL WASTEWATER TREATMENT PLANT CSO - 047 - BOSCOBEL

		Number of	Rainfall	Rain Duration	Number of	
	Effluent	Discharges	causing a	causing a	Rain Events	
DATE	Flow MGD	from Outfall	Discharge Inches	Discharge Hours	Not causing a Discharge	Reason for Bypassing
DAIL	MGD	Outian	inches	Hours	a Discharge	Neason to bypassing
1			0.01	1.00		
2	0.036	1	1.51	13.00		Rain, Overflow Duration = 1.25 hours
3						
4						
5						
6					1	
7					1	
8			0.01	1.00		
9	0.008	1	0.42	5.00		Rain, Overflow Duration = 0.17 hours
10	0.015	1	0.61	2.00		Rain, Overflow Duration = 0.17 hours
11	0.128		1.17	4.00		Rain, Overflow Duration = 0.42 hours
12						
13						
14						
15						
16						
17						
18						
19						
20					- 1	
21					1	
22						
24						
25						
26						
27						
28						
29					1	
30					1	
- ~						
	l		ļ			
TOTAL	0.187	3	3.73	26.00	4	
AVG	0.047	1	0.62	4.33	1	
MAX	0.128	1	1.51	13.00	1	
MIN	0.008	1	0.01	1.00	1	
COUNT	4	3	6	6	4	
COUNT		<u> </u>	<u> </u>			

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

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

06/01/2021 TO 06/30/2021

MONITORING PERIOD

DMR	Mailing	ZIP	CODE:	372082206

Form Approved OMB NO. 2040-0004

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

TN0020575 PERMIT NUMBER

FROM

MM/DD/YYYY

047 G DISCHARGE NUMBER

MM/DD/YYYY

MAJOR (SUBR 04) BOSCOBEL MI 192.6 CSO

External Outfall

NO DISCHARGE []

LOCATION 1600 2ND AVENUE NORTH NASHVILLE TN 372082206

FACILITY NASHVILLE-CENTRAL STP

ATTN: MR. SCOTT POTTER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			T		SAMPLE	
PARAMETER		23			45.12.1.1.5.1.5.1.15.1.15.1.15.1			NO.	FREQUENCY		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE										
	MEASUREMENT	26.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.		hr						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	3.73	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	0.047	0.128		*****	*****	*****	****			
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	*****		*****	*****	*****	****			
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			
DIDECTOR	submitted. Based on my inquiry of the person or persons who manage the system,		000 4504	07/40/0004
DIRECTOR	or those persons directly responsible for gathering the information, the information		615 862-4591	07/10/2021
	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 VIOLA	TIONS (Reference all attachments here)			