Number of

Rainfall

CENTRAL WASTEWATER TREATMENT PLANT CSO - 019 - KERRIGAN

Rain Duration Number of

		Number of	i valiliali	Main Durauon	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					1	
3						
4						
5						
6						
7					1	
8					1	
9						
10						
11						
12						
13						
14						
15						
16						
17	0.22	1	0.32	1.00		Rain, Overflow Duration = 1.45 hours
18						·
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
TOTAL	0.22	1	0.32	1.00	3	
AVG	0.22	1	0.32	1.00	1	
MAX	0.22	1	0.32	1.00	1	
MIN	0.22	1	0.32	1.00	1	
COUNT	1.00	1	1	1	3	
COONT	1.00		<u>'</u>	'		J

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

MONITORING PERIOD

06/01/2022 то

MM/DD/YYYY

F	orm Approved
OMB N	IO. 2040-0004

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

TN0020575 PERMIT NUMBER

FROM

019 G DISCHARGE NUMBER

MM/DD/YYYY

06/30/2022

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

DMR Mailing ZIP CODE: 372082206

NO DISCHARGE []

LOCATION 1600 2ND AVENUE NORTH NASHVILLE ATTN: MD 65 TN 372082206

NASHVILLE-CENTRAL STP

FACILITY

84165 1 0

Effluent Gross

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO.	FREQUENCY	SAMPLE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE					i i					
	MEASUREMENT	1.00	*****		*****	*****	*****	****			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	****		Daily When Discharging	CALCTD
Rainfall	SAMPLE MEASUREMENT	0.32	*****		*****	*****	*****	***			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	***		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE MEASUREMENT	0.223	0.223		*****	*****	*****	***			
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	3.00	*****		*****	*****	****	***			
51407 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	****	*****	****	***		Daily When Discharging	CALCTD
Discharge event observation	SAMPLE MEASUREMENT	1.00	*****		****	*****	****	***			

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	07/10/2022
	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 VIOL	ATIONS (Reference all attachments here)			

Y=1;N=0

Req. Mon.

MO TOTAL

PERMIT

REQUIREMENT

Daily When

Discharging

CALCTD

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	i	1		a Discharge	Reason for Bypassing
DATE	MGD	Outfall	Inches	Hours	a Discharge	Neason for bypassing
1						
2	0.015	1	0.09	2.00		Rain, Overflow Duration = 0.25 hours
3	0.0.0		0.00			
4						
5						
6			0.02	1.00		
7	0.001	1	0.55	6.00		Rain, Overflow Duration = 0.25 hours
8						
9						
10						
11						
12						
13						
14						
15						
16						
17					1	
18						
19						
20 21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
TOTAL	0.016	2	0.66	9.00	1	
AVG	0.008	1	0.22	3.00	1	
MAX	0.015	1	0.55	6.00	1	
MIN	0.001	1	0.02	1.00	1	
COUNT	2	2	3	3	1	

PERMITTEE NAME/ADDRESS	(Include Facilit	v Name/Location	if different

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

MONITORING PERIOD

06/01/2022 то

	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

TN0020575
PERMIT NUMBER
D

MM/DD/YYYY

023 G DISCHARGE NUMBER

MM/DD/YYYY

06/30/2022

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

NO DISCHARGE []

LUCATION	1000 ZIND AVENU	INORTH	
	NASHVILLE	TN 372082206	FROM
	R. 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										Ī
	MEASUREMENT	9.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.		hr						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	0.66	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	0.008	0.015		*****	*****	*****	****			
50050 1 0	PERMIT	Req. Mon.	Req. Mon.	Mgal/d						Daily When	İ
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX		*****	*****	*****	****		Discharging	CONTIN
Rainfall events with no discharge	SAMPLE										
	MEASUREMENT	1.00	*****		*****	*****	*****	****			
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	*****		*****	*****	*****	****		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	07/10/2022
	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
		•		

Number of

Rainfall

CENTRAL WASTEWATER TREATMENT PLANT CSO - 024 - WASHINGTON DC

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					1	
3						
4						
5						
6					1	
7					1	
8					1	
9						
10						
11						
12						
13						
14						
15						NO DISCHARGE FOR THIS SITE FOR THIS MONTH
16						
17					1	
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30					1	
	0.000		2 2 2 1	2.53		
TOTAL	0.000	0	0.00	9.00		
AVG	#DIV/0!	#DIV/0!	#DIV/0!			
MAX	0.000	0	0.00			
MIN	0.000	0	0.00			
COUNT	0	0	0	0	6	

PERMITTEE NAME/ADDRESS	(Include Facilit	v Name/Location	if different

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

LOCATION 1600 2ND AVENUE NORTH

NASHVILLE TN 372082206

ATTN: MR. SCOTT POTTER

FACILITY NASHVILLE-CENTRAL STP

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

TN0020575
PERMIT NUMBER

024G discharge number

	MONITORING PERIOD								
	MM/DD/YYYY		MM/DD/YYYY						
FROM	06/01/2022	то	06/30/2022						

Form Approved OMB NO. 2040-0004

DMR Mailing ZIP CODE: 372082206

MAJOR \$ (SUBR 04) EMH

WASHINGTON MI 190.4 CSO

External Outfall

NO DISCHARGE [X]

PARAMETER		QUA	ANTITY OR LO	DADING		QUALITY OR CO	NCENTRATIO	N	NO.	FREQUENCY	SAMPLE TYPE
FANAMETER						1	T .		4	1	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	ITPE
Rainfall duration	SAMPLE										
	MEASUREMENT	9.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.		hr		,				Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										T
	MEASUREMENT	0.00	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	1
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										T
	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										T
	MEASUREMENT	6	*****		*****	*****	*****	****			
51407 1 0	PERMIT	Req. Mon.		occur/mo						Daily When	1
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Discharge event observation	SAMPLE										T
	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,		1	
DIRECTOR	or those persons directly responsible for gathering the information, the information		615 862-4591	07/10/2022
	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 VIOL	ATIONS (Deference all ettechments have)			

2022

Jun

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						
2					1	
3						
4						
5						
6			0.01	1.00		
7	0.009	1	0.50	6.00		Rain, Overflow Duration = 0.42 hours
8			0.01	1.00		
9						
10						
11						
12						
13						
14						
15						
16	2.222		0.45			
17	0.002	1	0.17	1.00		Rain, Overflow Duration = 0.25 hours
18						
19						
20						
21						
22						
23 24						
25						
26						
27						
28						
29						
30						
			<u> </u>			
TOTAL	0.011	2	0.69	9.00	1	
AVG	0.006	1	0.17	2.25	1	
MAX	0.009	1	0.50	6.00	1	
MIN	0.002	1	0.01	1.00	1	
COUNT	2			4	1	

PERMITTEE NAME/ADDRESS	(Include Facilit	v Name/Location	if different

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

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

FROM

MM/DD/YYYY

06/01/2022 то

033 G DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY

06/30/2022

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	9.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.		hr						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****	İ	Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	0.69	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	***	İ	Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	0.006	0.009		*****	*****	*****	***			
50050 1 0	PERMIT	Req. Mon.	Req. Mon.	Mgal/d						Daily When	1
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX		*****	*****	*****	****	İ	Discharging	CONTIN
Rainfall events with no discharge	SAMPLE										
	MEASUREMENT	1	*****		*****	*****	*****	****			
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	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			
DIDECTOR	submitted. Based on my inquiry of the person or persons who manage the system,		0.45 0.00 4504	07/40/0000
DIRECTOR	or those persons directly responsible for gathering the information, the information		615 862-4591	07/10/2022
	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 ANIVAVIOL	ATIONO (D. C			

Number of

Rainfall

CENTRAL WASTEWATER TREATMENT PLANT CSO - 035 - DRIFTWOOD

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						
2					1	
3						
4						
5						
6					1	
7					1	
8					1	
9						
10						
11						
12						
13						
14						
15						NO DISCHARGE FOR THIS SITE FOR THIS MONTH
16						
17					1	
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30					1	
	ı					
TOTAL	0.000	0	0.00	0.00	5	
AVG	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	1	
MAX	0.000		0.00	0.00		
MIN	0.000	0	0.00	0.00		
COUNT	0.000		0.00	0.00		
COONT			<u> </u>	U		J

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

MONITORING PERIOD

06/01/2022 то

	Forn	n Approved
OMB	NO.	2040-0004

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

TN0020575
PERMIT NUMBER

MM/DD/YYYY

035 G DISCHARGE NUMBER

MM/DD/YYYY

06/30/2022

DMR Mailing ZIP CODE: 372082206 MAJOR \$ (SUBR 04) DRIFTWOOD MI 192.0 CSO External Outfall

NO DISCHARGE [X]

NASHVILLE	TN	372082206
ATTN: MR SCOTT POTTE	=R	

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	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	5	*****		*****	*****	*****	****			
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,		1	
DIRECTOR	or those persons directly responsible for gathering the information, the information		615 862-4591	07/10/2022
	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

2022

Jun

CENTRAL WASTEWATER TREATMENT PLANT CSO - 047 - BOSCOBEL

				i		
		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			Г	1		Г
2	0.010	1	0.20	2.00		Rain, Overflow Duration = 0.08 hours
3	0.010	1	0.20	2.00		Raili, Overliow Duration – 0.06 flours
4						
5						
6			0.04	2.00		
7	0.012	1	0.61	6.00		Rain, Overflow Duration = 0.25 hours
8	0.012	 	0.01	2.00		Train, Cromow Burdion 6.20 nours
9			0.04	2.00		
10						
11						
12						
13						
14						
15						
16						
17					1	
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30					1	
TOTAL	0.022	2	0.89	12.00	2	
AVG	0.011	1	0.22	3.00	1	
MAX	0.012	1	0.61	6.00	1	
MIN	0.010		0.04	2.00	1	
COUNT	2	2	4	4	2	

PERMITTEE NAME/ADDRESS	(Include Facilit	v Name/Location	if different

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

	Form Approved
	OMB NO. 2040-0004
Inilina ZID CODE: 272092206	

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

TN0020575 047 G PERMIT NUMBER DISCHARGE NUMBER

06/01/2022 то

06/30/2022

MM/DD/YYYY

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

FACILITY NASHVILLE-CENTRAL STP LOCATION 1600 2ND AVENUE NORTH

MONITORING PERIOD External Outfall MM/DD/YYYY

TN 372082206 NASHVILLE ATTN: MR. SCOTT POTTER

NO DISCHARGE []

PARAMETER		QUANTITY OR LOADING QUALITY OR CONCENTRATION)N	NO.	FREQUENCY	SAMPLE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE			,							1
	MEASUREMENT	12.00	*****		*****	*****	*****	****			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	****		Daily When Discharging	CALCTD
Rainfall	SAMPLE			,		·					
	MEASUREMENT	0.89	*****		*****	*****	*****	****		İ	İ
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	****	*****	*****	****		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	0.011	0.012		*****	*****	*****	****			
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	2	*****		****	*****	*****	****			
51407 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	****	*****	*****	****		Daily When Discharging	CALCTD
Discharge event observation	SAMPLE									1	T
	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 sumbitted is, to the best of my knowledge and belief, true, accurate, and complete.		615 862-4591	07/10/2022
	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 VIOL	ATIONS (Defended all other lower to be and)			