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	60.00		0.30	4.00		Rain, Overflow Duration = 24.00 hours
2	10.00					Rain, Overflow Duration = 2.77 hours
3						
4						
5						
6						
7						
8						
9						
10						
11					-	
12					1	
13					1	
14					1	
15					I	
16 17	20.00	1	1.62	11.00		Rain, Overflow Duration = 6.25 hours
18	10.00	- 1	0.13	4.00		Rain, Overflow Duration = 6.25 flours Rain, Overflow Duration = 3.67 hours
19	10.00		0.13	4.00	1	Raili, Overliow Duration – 5.07 flours
20						
21						
22						
23					1	
24					'	
25	12.00	1	1.27	10.00		Rain, Overflow Duration = 8.80 hours
26	12.00	<u>'</u>	1.27	10.00		Train, O'Chief Burduon Coo Hours
27	60.00	1	3.53	12.00		Rain, Overflow Duration = 9.70 hours
28	140.00	-	1.87	6.00		Rain, Overflow Duration = 24.00 hours
29	4.00			2.00		Rain, Overflow Duration = 0.87 hours
30			0.10	1.00		,
31	20.00	1	0.73	5.00		Rain, Overflow Duration = 4.13 hours
				- 30		
TOTAL	336.00	4	9.55	53.00	6	
AVG	37.33	1	1.19	6.63	1	
MAX	140.00	1	3.53	12.00	1	
MIN	4.00	1	0.10	1.00	1	
COUNT	9.00	4	8	8	6	
						J

PERMITTEE NAME/ADDRESS	(Include Facilit	ty Name/Location if differer	ıt)
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MONITORING PERIOD

03/01/2021 то

DMR Mailing ZIP CODE: 372082206

Form Approved OMB NO. 2040-0004

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

TN0020575 PERMIT NUMBER

FROM

MM/DD/YYYY

019 G DISCHARGE NUMBER

MM/DD/YYYY

03/31/2021

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

PARAMETER		QUA	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE										
	MEASUREMENT	53.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.								Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****	hr	*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	9.55	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE			,							
	MEASUREMENT	37.333	140.000		*****	*****	*****	****			
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	6.00	*****		*****	*****	*****	****			
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			
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	615 862-4591	04/10/2021	
	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	ATIONS (Reference all attachments here)			

Number of

Rainfall

CENTRAL WASTEWATER TREATMENT PLANT CSO - 023 - BENEDICT & CRUTCHER

	Effluent	Discharges	causing a	causing a	Rain Events	
	Flow	from	Discharge	Discharge	Not causing	
DATE	MGD	Outfall	Inches	Hours	a Discharge	Reason for Bypassing
DATE	Mab	Oddaii	IIICIICO	riouis	a Discharge	reductive bypassing
1	0.020		0.32	5.00		Rain, Overflow Duration = 3.00 hours
2						·
3						
4						
5						
6						
7						
8						
9						
10						
11						
12					1	
13					1	
14					1	
15					1	
16						
17	0.357	1	1.41	10.00		Rain, Overflow Duration = 5.17 hours
18	0.001		0.09	5.00		Rain, Overflow Duration = 0.50 hours
19						
20						
21						
22						
23						
24 25	1.262	1	1.12	9.00		Dain Overflow Downties - 2.02 hours
26	1.202	- 1	1.12	9.00		Rain, Overflow Duration = 3.92 hours
27	5.027	1	3.24	12.00		Rain, Overflow Duration = 8.67 hours
28	5.822	'	1.71	7.00		Rain, Overflow Duration = 6.07 Hours
29	3.622		1.71	7.00		Italii, Overnow Duration - 7.50 hours
30			0.06	1.00		
31	1.069	1	0.79	3.00		Rain, Overflow Duration = 1.92 hours
	1.000	'1	0.75	0.00		Train, Overnow Burdion 1.32 hours
TOTAL	13.558	4	8.74	52.00	4	
AVG	1.937	1	1.09	6.50	1	
MAX	5.822	1	3.24	12.00	1	
MIN	0.001	1	0.06	1.00	1	
COUNT	7	4		8	4	
303141				<u> </u>		I

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

000

FACILITY NASHVILLE-CENTRAL STP LOCATION 1600 2ND AVENUE NORTH

NASHVILLE TN 372082206
ATTN: MR. SCOTT POTTER

| MONITORING PERIOD | MM/DD/YYYY | MM/DD/YYYY | TO | 03/31/2021

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	52.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.		hr						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	8.74	*****		*****	*****	*****	****			
16529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****	İ	Discharging	CALCTD
low, in conduit	SAMPLE										
	MEASUREMENT	1.937	5.822		*****	*****	*****	****			
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	4.00	*****		*****	*****	*****	****			
51407 1 0	PERMIT	Req. Mon.		occur/mo						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Discharge event observation	SAMPLE										
	MEASUREMENT	4.00	*****		*****	*****	*****	****			
34165 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	04/10/2021
	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 - 024 - WASHINGTON DC

	Effluent	Number of Discharges	Rainfall	Rain Duration	Number of Rain Events	
	Flow	from	causing a Discharge	causing a Discharge	Not causing	
DATE	MGD	Outfall	Inches	Hours	a Discharge	Reason for Bypassing
DAIL	WIGD	Oddaii	IIICIICS	riouis	a Discharge	ricason of Dypassing
1	11.880		0.31	5.00		Rain, Overflow Duration = 21.23 hours
2	0.530					Rain, Overflow Duration = 0.27 hours
3						
4						
5						
6						
7						
8						
9						
10						
11						
12					1	
13					1	
14					1	
15					1	
16	2.242			10.00		
17	3.810	1	1.55	10.00		Rain, Overflow Duration = 1.25 hours
18	0.410		0.08	4.00		Rain, Overflow Duration = 0.57 hours
19					1	
20						
21						
22					4	
23 24					1	
25	6.690	1	1.48	9.00		Rain, Overflow Duration = 2.47 hours
26	0.000	-		0.00		
27	54.060	1	3.06	11.00		Rain, Overflow Duration = 10.63 hours
28	109.560		1.53	7.00		Rain, Overflow Duration = 24.00 hours
29	31.000			,,,		Rain, Overflow Duration = 24.00 hours
30	12.660		0.07	2.00		Rain, Overflow Duration = 18.65 hours
31	11.560		0.81	4.00		Rain, Overflow Duration = 5.87 hours
TOTAL	242.160	3	8.89	52.00	6	
AVG	24.216	1	1.11	6.50	1	
MAX	109.560	1	3.06	11.00	1	
MIN	0.410	1	0.07	2.00	1	
COUNT	10	3	8	8	6	

PERMITTEE NAME/ADDRESS	Include Facilit	y Name/Location	if different)
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MONITORING PERIOD

03/01/2021 то

DMR	Mailing	ZIP	CODE:	372082206

Form Approved OMB NO. 2040-0004

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

FACILITY NASHVILLE-CENTRAL STP

TN0020575
PERMIT NUMBER

MM/DD/YYYY

024G DISCHARGE NUMBER

MM/DD/YYYY

03/31/2021

MAJOR \$
(SUBR 04) EMH
WASHINGTON MI 190.4 CSO
External Outfall

NO DISCHARGE [x]

LOCATION 1600 2ND AVENUE NORTH

NASHVILLE TN 372082206

ATTN: MR. SCOTT POTTER

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE										
	MEASUREMENT	52.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.		hr						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	8.89	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	24.216	109.560		*****	*****	*****	****			
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	6	*****		*****	*****	*****	****			
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

IAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were	, , , , , , , , , , , , , , , , , , , ,	, i	
	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	04/10/2021
	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

Number of

Rainfall

CENTRAL WASTEWATER TREATMENT PLANT CSO - 033 - SCHRADER LANE

		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			0.33	4.00		
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12					1	
13					1	
14					1	
15					1	
16						
17	0.598	1	1.51	11.00		Rain, Overflow Duration = 3.75 hours
18	0.637	-	0.10	5.00		Rain, Overflow Duration = 6.25 hours
19	0.007		01.10	0.00	1	
20					-	
21						
22						
23					1	
24					<u>'</u>	
25	0.822	1	1.38	10.00		Rain, Overflow Duration = 1.92 hours
26	0.022	•	1.00	10.00		Train, Graniew Baraden 1.02 hours
27	13.033	1	3.61	12.00		Rain, Overflow Duration = 6.58 hours
28	34.797		1.85	6.00		Rain, Overflow Duration = 13.00 hours
29	34.737		1.00	0.00		Train, Overnow Buration – 15.50 hours
30			0.16	3.00		
31	2.529	1	0.10	4.00		Rain, Overflow Duration = 1.17 hours
31	2.329	ı	0.60	4.00		I Talli, Overliow Duration - 1.17 flours
	52.416	4	9.80	55.00	<u> </u>	
TOTAL	8.736	<u>4</u> 1	1.23	6.88	6	
AVG						4
MAX	34.797	1	3.61	12.00	1	
MIN	0.598	1	0.10	3.00	1	
COUNT	6	4	8	8	6	

PERMITTEE NAME/ADDRESS	Include Facilit	y Name/Location	if different)
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MONITORING PERIOD

03/01/2021 то

DMR	Mailing	ZIP	CODE:	372082206

Form Approved OMB NO. 2040-0004

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

TN0020575 PERMIT NUMBER

MM/DD/YYYY

033 G DISCHARGE NUMBER

MM/DD/YYYY

03/31/2021

MAJOR (SUBR 04) EMH SCHRADER LN MI 184.7 CSO **External Outfall**

NO DISCHARGE []

LOCATION 1600 2ND AVENUE NORTH

NASHVILLE TN 372082206

PARAMETER		QUA	ANTITY OR LO	DADING	QUALITY OR CONCENTRATION			NO. FREQUENCY		SAMPLE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE										
	MEASUREMENT	55.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.		hr						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	9.80	*****		*****	*****	*****	****	1		
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****	İ	Discharging	CALCTD
Flow, in conduit	SAMPLE					,					
	MEASUREMENT	8.736	34.797		*****	*****	*****	****			
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	6	*****		*****	*****	*****	****			
51407 1 0	PERMIT	Req. Mon.		occur/mo						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Discharge event observation	SAMPLE			_							
	MEASUREMENT	4	*****		*****	****	*****	****			
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		615 862-4591	04/10/2021
	sumbitted is, to the best of my knowledge and belief, true, accurate, and complete.		i	İ
	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 VI	OLATIONS (Reference all attachments here)			
1				

Number of

Rainfall

CENTRAL WASTEWATER TREATMENT PLANT CSO - 035 - DRIFTWOOD

		Number of	r van nan	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						
3						
4						
5						
6						
7						
8						
9						
10						
11					1	
12					1	
13						
14					1	
15						NO DISCHARGE FOR THIS SITE FOR THIS MONTH
16					1	
17					1	
18					1	
19						
20						
21						
22						
23						
24					1	
25						
26					1	
27					1	
28						
29					1	
30					1	
31						
	•					
TOTAL	0.000	0	0.00	0.00	11	
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	11	
						J

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

03/01/2021 то

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

FROM

MM/DD/YYYY

035 G DISCHARGE NUMBER

MM/DD/YYYY

03/31/2021

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

NO DISCHARGE [X]

FACILITY NASHVILLE-CENTRAL STP LOCATION 1600 2ND AVENUE NORTH

NASHVILLE TN 372082206

ATTN: MR. SCOTT POTTER

PARAMETER		QUA	NTITY OR LO	DADING		QUALITY OR CONCENTRATION			NO.	SAMPLE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE										T
	MEASUREMENT	0.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.		hr						Daily When	1
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										T
	MEASUREMENT	0.00	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
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	T
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX		*****	*****	*****	****		Discharging	CONTIN
Rainfall events with no discharge	SAMPLE										
	MEASUREMENT	11	*****		*****	*****	*****	****			
51407 1 0	PERMIT	Req. Mon.		occur/mo						Daily When	T
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Discharge event observation	SAMPLE										T
	MEASUREMENT	0	*****		*****	*****	*****	****			
84165 1 0	PERMIT	Req. Mon.		Y=1;N=0					İ	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,		1	
DIRECTOR	or those persons directly responsible for gathering the information, the information		615 862-4591	04/10/2021
	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	ATIONS (Reference all attachments here)			
1				

Number of

Rainfall

CENTRAL WASTEWATER TREATMENT PLANT CSO - 047 - BOSCOBEL

	Effluent	Discharges	causing a	causing a	Rain Events	
	Flow	from	Discharge	Discharge	Not causing	
DATE	MGD	Outfall	Inches	Hours	a Discharge	Reason for Bypassing
D, (. L	MGD	Gudan	monoo	riodio	a Diodriaigo	reason to Sypasoning
1	0.031		0.31	5.00		Rain, Overflow Duration = 1.25 hours
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12					1	
13					1	
14					1	
15					1	
16	0.100	4	4.55	10.00		D.: 0 (1 D .: 0001
17	0.169	1	1.55	10.00		Rain, Overflow Duration = 2.83 hours
18 19			0.08	4.00	1	
20					ı	
21						
22						
23					1	
24						
25	0.277	1	1.48	9.00		Rain, Overflow Duration = 2.42 hours
26	0.27	-		0.00		
27	1.558	1	3.06	11.00		Rain, Overflow Duration = 5.83 hours
28	2.310		1.53	7.00		Rain, Overflow Duration = 15.83 hours
29						·
30			0.07	2.00		
31	0.038	1	0.81	4.00		Rain, Overflow Duration = 0.83 hours
TOTAL	4.383		8.89	52.00	6	
AVG	0.731		1.11	6.50	1	
MAX	2.310	1	3.06	11.00	1	
MIN	0.031	1	0.07	2.00	1	
COUNT	6	4	8	8	6	

PERMITTEE NAME/ADDRESS (Includ	e Facility Name/Location if different)
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DMR Mailing ZIP CODE: 372082206

Form 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 047 G
PERMIT NUMBER DISCHARGE NUMBER

MAJOR \$
(SUBR 04)
BOSCOBEL MI 192.6 CSO
External Outfall

NO DISCHARGE []

	MONITORING PERIOD				
	MM/DD/YYYY		MM/DD/YYYY		
FROM	03/01/2021	то	03/31/2021		

ATTN: MR. SCOTT POTTER		QUANTITY OR LOADING QUALITY OR COM		NCENTRATIO	N			T			
PARAMETER							NO.	FREQUENCY	SAMPLE		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX OF ANALYSIS	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE										
	MEASUREMENT	52.00	*****		*****	*****	*****	****			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	****	hr	*****	****	****	****		Daily When Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	8.89	*****		*****	*****	*****	****			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	****	*****	****		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE	MIO TOTALE							_	Districting	- ONLOTE
ir iow, iii conduit	MEASUREMENT	0.731	2.310		*****	*****	*****	****			
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	6	*****		*****	*****	*****	****			
51407 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	****	****	*****	****		Daily When Discharging	CALCTD
Discharge event observation	SAMPLE										101111111111111111111111111111111111111
	MEASUREMENT	4	*****		*****	*****	*****	****			
84165 1 0	PERMIT	Req. Mon.		Y=1;N=0						Daily When	1
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		615 862-4591	04/10/2021
	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