Number of

Rainfall

# CENTRAL WASTEWATER TREATMENT PLANT CSO - 019 - KERRIGAN

		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						
3						
4						
5						
6						
7	0.52	1	0.59	4.00		Rain, Overflow Duration = 2.55 hours
8					1	
9					1	
10						
11						
12					1	
13						
14						
15						
16					1	
17						
18					1	
19						
20						
21						
22	30.63	1	1.31	6.00		Rain, Overflow Duration = 4.47 hours
23	30.54					Rain, Overflow Duration = 24.00 hours
24	0.30					Rain, Overflow Duration = 6.20 hours
25						·
26						
27						
28						
29						
30	16.74	1	1.04	4.00		Rain, Overflow Duration = 2.63 hours
31	0.90		0.04	4.00		Rain, Overflow Duration = 9.78 hours
<u> </u>	2.30					,
TOTAL	79.63	3	2.98	18.00	5	
AVG	13.27	1	0.75	4.50	1	
MAX	30.63		1.31	6.00	1	
MIN	0.30		0.04	4.00	1	
COUNT	6.00			4.00	5	
COONT	0.00			7		I

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

03/01/2022 то

Forr	n Approved
OMB NO	2040-0004

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

TN0020575 DISCHARGE NUMBER PERMIT NUMBER

MM/DD/YYYY

019 G

MM/DD/YYYY

03/31/2022

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

DMR Mailing ZIP CODE: 372082206

NO DISCHARGE []

LOCATION	1600 2ND AVE		
	NASHVILLE	TN 372082206	
ATTN: N	IR. SCOTT POT	TER	

PARAMETER		QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
FANAMETER			1		+	1	<u> </u>	1	NO. EX	OF ANALYSIS	TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		OI ANALISIS	
Rainfall duration	SAMPLE										1
	MEASUREMENT	18.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.								Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****	hr	*****	*****	*****	****	İ	Discharging	CALCTD
Rainfall	SAMPLE										Ī
	MEASUREMENT	2.98	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	13.271	30.630		*****	*****	*****	****			
50050 1 0	PERMIT	Req. Mon.	Req. Mon.	Mgal/d						Daily When	1
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX		*****	*****	*****	****		Discharging	CONTIN
Rainfall events with no discharge	SAMPLE										
	MEASUREMENT	5.00	*****		*****	*****	*****	****			
51407 1 0	PERMIT	Req. Mon.		occur/mo						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Discharge event observation	SAMPLE										
	MEASUREMENT	3.00	*****		*****	*****	*****	****			
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 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	04/10/2022
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 VIO	LATIONS (Reference all attachments here)			

Number of

Rainfall

# CENTRAL WASTEWATER TREATMENT PLANT CSO - 023 - BENEDICT & CRUTCHER

		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						
3						
4						
5						
6						
7	0.446	1	0.61	3.00		Rain, Overflow Duration = 0.83 hours
8					1	
9					1	
10						
11						
12					1	
13						
14						
15						
16					1	
17					1	
18					1	
19						
20						
21						
22	0.285	1	1.23	6.00		Rain, Overflow Duration = 5.33 hours
23	0.004					Rain, Overflow Duration = 1.92 hours
24						
25						
26						
27						
28						
29						
30	0.657	1	0.89	4.00		Rain, Overflow Duration = 3.25 hours
31	0.001		0.04	3.00		Rain, Overflow Duration = 0.50 hours
	•					
TOTAL	1.393	3	2.77	16.00	6	
AVG	0.279		0.69	4.00	1	
MAX	0.657	1	1.23	6.00	1	
MIN	0.001	1	0.04	3.00	1	
COUNT	5		4	4	6	
1				-		1

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

Form Appr	oved
OMB NO. 2040-	0004

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

TN0020575 PERMIT NUMBER 023 G DISCHARGE NUMBER DMR Mailing ZIP CODE: 372082206 MAJOR \$ (SUBR 04) BENEDICT & CRUTCHER 191.6 CSO

External Outfall

LOCATION 1600 2ND AVENUE NORTH

NASHVILLE TN 372082206

ATTN: MR. SCOTT POTTER

MONITORING PERIOD

MM/DD/YYYY MM/DD/YYYY

03/01/2022 TO 03/31/2022

NO DISCHARGE []

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	16.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.		hr						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE			'							
	MEASUREMENT	2.77	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	0.279	0.657		*****	*****	*****	****			
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	3.00	*****		*****	*****	*****	****			
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
•	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	04/10/2022
	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 VIOLATIONS (Reference all attachments here)

#### CENTRAL WASTEWATER TREATMENT PLANT CSO - 024 - WASHINGTON DC

	ľ					
		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	1	· · · · · · · · · · · · · · · · · · ·				1
2						
3						
4						
5						
6						
7	0.66	1	0.54	3.00		Isolated Rain, Overflow Duration = 0.57 hours
8	0.00	'	0.54	3.00	1	Isolatea Haili, Overliow Duration - 0.37 Hours
9					1	
10					<u>'</u>	
11						
12					1	
13						
14						
15						
16					1	
17					-	
18					1	
19						
20						
21						
22	4.56	1	1.23	6.00		Rain, Overflow Duration = 1.63 hours
23	0.53		0.01	1.00		Rain, Overflow Duration = 0.57 hours
24						
25						
26						
27						
28						
29						
30	3.44	1	1.03	4.00		Rain, Overflow Duration = 1.85 hours
31			0.04	3.00		Rain, Overflow Duration = 0.02 hours
TOTAL	9.190			9.00		
AVG	2.298		0.57			
MAX	4.560		1.23			
MIN	0.530		0.01			
COUNT	4	3	5	5	5	

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

024G DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 03/01/2022 то 03/31/2022

Form Approved OMB NO. 2040-0004

DMR Mailing ZIP CODE: 372082206

**MAJOR** (SUBR 04) EMH

WASHINGTON MI 190.4 CSO

External Outfall

NO DISCHARGE []

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	9.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.		hr						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										1
	MEASUREMENT	2.85	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	1
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	2.298	4.560		*****	*****	*****	***			
50050 1 0	PERMIT	Req. Mon.	Req. Mon.	Mgal/d						Daily When	1
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX		*****	*****	*****	****		Discharging	CONTIN
Rainfall events with no discharge	SAMPLE										1
	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			1
	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	04/10/2022
	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

# CENTRAL WASTEWATER TREATMENT PLANT CSO - 033 - SCHRADER LANE

		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						
3						
4						
5						
6					1	
7	0.985	1	0.66	4.00		Rain, Overflow Duration = 0.83 hours
8					1	
9					1	
10						
11						
12					1	
13						
14						
15						
16					1	
17						
18	0.013	1	0.32	4.00		Rain, Overflow Duration = 0.33 hours
19					1	
20						
21						
22	0.852	1	1.36	6.00		Rain, Overflow Duration = 3.42 hours
23	0.007					Rain, Overflow Duration = 0.17 hours
24						
25						
26						
27						
28						
29						
30	1.487	1	1.23	5.00		Rain, Overflow Duration = 2.50 hours
31			0.06	5.00		
TOTAL	3.344	4	3.63	24.00	6	
AVG	0.669	1	0.73	4.80	1	
MAX	1.487	1	1.36	6.00	1	
MIN	0.007	1	0.06	4.00	1	
COUNT	5	4	5	5	6	
						-

PERMITTEE NAME/ADDRESS	(Include Facility Name/Location if different,
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03/01/2022 то 03/31/2022

MONITORING PERIOD

	Forr	n App	proved
OMB	NΩ	2040	-0004

NAME	NASHVILLE-C	
ADDRESS	1600 2ND AVE	NUE NORTH
	NASHVILLE	TN 372082206

TN0020575 PERMIT NUMBER

MM/DD/YYYY

033 G DISCHARGE NUMBER

MM/DD/YYYY

DMR Mailing ZIP CODE: 372082206 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

FACILITY NASHVILLE-CENTRAL STP

PARAMETER	PARAMETER			DADING	'			NO.	D. 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.		hr						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE					'					
	MEASUREMENT	3.63	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in		'				Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE					,					
	MEASUREMENT	0.669	1.487		*****	*****	*****	****			
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	4	*****		*****	*****	*****	****			
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	04/10/2022
	sumbitted is, to the best of my knowledge and belief, true, accurate, and complete.			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 VIOLA	ATIONS (Reference all attachments here)		,	

Number of

Rainfall

# CENTRAL WASTEWATER TREATMENT PLANT CSO - 035 - DRIFTWOOD

Efficiency   Control   C			Number of	Raintali	Rain Duration	Number of	
DATE		Effluent	Discharges			Rain Events	
1		Flow	from	Discharge	Discharge	Not causing	
Total	DATE	MGD	Outfall	Inches	Hours	a Discharge	Reason for Bypassing
Total							,
3							
4							
S							
Color							
7							
B							
9						1	
10						1	
11						1	
12							
13							
14						1	
15							
16							
17							NO DISCHARGE FOR THIS SITE FOR THIS MONTH
18						1	
19							
20						1	
21							
22							
23							
24							
25						1	
26							
27							
28							
29							
30	28						
TOTAL   0.000   0   0.00   0.00   10   1	29						
TOTAL 0.000 0 0.00 0.00 10  AVG #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	30						
AVG         #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	31					1	
AVG         #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							
MAX         0.000         0         0.00         0.00         1           MIN         0.000         0         0.00         1	TOTAL						
MIN 0.000 0 0.00 0.00 1	AVG						
	MAX						
COUNT   0 0 0 0 10	MIN					-	
	COUNT	0	0	0	0	10	

MONITORING PERIOD

03/01/2022 то

DMR Mailing ZIP CODE: 372082206

Form Approved OMB NO. 2040-0004

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

TN0020575 PERMIT NUMBER

MM/DD/YYYY

035 G DISCHARGE NUMBER

MM/DD/YYYY

03/31/2022

MAJOR \$ (SUBR 04) DRIFTWOOD MI 192.0 CSO

**External Outfall** 

NO DISCHARGE [X]

NASHVILLE-CENTRAL STP **FACILITY** LOCATION 1600 2ND AVENUE NORTH

NASHVILLE TN TN 372082206

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						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	10	*****		*****	*****	*****	****			
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	04/10/2022
	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)

# 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						
3						
4						
5						
6						
7	0.009	1	0.54	3.00		Rain, Overflow Duration = 0.25 hours
8	0.003	'	0.04	0.00	1	Train, Overnow Burdion 0.20 nours
9					1	
10						
11						
12					1	
13						
14						
15						
16					1	
17						
18					1	
19						
20						
21						
22	0.030	1	1.23	6.00		Rain, Overflow Duration = 1.17 hours
23					1	
24						
25						
26						
27						
28						
29	0.000		1.00	4.00		D.: 0 (1 D .: 105)
30	0.026	1	1.03	4.00		Rain, Overflow Duration = 1.25 hours
31			0.04	3.00		
TOTAL	0.065	3	2.84	16.00	6	
TOTAL	0.005	1	0.71	4.00	1	
AVG	0.022	1	1.23	6.00	1	
MAX MIN	0.030	-	0.04	3.00	1	
COUNT	3			4	6	

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

03/01/2022 то

	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

FROM

MM/DD/YYYY

047 G DISCHARGE NUMBER

MM/DD/YYYY

03/31/2022

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

NO DISCHARGE []

LOCATION 1600 2ND AVENUE NORTH

NASHVILLE TN 372082206
ATTN: MR. SCOTT POTTER

QUANTITY OR LOADING QUALITY OR CONCENTRATION **PARAMETER** SAMPLE NO. FREQUENCY **TYPE** ΕX OF ANALYSIS **VALUE** VALUE UNITS **VALUE** VALUE VALUE UNITS Rainfall duration SAMPLE 16.00 \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\* MEASUREMENT hr 00135 1 0 Reg. Mon. Daily When PERMIT \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\* MO TOTAL \*\*\*\*\* CALCTD Effluent Gross Discharging REQUIREMENT Rainfall SAMPLE 2.84 \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\* MEASUREMENT 46529 1 0 Req. Mon. in Daily When PERMIT \*\*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\*\* Effluent Gross REQUIREMENT MO TOTAL Discharging CALCTD Flow, in conduit SAMPLE 0.022 0.030 \*\*\*\*\* \*\*\*\*\* \*\*\*\* MEASUREMENT Mgal/d 50050 1 0 PERMIT Req. Mon. Req. Mon. Daily When \*\*\*\*\* DAILY MX \*\*\*\*\* \*\*\*\*\* \*\*\*\* Effluent Gross MO AVG Discharging CONTIN REQUIREMENT Rainfall events with no discharge SAMPLE 6 \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\* MEASUREMENT Daily When 51407 1 0 PERMIT Req. Mon. occur/mo \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\* Effluent Gross MO TOTAL Discharging CALCTD REQUIREMENT Discharge event observation SAMPLE 3 \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\* MEASUREMENT 84165 1 0 Req. Mon. Y=1;N=0 Daily When PERMIT \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\* 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	04/10/2022			
	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)							
	,						