# CENTRAL WASTEWATER TREATMENT PLANT CSO - 019 - KERRIGAN

			5	5 . 5		
		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	0 = - 1			D : 0 # D # 0001
1	11.25	1	0.52	5.00		Rain, Overflow Duration = 3.38 hours
2	4.38		0.16	4.00		Rain, Overflow Duration = 4.17 hours
3	1.72	1	0.75	4.00		Rain, Overflow Duration = 3.62 hours
4						
5						
6						
7						
8						
9					1	
10					1	
11					1	
12					1	
13						
14						
15						
16			0.15	2.00		
17	2.11	1	0.55	8.00		Rain, Overflow Duration = 3.23 hours
18						
19						
20						
21					1	
22					1	
23						
24	5.63	1	0.86	4.00		Rain, Overflow Duration = 2.30 hours
25	9.53		0.24	2.00		Rain, Overflow Duration = 3.78 hours
26						·
27						
28						
29						
30						
31					1	
					'	
TOTAL	34.62	4	3.23	29.00	7	
AVG	5.77	1	0.46	4.14	1	
	11.25	1	0.46	8.00	1	
MAX	11.25	1	0.00	2.00	1	
MIN			7	2.00 7	7	
COUNT	6.00	4	/	/	/	

PERMITTEE NAME/ADDRESS	(Include Facilit	y Name/Location	if different)
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TN 372082206

NASHVILLE-CENTRAL STP

1600 2ND AVENUE NORTH

NASHVILLE

NAME

ADDRESS

### NATIONAL POLLULTANT DISCHARGE ELIMINATION SYSTEM ( $\ensuremath{\textit{NPDES}}\xspace$ )

MONITORING PERIOD

### DISCHARGE MONITORING REPORT (DMR)

MM/DD/YYYY

03/31/2023

TN0020575
PERMIT NUMBER

MM/DD/YYYY

03/01/2023 то

019 G DISCHARGE NUMBER DMR Mailing ZIP CODE: 372082206

MAJOR \$ (SUBR 04) EJM

KERRIGAN AT MI 190.4 CSO

External Outfall

NO DISCHARGE []

Form Approved

OMB NO. 2040-0004

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

PARAMETER		QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE										
	MEASUREMENT	29.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.								Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****	hr	*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	3.23	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	5.770	11.250		*****	*****	*****	****			
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	7.00	*****		*****	*****	*****	****			
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

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.			
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	04/10/2023
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
	prepared under my direction or supervision in accordance with a system designed 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. I am aware that there are significant penalties for submitting false information,	prepared under my direction or supervision in accordance with a system designed 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. I am aware that there are significant penalties for submitting false information, SIGNATURE OF PRINCIPAL EXECUTIVE	prepared under my direction or supervision in accordance with a system designed 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.  I am aware that there are significant penalties for submitting false information,  SIGNATURE OF PRINCIPAL EXECUTIVE  AREA

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

Number of Rainfall Rain Duration Number of

		Nulliber of	Railliail	Raili Duration	Nullibel 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	0.118	1	0.54	5.00		Rain, Overflow Duration = 1.17 hours
2			0.16	4.00		
3	0.081	1	0.76	4.00		Rain, Overflow Duration = 2.25 hours
4						,
5						
6						
7						
8						
9						
10						
11	0.001	1	0.36	5.00		Rain, Overflow Duration = 0.58 hours
12	0.001	· ·	0.27	5.00		Italii, Overnow Bulation = 0.00 hours
13			0.27	0.00		
14						
15						
16			0.09	2.00		
17	0.001	1	0.53	8.00		Rain, Overflow Duration = 1.83 hours
18	0.001	'	0.55	0.00		Italii, Overnow Buration = 1.05 hours
19						
20						
21					1	
22					1	
23					ı	
24	0.024	1	0.68	4.00		Rain, Overflow Duration = 1.75 hours
25	0.024	'	0.00	2.00		Rain, Overflow Duration = 1.75 hours
26	0.000		0.24	2.00		rtain, Overnow Daration – 2.00 Hours
27						
28						
29						
30						
31					1	
31		<u> </u>			1	
	0.004		2.62	20.00	0	
TOTAL	0.231	5	3.63	39.00	3	
AVG	0.039	1	0.40	4.33	1	
MAX	0.118	1	0.76	8.00	1	
MIN	0.001	1	0.09	2.00	1	
COUNT	6	5	9	9	3	

PERMITTEE NAME/ADDRESS	(Include Facilit	y Name/Location	if different)
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NASHVILLE-CENTRAL STP

TN 372082206

NASHVILLE-CENTRAL STP

1600 2ND AVENUE NORTH

### NATIONAL POLLULTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

	Forn	n Approved
OMB	NO	2040-0004

DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

03/01/2023 то

TN0020575
PERMIT NUMBER

FROM

MM/DD/YYYY

023 G DISCHARGE NUMBER

MM/DD/YYYY

03/31/2023

DMR Mailing ZIP CODE: 372082206

MAJOR \$ (SUBR 04)

BENEDICT & CRUTCHER 191.6 CSO

External Outfall

NO DISCHARGE []

NIA CLIVII I E	TNI	272002206
INASHVILLE	111	312002200
ALIN: MR SCOLLPOILE	~	

LOCATION 1600 2ND AVENUE NORTH

NASHVILLE

NAME

ADDRESS

FACILITY

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE										1
	MEASUREMENT	39.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.		hr						Daily When	1
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										1
	MEASUREMENT	3.63	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	0.039	0.118		*****	*****	*****	****			
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										1
	MEASUREMENT	3.00	*****		*****	*****	*****	****			
51407 1 0	PERMIT	Req. Mon.		occur/mo						Daily When	1
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Discharge event observation	SAMPLE			_							
	MEASUREMENT	5.00	*****		*****	*****	*****	****			
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	04/10/2023
	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 VIO	DLATIONS (Reference all attachments here)			

# CENTRAL WASTEWATER TREATMENT PLANT CSO - 024 - WASHINGTON DC

			_		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					1	
4					1	
5						
6						
7						
8						
9						
10					1	
11					1	
12					1	
13						
14						
15						
16					1	
17					1	
18						
19						
20						
21					1	
22					1	
23						
24			0.75	4.00		
25	1.09	1	0.25	2.00		Rain, Overflow Duration = 0.80 hours
26						
27						
28						
29						
30						
31					1	
TOTAL	1.090	1	1.00	6.00		
AVG	1.090	1	0.50			
MAX	1.090	1	0.75			
MIN	1.090	1	0.25			
COUNT	1	1	2	2	12	
500111	<u>'</u>				'-	1

PERMITTEE NAME/ADDRESS	(Include Facilit	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

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

NASHVILLE-CENTRAL STP LOCATION 1600 2ND AVENUE NORTH

NAME

FACILITY

NASHVILLE TN 372082206
ATTN: MR. SCOTT POTTER

TN0020575 PERMIT NUMBER

024G DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 03/01/2023 то 03/31/2023 DMR Mailing ZIP CODE: 372082206

MAJOR \$ (SUBR 04) EMH

WASHINGTON MI 190.4 CSO

External Outfall

NO DISCHARGE []

PARAMETER		QUA	ANTITY OR L	OADING		QUALITY OR CO	NCENTRATIO	N	NO.	FREQUENCY OF ANALYSIS	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX		TYPE
Rainfall duration	SAMPLE										
	MEASUREMENT	6.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.		hr						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	1.00	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	1.090	1.090		*****	*****	*****	****			
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	12	*****		*****	*****	*****	****			
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
COOTT A DOTTED			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	04/10/2023
	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 VIO	OLATIONS (Reference all attachments here)			-
i				

# CENTRAL WASTEWATER TREATMENT PLANT CSO - 033 - SCHRADER LANE

Number of Rainfall Rain Duration Number of

		Nulliber of	Railliail	Raili Duration	Nulliber 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	0.031	1	0.36	5.00		Rain, Overflow Duration = 0.58 hours
2			0.16	5.00		
3	0.060	1	0.75	4.00		Rain, Overflow Duration = 1.17 hours
4						
5						
6						
7						
8						
9						
10					1	
11	0.001	1	0.43	4.00		Rain, Overflow Duration = 0.17 hours
12			0.26	4.00		
13						
14						
15						
16			0.15	2.00		
17	0.041	1	0.58	9.00		Rain, Overflow Duration = 0.83 hours
18	0.0.1.					
19						
20						
21					1	
22					1	
23						
24	0.597	1	0.73	4.00		Rain, Overflow Duration = 1.58 hours
25	0.099	·	0.23	1.00		Rain, Overflow Duration = 1.00 hours
26	3.330		0.20			
27						
28						
29						
30						
31					1	
<u> </u>						
TOTAL	0.829	5	3.65	38.00	4	
TOTAL	0.629		0.41	4.22	1	♣
AVG	0.138		0.41		1	
MAX		1		9.00		1
MIN	0.001	1	0.15	1.00	1	1
COUNT	6	5	9	9	4	

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

DMR	Mailing	7IP	CODE:	372082206

Form Approved OMB NO. 2040-0004

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

NASHVILLE-CENTRAL STP LOCATION 1600 2ND AVENUE NORTH

FACILITY

TN 372082206 NASHVILLE TN

TN0020575 033 G PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 03/01/2023 то 03/31/2023 FROM

MAJOR \$ (SUBR 04) EMH SCHRADER LN MI 184.7 CSO

External Outfall

NO DISCHARGE []

PARAMETER		QUA	ANTITY OR L	DADING		QUALITY OR CO	NCENTRATIO	N	NO. FREQUENCY	SAMPLE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE										
	MEASUREMENT	38.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.		hr						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	3.65	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	0.138	0.597		*****	*****	*****	****			
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						<u> </u>				
	MEASUREMENT	5	*****		*****	*****	*****	****			
84165 1 0	PERMIT	Req. Mon.		Y=1;N=0						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****	I	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	04/10/2023
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 VIC	DLATIONS (Reference all attachments here)			-

# CENTRAL WASTEWATER TREATMENT PLANT CSO - 035 - DRIFTWOOD

Number of Rainfall Rain Duration Number of

		Nulliber of	Railliali	Raili Duration	Nullibel 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					1	
4						
5						
6						
7						
8						
9					1	
10					'	
11					1	
12					1	
13					<u>'</u>	
14						
15						NO DISCHARGE FOR THIS SITE FOR THIS MONTH
16					1	NO DISCHARGET OR THIS SITE FOR THIS MONTH
17					1	
18					ı	
19						
20						
21					1	
22					1	
23					ı	
24					1	
25					1	
26					'	
27						
28						
29						
30						
31					1	
_ J I	ļ					
TOT::	0.000	0	0.00	0.00	10	
TOTAL	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	10	
AVG					1	
MAX	0.000	0		0.00	1	
MIN	0.000	0	0.00	0.00	1	
COUNT	0	0	0	0	10	

PERMITTEE NAME/ADDRESS	(Include Facilit	y Name/Location	if different)
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NASHVILLE-CENTRAL STP

TN 372082206

NASHVILLE-CENTRAL STP

1600 2ND AVENUE NORTH

### NATIONAL POLLULTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

### DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

03/01/2023 то

TN0020575 PERMIT NUMBER

MM/DD/YYYY

035 G DISCHARGE NUMBER

MM/DD/YYYY

03/31/2023

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

Form Approved OMB NO. 2040-0004

External Outfall

NO DISCHARGE [X]

NASHVILLE TN 372082206
ATTN: MR. SCOTT POTTER

LOCATION 1600 2ND AVENUE NORTH

NASHVILLE

NAME

ADDRESS

FACILITY

PARAMETER		QUA	ANTITY OR L	OADING	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 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	****		Daily When Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	0.00	*****		*****	*****	*****	***			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	****		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	#DIV/0!	0.000		*****	*****	*****	****			
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	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 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	04/10/2023
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 VIC	DLATIONS (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	0.004	1	0.37	5.00		Rain, Overflow Duration = 0.25 hours
2			0.19	4.00		
3	0.004	1	0.69	5.00		Rain, Overflow Duration = 0.25 hours
4					1	
5						
6						
7						
8						
9						
10	0.040	4	0.40	7.00	1	Daire Occarificate Describes and O.O. become
11	0.012		0.49	7.00		Rain, Overflow Duration = 0.08 hours
12	0.004		0.21	5.00		Rain, Overflow Duration = 0.08 hours
13 14						
15						
16			0.11	2.00		
17	0.011	1	0.11	8.00		Rain, Overflow Duration = 0.33 hours
18	0.011	'	0.37	8.00		Ivairi, Overnow Duration = 0.33 nours
19						
20						
21					1	
22					1	
23					<u> </u>	
24	0.088	1	0.75	4.00		Rain, Overflow Duration = 1.08 hours
25	0.070		0.25	2.00		Rain, Overflow Duration = 0.92 hours
26						
27						
28						
29						
30						
31	0.003	1	0.20	6.00		Rain, Overflow Duration = 0.08 hours
TOTAL	0.196	6	3.83	48.00	4	
AVG	0.025	1	0.38	4.80	1	
MAX	0.088		0.75	8.00	1	
MIN	0.003	1	0.11	2.00	1	
COUNT	8	6	10	10	4	

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

TN 372082206

NASHVILLE-CENTRAL STP

1600 2ND AVENUE NORTH

NASHVILLE

NAME

ADDRESS

## NATIONAL POLLULTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

## DISCHARGE MONITORING REPORT (DMR)

TN0020575 PERMIT NUMBER

047 G DISCHARGE NUMBER DMR Mailing ZIP CODE: 372082206 **MAJOR** \$

(SUBR 04) BOSCOBEL MI 192.6 CSO External Outfall

NO DISCHARGE []

Form Approved

OMB NO. 2040-0004

FACILITY NASHVILLE-CENTRAL STP	MONITO	RING PERIOD
LOCATION 1600 2ND AVENUE NORTH	MM/DD/YYYY	MM/DD/YYYY
NASHVILLE TN 372082206	FROM 03/01/20	023 то 03/31/2023
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	48.00	*****		*****	*****	*****	****			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	****	***		Daily When Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	3.83	*****		*****	*****	*****	****			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	****	in	****	****	*****	***		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	0.025	0.088		*****	*****	*****	****			
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		B/ (IET 10)/C							Diconarging	CONTIN
_	MEASUREMENT	4	*****		*****	*****	*****	***			
51407 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	****	occur/mo	****	****	*****	***		Daily When Discharging	CALCTD
Discharge event observation	SAMPLE									1	
	MEASUREMENT	6	*****		*****	*****	*****	****			
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		TEELTHONE	DATE.
	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	04/10/2023
	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 VIC	LATIONS (Reference all attachments here)			