Number of

Rainfall

# CENTRAL WASTEWATER TREATMENT PLANT CSO - 019 - KERRIGAN

	Effluent	Discharges	Raintail	causing a	Rain Events	
			causing a			
DATE	Flow	from	Discharge 	Discharge	Not causing	Danasa far Danasaina
DATE	MGD	Outfall	Inches	Hours	a Discharge	Reason for Bypassing
1	0.01	1	0.38	2.00		Rain, Overflow Duration = 0.60 hours
2	0.01	·	0.00	2.00	1	Train, Graniew Baration 6.00 hours
3						
4						
5					1	
6					1	
7					1	
8						
9						
10						
11						
12 13						
14						
15						
16						
17						
18						
19						
20						
21	0.03	1		4.00		Rain, Overflow Duration = 1.37 hours
22			0.48	4.00		
23					1	
24	0.37	1	0.48	3.00		Rain, Overflow Duration = 1.38 hours
25	4.45		0.79 0.21	6.00 6.00		Rain, Overflow Duration = 4.85 hours
26 27			0.21	6.00		
28						
29						
30						
31						
TOTAL	4.86	3	2.79	25.00	5	
AVG	1.22	1	0.47	4.17	1	
MAX	4.45		0.79	6.00	1	
MIN	0.01	1	0.21	2.00	1	
COUNT	4.00	3	6	6	5	

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

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

Form Appro	ved
OMB NO. 2040-0	0004

NAME	NASHVILLE-CENT	
ADDRESS	1600 2ND AVENUE	NORTH
	NASHVILLE	TN 372082206

TN0020575 PERMIT NUMBER

019 G DISCHARGE NUMBER

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

**DMR Mailing ZIP CODE:** 372082206

NO DISCHARGE []

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

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 05/01/2022 то 05/31/2022

ATTN: MR. SCOTT POTTER	T		NTITY OR LO	ADING		QUALITY OR CO	NCENTRATIO	NI .	1		1
PARAMETER		QUA	MIIII OR LC	DADING		QUALITY OR CO	NCENTRATIO	N	NO.	FREQUENCY	SAMPLE
TAINMETER			1			T			EX.	OF ANALYSIS	TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	-^	OI ANALISIS	
Rainfall duration	SAMPLE										
	MEASUREMENT	25.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.								Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****	hr	*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	2.79	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	1.216	4.454		*****	*****	*****	****			
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	5.00	*****		*****	*****	*****	****			
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

TYPED OR PRINTED  COMMENT AND EXPLANATION OF ANY VIOLE	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
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	06/10/2022
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  SCOTT A. POTTER	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

2022

Number of

Rainfall

May

# 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	Mad	Guuan	monos	riouis	a Discharge	Troubbill by passing
1	0.001	1	0.48	2.00		Rain, Overflow Duration = 0.58 hours
2					1	·
3						
4						
5	0.007	1	0.16	4.00		Rain, Overflow Duration = 0.58 hours
6			0.14	5.00		
7					1	
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20			0.10			
21	0.028	1	0.40	4.00		Rain, Overflow Duration = 1.33 hours
22	0.011		0.41	4.00		Rain, Overflow Duration = 1.75 hours
23	0.010	4	0.04	4.00	1	D.: 0 (1 D 0 C7)
24	0.019	1	0.31	4.00		Rain, Overflow Duration = 0.67 hours
25	0.028 0.001		0.79 0.17	6.00 3.00		Rain, Overflow Duration = 3.33 hours
26 27	0.001		0.17	3.00		Rain, Overflow Duration = 0.67 hours
28						
29						
30						
31						
	<u> </u>					
TOTAL	0.095	4	2.86	32.00	3	
AVG	0.014	1	0.36	4.00	1	
MAX	0.028	1	0.79	6.00	1	
MIN	0.001	1	0.14	2.00	1	
COUNT	7	4	8	8	3	
333111						I

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

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

For	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

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

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 05/01/2022 то 05/31/2022

NO DISCHARGE []

						4					,
NASHVILLE TN 3	372082206		FROM	05/01/2022 то	05/31/2022	J					
ATTN: MR. SCOTT POTTER  PARAMETER			NTITY OR L	OADING		QUALITY OR CO	NCENTRATIO	N	NO.	FREQUENCY	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE										
	MEASUREMENT	32.00	*****		*****	*****	*****	****			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	***		Daily When Discharging	CALCTD
Rainfall	SAMPLE MEASUREMENT	2.86	*****		*****	****	****	***			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	***		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE MEASUREMENT	0.014	0.028		*****	*****	****	***			
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	4.00	*****		****	*****	*****	***			
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		615 862-4591	06/10/2022
	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 VIOL	ATIONS (Reference all attachments here)			

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

	-					
		Number of	Rainfall	Rain Duration	Number of	
	Effluent	Discharges	causing a	causing a	Rain Events	;
l	Flow	from	Discharge	Discharge	Not causing	j
DATE	MGD	Outfall	Inches	Hours	a Discharge	
						_
1					1	1
2					1	
3					1	
4						$\dot{\dashv}$
5					1	1
6					1	
7					1	_
					I	긔
8						4
9						$\dashv$
10						_
11						
12						_]
13					1	1
14						ヿ
15						┪
16						$\dashv$
17						$\exists$
18						$\dashv$
19		+				-
20						_
					1	1
21						
22					1	
23					1	
24					1	_
25					1	
26					1	1
27						
28						
29						╛
30						┪
31						$\neg$
<del>- `                                   </del>						-
TOTAL	0.000	0	0.00	9.00		_
TOTAL	#DIV/0!	#DIV/0!	#DIV/0!	9.00		_
AVG						_
MAX	0.000	0	0.00			_
MIN	0.000	0	0.00	_	, -	_
COUNT	0	0	0	0	13	3

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

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

Form Approved
OMB NO 2040-0004

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

TN 372082206

FACILITY NASHVILLE-CENTRAL STP

LOCATION 1600 2ND AVENUE NORTH

NASHVILLE

TN0020575 PERMIT NUMBER

024G DISCHARGE NUMBER DMR Mailing ZIP CODE: 372082206 **MAJOR** (SUBR 04) EMH WASHINGTON MI 190.4 CSO External Outfall

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 05/01/2022 то 05/31/2022

NO DISCHARGE [X]

ATTN: MR. SCOTT POTTER			NTITY OR LO	DADING	QUALITY OR CONCENTRATION						
PARAMETER								= =	NO.	FREQUENCY	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE										
	MEASUREMENT	9.00	*****		*****	*****	*****	****			
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	13	*****		*****	*****	*****	***			
51407 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	*****	*****	*****	***		Daily When Discharging	CALCTD
Discharge event observation	SAMPLE										1
	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	06/10/2022
	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 VIO	ATIONS (Reference all attachments here)			

Number of

Rainfall

# CENTRAL WASTEWATER TREATMENT PLANT CSO - 033 - SCHRADER LANE

	Effluent	Discharges	causing a	causing a	Rain Events	
	Flow	from	Discharge	Discharge	Not causing	
DATE	MGD	Outfall	Inches	Hours	a Discharge	Reason for Bypassing
DAIL	MGD	Outiali	inches	nouis	a Discharge	Neason for Dypassing
1	0.135	1	0.42	2.00		Rain, Overflow Duration = 1.17 hours
2			-		1	
3						
4						
5					1	
6					1	
7					1	
8						
9						
10						
11 12						
13						
14						
15						
16						
17						
18						
19						
20						
21			0.51	4.00		
22	0.051	1	0.60	4.00		Rain, Overflow Duration = 0.67 hours
23	0.554		0.40	0.00	1	
24	0.554	1	0.48	3.00		Rain, Overflow Duration = 0.67 hours
25 26	0.719		0.69 0.39	9.00 6.00		Rain, Overflow Duration = 1.08 hours
27			0.39	0.00		
28						
29						
30						
31						
TOTAL	1.459	3		28.00	5	
AVG	0.365	1	0.52	4.67	1	
MAX	0.719		0.69	9.00	1	
MIN	0.051	1	0.39	2.00	1	
COUNT	4	3	6	6	5	

PERMITTEE NAME/ADDRESS	(Include Facility Name/Location if differe	nt)
------------------------	--	-----

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

MONITORING PERIOD

05/01/2022 то

MM/DD/YYYY

FROM

	Forr	n App	proved
OMB	NΩ	2040	-0004

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

 AVENUE NORTH
 TN0020575

 LE
 TN 372082206
 PERMIT NUMBER

033 G DISCHARGE NUMBER

MM/DD/YYYY

05/31/2022

DMR Mailing ZIP CODE: 372082206
MAJOR \$
(SUBR 04) EMH
SCHRADER LN MI 184.7 CSO

**External Outfall** 

NO DISCHARGE []

FACILITY NASHVILLE-CENTRAL STP
LOCATION 1600 2ND AVENUE NORTH
NASHVILLE TN 372082206
ATTN: MR SCOTT POTTER

		QUA	NTITY OR LO	DADING		QUALITY OR COI	NCENTRATIO	V			
PARAMETER									NO.	FREQUENCY	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE										
	MEASUREMENT	28.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.		hr						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	3.09	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	0.365	0.719		*****	*****	*****	****			
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	3	*****		*****	*****	*****	****			1
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,		İ	
DIRECTOR	or those persons directly responsible for gathering the information, the information		615 862-4591	06/10/2022
	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 VIO	LATIONS (Reference all attachments here)	•	· ·	•

### CENTRAL WASTEWATER TREATMENT PLANT CSO - 035 - DRIFTWOOD

		Number of	Rainfall	Rain Duration	Number of	
	Effluent	Discharges	causing a	causing a	Rain Events	
	Flow	from	Discharge	Discharge	Not causing	
DATE	MGD	Outfall	Inches	Hours	a Discharge	Reason for Bypassing
_	,					
1					1	
2					1	
3						
4						
5					1	
6					1	
7					1	
8						
9						
10						
11						
12						
13						
14						
15						NO DISCHARGE FOR THIS SITE FOR THIS MONTH
16						
17						
18						
19						
20						
21					1	
22					1	
23					1	
24					1	
25					1	
26					1	
27						
28						
29						
30						
31						
	,					
TOTAL	0.000		0.00	0.00	9	
AVG	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	1	
MAX	0.000	0	0.00	0.00	1	
MIN	0.000		0.00	0.00	1	
COUNT	0	0	0	0	9	

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

DMR Mailing ZIP CODE: 372082206

Form Approved OMB NO. 2040-0004

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

NASHVILLE-CENTRAL STP LOCATION 1600 2ND AVENUE NORTH

NASHVILLE TN 372082206 ATTN: MR. SCOTT POTTER

**FACILITY** 

035 G TN0020575 PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 05/01/2022 то 05/31/2022 MAJOR \$ (SUBR 04) DRIFTWOOD MI 192.0 CSO

**External Outfall** 

NO DISCHARGE [X]

PARAMETER		QUA	NTITY OR LO	DADING		QUALITY OR CONCENTRATION				FREQUENCY	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			'							1
	MEASUREMENT	0.00	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	1
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										1
	MEASUREMENT	#DIV/0!	0.000		*****	*****	*****	****			
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	9	*****		*****	*****	*****	****			
51407 1 0	PERMIT	Req. Mon.		occur/mo						Daily When	1
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	T
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,			
DIRECTOR	or those persons directly responsible for gathering the information, the information		615 862-4591	06/10/2022
	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
COLUMENT AND EVEN ANIATION OF ANIVOVIOL				,

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

Number of

Rainfall

# CENTRAL WASTEWATER TREATMENT PLANT CSO - 047 - BOSCOBEL

		Number of	Kainfali	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					1	
2					1	
3					1	
4	2.212		2.12			
5	0.016	1	0.10	4.00		Rain, Overflow Duration = 0.33 hours
6			0.29	6.00		
7					1	
8						
9						
10						
11						
12						
13					1	
14						
15						
16						
17						
18						
19						
20						
21	0.005	1	0.39	4.00		Rain, Overflow Duration = 0.33 hours
22	0.004		0.40	4.00		Rain, Overflow Duration = 0.08 hours
23					1	
24	0.004		0.30	5.00		Rain, Overflow Duration = 0.17 hours
25	0.028		0.85	7.00		Rain, Overflow Duration = 0.67 hours
26			0.21	7.00		
27						
28						
29						
30						
31						
TOTAL	0.057	3		37.00		
AVG	0.011	1	0.36	5.29	1	
MAX	0.028		0.85	7.00		
MIN	0.004		0.10	4.00		
COUNT	5	3	7	7	6	

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

05/01/2022 то

MM/DD/YYYY

	Forr	n Approved
OMB	NΟ	2040-0004

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

TN0020575 PERMIT NUMBER

047 G DISCHARGE NUMBER

MM/DD/YYYY

05/31/2022

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

External Outfall

NO DISCHARGE []

FACILITY	NASHVILLE-CE	NTRAL STP	
LOCATION	1600 2ND AVE	NUE NORTH	
	NASHVILLE	TN 372082206	
ATTN: N	IR. SCOTT POTT	TER	

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO.	FREQUENCY	SAMPLE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE										T
	MEASUREMENT	37.00	*****		*****	*****	*****	****			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	****	****		Daily When Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	2.54	*****		*****	*****	*****	****			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	****		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	0.011	0.028		*****	*****	*****	****			
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	Ί
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Discharge event observation	SAMPLE										Ί
	MEASUREMENT	3	*****		*****	*****	*****	****			
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		615 862-4591	06/10/2022
	sumbitted is, to the best of my knowledge and belief, true, accurate, and complete.			1
	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	LATIONS (Reference all attachments here)	,		
1	,			