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

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

MONITORING PERIOD

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 019 G DISCHARGE NUMBER

MM/DD/YYYY 11/30/2020 MAJOR \$
(SUBR 04) EJM
KERRIGAN AT MI 190.4 CSO
External Outfall

NO DISCHARGE []

FACILITY NASHVILLE-CENTRAL STP LOCATION 1600 2ND AVENUE NORTH

LOCATION 160		IE NORTH		MM/DD/YYYY		ı
NAS	SHVILLE	TN 372082206	FROM	11/01/2020	то	Ī
ATTN: MR. S		R			•	

PARAMETER		QUA	NTITY OR LC	ADING		QUALITY OR CO	NCENTRATION	١	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.								Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****	hr	*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE					'					
	MEASUREMENT	0.00	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in		'				Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****	İ	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	7.00	*****		*****	*****	*****	****			
51407 1 0	PERMIT	Req. Mon.		occur/mo						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Discharge event observation	SAMPLE			_							
	MEASUREMENT	0.00	*****		*****	*****	*****	****			
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						
DIDECTOR	submitted. Based on my inquiry of the person or persons who manage the system,	045 000 4504	40/40/0000				
DIRECTOR	or those persons directly responsible for gathering the information, the information	615 862-4591	12/10/2020				
	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 - 023 - BENEDICT & CRUTCHER

		Number of	Rainfall	Rain Duration	Number of	
	Effluent	Discharges	causing a	causing a	Rain Events	
	Flow	from	Discharge	Discharge	Not causing	
DATE	MGD	Outfall	Inches	Hours	a Discharge	Reason for Bypassing
1						
2						
3						
4						
5						
6						
7						
8						
9					4	
10					1	
11					1	
12						
13 14						
15	0.001	1	0.20	4.00		Dain Overflow Divinition - 0.42 hours
16	0.001		0.29	4.00		Rain, Overflow Duration = 0.42 hours
17						
18						
19						
20						
21						
22					1	
23					<u>'</u>	
24						
25					1	
26					<u>'</u>	
27					1	
28					<u> </u>	
29					1	
30					1	
					<u> </u>	
TOTAL	0.001	1	0.29	4.00	7	
AVG	0.001	1	0.29	4.00	1	
MAX	0.001	1	0.29	4.00	1	
MIN	0.001	1	0.29	4.00	1	
COUNT	1	1	1	1	7	

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

023 G

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 372082206

DMR Mailing ZIP CODE: 37208220 MAJOR \$

BENEDICT & CRUTCHER 191.6 CSO

External Outfall

(SUBR 04)

NO DISCHARGE []

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

PERMIT NUMBER

ATTN: MR. SCOTT POTTER

PARAMETER		QUA	NTITY OR LO	DADING		QUALITY OR CO	NCENTRATION	ı	NO.	FREQUENCY	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE										
	MEASUREMENT	4.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.		hr						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****	İ	Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	0.29	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****	İ	Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	0.001	0.001		*****	*****	*****	****			
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	1.00	*****		*****	*****	*****	****			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,			
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	12/10/2020	
	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	TTIONS (Reference all attachments here)			

CENTRAL WASTEWATER TREATMENT PLANT CSO - 024 - WASHINGTON DC

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

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

MONITORING PERIOD

11/01/2020 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

024G DISCHARGE NUMBER

MM/DD/YYYY

11/30/2020

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

NO DISCHARGE [x]

FACILITY NASHVILLE-CENTRAL STP 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	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	9	*****		*****	*****	*****	****			
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	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		TEEETHONE	BALL
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 sumbitted is, to the best of my knowledge and belief, true, accurate, and complete.		615 862-4591	12/10/2020
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

Number of

Rainfall

CENTRAL WASTEWATER TREATMENT PLANT CSO - 033 - SCHRADER LANE

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

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

MONITORING PERIOD

11/01/2020 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

MM/DD/YYYY

033 G DISCHARGE NUMBER

MM/DD/YYYY

11/30/2020

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

External Outfall

NO DISCHARGE []

LOCATION 1600 2ND AVENUE NORTH

NASHVILLE TN 372082206

FACILITY NASHVILLE-CENTRAL STP

ATTN: MR. SCOTT POTTER

ATTN: MR. SCOTT POTTER											
DADAMETED		QU/	ANTITY OR LO	DADING		QUALITY OR CONCENTRATION					'
PARAMETER						T	1		NO.	FREQUENCY	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	OAMBI E	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	-		+
Railliaii duration	SAMPLE	0.00	***		*****						
	MEASUREMENT	0.00	*****	I	*****	*****	*****	****			
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	7	*****		*****	*****	*****	****			
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	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	12/10/2020
	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 VI	OLATIONS (Reference all attachments here)		•	•

Number of

Rainfall

CENTRAL WASTEWATER TREATMENT PLANT CSO - 035 - DRIFTWOOD

		Nulliber of	ı vallılalı	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					1	
11					1	
12						
13						
14						
15					1	NO DISCHARGE FOR THIS SITE FOR THIS MONTH
16						
17						
18						
19						
20						
21						
22					1	
23						
24						
25					1	
26						
27						
28						
29					1	
29 30					1	
TOTAL	0.000	0	0.00	0.00	7	
AVG	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	1	
MAX	0.000	0		0.00	1	
MIN	0.000	0		0.00	1	
COUNT	0	0		0	7	
303.11			<u> </u>			J

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

MONITORING PERIOD

11/01/2020 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

11/30/2020

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. MD COOTT DOTTED

PARAMETER		QUA	ANTITY OR LO	DADING		QUALITY OR CONCENTRATION			NO. F	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	*****		*****	*****	*****	****			
16529 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	7	*****		*****	*****	*****	****			
51407 1 0	PERMIT	Req. Mon.		occur/mo					1	Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Discharge event observation	SAMPLE										
	MEASUREMENT	0	*****		*****	*****	*****	****			1
34165 1 0	PERMIT	Req. Mon.		Y=1;N=0					1	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	12/10/2020
	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 VIOLAT	IONS (Reference all attachments here)	· · · · · · · · · · · · · · · · · · ·	-	

Number of

Rainfall

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						
2						
3						
4						
5						
6						
7						
8						
9						
10					1	
11					1	
12						
13						
14						
15	0.004	1	0.30	4.00		Rain, Overflow Duration = 0.17 hours
16						
17						
18						
19						
20						
21						
22					1	
23					1	
24						
25					1	
26						
27					1	
28						
29					1	
29 30					1	
TOTAL	0.004	1	0.30	4.00	8	
AVG	0.004		0.30	4.00		
MAX	0.004		0.30	4.00		
MIN	0.004			4.00		
COUNT	1		1	1		
300111	<u> </u>	<u>'</u>	<u>'</u>	<u>'</u>		I

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

11/01/2020 TO 11/30/2020

MM/DD/YYYY

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

TN0020575 047 G PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

MAJOR (SUBR 04) BOSCOBÉL MI 192.6 CSO

External Outfall

NO DISCHARGE []

200/111011	1000 2110 711 2	TOL HORITI
	NASHVILLE	TN 372082206
ATTN: M	R SCOTT POT	TFR

DADAMETER		QUANTITY OR LOADING				QUALITY OR CONCENTRATION					T
PARAMETER		<u> </u>						NO.	FREQUENCY	SAMPLE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE										
	MEASUREMENT	4.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.		hr						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	0.30	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	0.004	0.004		*****	*****	*****	****			
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	8	*****		*****	*****	*****	****			
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
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,		1015 000 1501	10/10/0000
DIRECTOR	or those persons directly responsible for gathering the information, the information		615 862-4591	12/10/2020
	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	LATIONS (Reference all attachments here)			