CENTRAL WASTEWATER TREATMENT PLANT CSO - 019 - KERRIGAN

	i	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						
3						
4						
5						
6						
7			<u> </u>			
8						
9						
10	1.00	4	0.40	4.00		Dain Overflow Division = 0.49 hours
11 12	1.00	1	0.43	4.00	1	Rain, Overflow Duration = 0.48 hours
13					I	
14						
15						
16						
17						
18					1	
19						
20	2.5					
21	2.00	1	0.49	7.00		Rain, Overflow Duration = 1.08 hours
22 23						
24						
25					1	
26					'	
27						
28						
29						
30						
	0.00		0.00	44.00		
TOTAL	3.00 1.50	2	0.92 0.46	11.00 5.50	3	
AVG	2.00	1	0.46	7.00	<u></u>	
MAX MIN	1.00	1	0.49	4.00	1	
COUNT	2.00	2	2	4.00	3	
COUNT	2.00		۷			J

Enter in new months and dates.

11/01/2021 12/10/2021

11/30/2021

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

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

019 G DISCHARGE NUMBER

	MONITORING PERIOD								
	MM/DD/YYYY		MM/DD/YYYY						
FROM	11/01/2021	то	11/30/2021						

Form Approved OMB NO. 2040-0004

DMR Mailing ZIP CODE: 372082206

MAJOR \$ (SUBR 04) EJM

KERRIGAN AT MI 190.4 CSO

External Outfall

NO DISCHARGE []

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	11.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.								Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****	hr	*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	0.92	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										T
	MEASUREMENT	1.500	2.000		*****	*****	*****	****			
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	3.00	*****		*****	*****	*****	****			
51407 1 0	PERMIT	Req. Mon.		occur/mo						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Discharge event observation	SAMPLE										
	MEASUREMENT	2.00	*****		*****	*****	*****	****			
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		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,			
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	12/10/2021
	I am aware that there are significant penalties for submitting false information,	SIGNATURE OF PRINCIPAL EXECUTIVE	AREA	
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	CODE NUMBER	MM/DD/YYYY
COMMENT AND EVEL ANATION OF ANY VIC	ATIONS (Peferance all attechments 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						
10						
11	0.105	1	0.47	6.00		Rain, Overflow Duration = 0.50 hours
12					1	
13						
14						
15						
16						
17 18					1	
19					1	
20						
21	0.007	1	0.49	5.00		Rain, Overflow Duration = 0.75 hours
22	0.007	'	0.43	0.00		Train, Overnow Burduent – 0.70 hours
23						
24						
25					1	
26						
27						
28						
29						
30		_				
TOTAL	0.112	2	0.96	11.00	3	
AVG	0.056	1	0.48		1	
MAX	0.105	1	0.49	6.00	1	
MIN	0.007	1	0.47	5.00	1	
COUNT	2	2	2	2	3	

Enter in new months and dates.

11/01/2021 12/10/2021

11/30/2021

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

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

MONITORING PERIOD

11/01/2021 то

For	n Approved
OMB NO	2040-0004

NAME	NASHVILLE-CENTRAL STP
ADDRESS	1600 2ND AVENUE NORTH
	NASHVILLE TN 372082206
EACILITY	NASHVII I E-CENTRAL STP

TN0020575 PERMIT NUMBER

MM/DD/YYYY

023 G DISCHARGE NUMBER

MM/DD/YYYY

11/30/2021

DMR Mailing ZIP CODE: 372082206 **MAJOR** \$ (SUBR 04) BENEDICT & CRUTCHER 191.6 CSO

External Outfall

NO DISCHARGE []

LOCATION 1600 2ND AVENUE NORTH NASHVILLE TN 372082206

		QUANTITY OR LOADING				QUALITY OR CONCENTRATION				1	
PARAMETER										FREQUENCY	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE										
	MEASUREMENT	11.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.		hr						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	0.96	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	0.056	0.105		*****	*****	*****	****			
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	3.00	*****		*****	*****	*****	****			
51407 1 0	PERMIT	Req. Mon.		occur/mo						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Discharge event observation	SAMPLE										
	MEASUREMENT	2.00	*****		*****	*****	*****	****			
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		,	
	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	12/10/2021
	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 VIC	OLATIONS (Reference all attachments here)			

CENTRAL WASTEWATER TREATMENT PLANT CSO - 024 - WASHINGTON DC

		Number of	Rainfall	Rain Duration	Number of	
	F#1					
	Effluent	Discharges	causing a	causing a	Rain Events	
D. 4 TE	Flow	from	Discharge 	Discharge	Not causing	Book for Book for
DATE	MGD	Outfall	Inches	Hours	a Discharge	Reason for Bypassing
1						
2						
3						
4						
5						
6						
7						
8					1	
9					-	
10						
11					1	
12					1	
13						
14						
15						NO DISCHARGE FOR THIS SITE FOR THIS MONTH
16						
17						
18					1	
19						
20						
21					1	
22						
23						
24						
25					1	
26						
27						
28						
29						
30						
	0.000	0.1	0.001	0.00		
TOTAL	0.000	0	0.00	9.00		
AVG	#DIV/0!	#DIV/0!	#DIV/0!			
MAX	0.000	0	0.00			
MIN	0.000	0	0.00	0		
COUNT	0	0	0	0	6	

Enter in new months and dates. 11/01/2021 12/10/2021

11/30/2021

PERMITTEE NAME/ADDRESS	(Include Facility 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				
FROM	11/01/2021	то	11/30/2021				

Form Approved OMB NO. 2040-0004

DMR Mailing ZIP CODE: 372082206

MAJOR (SUBR 04) EMH

WASHINGTON MI 190.4 CSO

External Outfall

NO DISCHARGE [X]

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	9.00	*****		*****	*****	*****	****			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	***		Daily When Discharging	CALCTD
Rainfall	SAMPLE									1	1
	MEASUREMENT	0.00	*****		*****	*****	*****	****			İ
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	****	*****	*****	****		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE										100000
	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	6	*****		*****	*****	*****	****		İ	İ
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		615 862-4591	12/10/2021
	sumbitted is, to the best of my knowledge and belief, true, accurate, and complete.			
	I am aware that there are significant penalties for submitting false information,	SIGNATURE OF PRINCIPAL EXECUTIVE	AREA	
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	CODE NUMBER	MM/DD/YYYY
COLUMENT AND EVEN ANIATION OF ANIVOVIOL	ATIONO (D. C			

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

CENTRAL WASTEWATER TREATMENT PLANT CSO - 033 - SCHRADER LANE

		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						
3						
4						
5						
6						
7						
8						
9						
10						
11	0.082	1	0.50	6.00		Rain, Overflow Duration = 0.58 hours
12					1	
13						
14						
15						
16						
17						
18					1	
19						
20 21	0.010	1	0.40	0.00		Daire O coffee Describer A 05 hours
22	0.013	I	0.46 0.01	6.00 1.00		Rain, Overflow Duration = 0.25 hours
23			0.01	1.00		
24						
25					1	
26						
27						
28						
29						
30						
TOTAL	0.095	2	0.97	13.00	3	
AVG	0.048	1	0.32	4.33	1	
MAX	0.082	1	0.50	6.00	1	
MIN	0.013	1	0.01	1.00	1	
COUNT	2	2	3	3	3	

Enter in new months and dates. 11/01/2021 12/10/2021

11/30/2021

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

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

FACILITY NASHVILLE-CENTRAL STP LOCATION 1600 2ND AVENUE NORTH

NASHVILLE

NASHVILLE TN 372082206 ATTN: MR. SCOTT POTTER

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

TN0020575 PERMIT NUMBER

033 G DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 11/01/2021 TO 11/30/2021

Form Approved OMB NO. 2040-0004

DMR Mailing ZIP CODE: 372082206

MAJOR \$ (SUBR 04) EMH

SCHRADER LN MI 184.7 CSO

External Outfall

NO DISCHARGE []

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	13.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.		hr						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	0.97	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	1
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	0.048	0.082		*****	*****	*****	****			1
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	, i									
	MEASUREMENT	3	*****		*****	*****	*****	****			1
51407 1 0	PERMIT	Req. Mon.		occur/mo						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Discharge event observation	SAMPLE										
	MEASUREMENT	2	*****		*****	*****	*****	****			
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	12/10/2021
	sumbitted is, to the best of my knowledge and belief, true, accurate, and complete.			
	I am aware that there are significant penalties for submitting false information,	SIGNATURE OF PRINCIPAL EXECUTIVE	AREA	
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	CODE NUMBER	MM/DD/YYYY
COMMENT AND EVEL ANATION OF ANY VIOL	ATIONS (Defended all attachments have)			

COMMENT AND EXPLANATION OF ANY VIOLATIONS (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						
2						
3						
4						
5						
6						
7					1	
8						
9						
10						
11					1	
12					1	
13						
14						
15						NO DISCHARGE FOR THIS SITE FOR THIS MONTH
16						
17						
18					1	
19						
20						
21					1	
22						
23						
24						
25					1	
26						
27						
28						
29						
30						
TOTAL	0.000	0	0.00	0.00	6	
AVG	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	1	
MAX	0.000	0	0.00	0.00	1	
MIN	0.000	0	0.00	0.00	1	
COUNT	0	0	0	0	6	

Enter in new months and dates.

11/01/2021 12/10/2021

11/30/2021

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

FROM 11/01/2021 TO 11/30/2021

TN0020575

MM/DD/YYYY

	Forn	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

PERMIT NUMBER DISCHA

035 G
DISCHARGE NUMBER

MM/DD/YYYY

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

NO DISCHARGE [X]

NASHVILL	E TN	372082206	
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										Ī
	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	6	*****		*****	*****	*****	****			
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	12/10/2021
	sumbitted is, to the best of my knowledge and belief, true, accurate, and complete.			
	I am aware that there are significant penalties for submitting false information,	SIGNATURE OF PRINCIPAL EXECUTIVE	AREA	
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	CODE NUMBER	MM/DD/YYYY

COMMENT AND EXPLANATION OF ANY 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						
2						
3						
4						
5						
6						
7					-	
8					1	
9						
10	0.011		0.40	0.00		
11	0.014	1	0.48	6.00	4	Rain, Overflow Duration = 0.33 hours
12					1	
13						
14						
15						
16						
17					1	
18 19					1	
20						
21	0.007	1	0.53	6.00		Rain, Overflow Duration = 0.25 hours
22	0.007	I	0.55	0.00		Raili, Overliow Duration – 0.25 flours
23						
24						
25					1	
26						
27						
28						
29						
30						
TOTAL	0.021	2	1.01	12.00	4	
AVG	0.011	1	0.51	6.00	1	
MAX	0.014	1	0.53	6.00	1	
MIN	0.007	1	0.48	6.00	1	
COUNT	2	2	2	2	4	
						•

Enter in new months and dates. 11/01/2021 12/10/2021

11/30/2021

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

11/01/2021 to 11/30/2021

MONITORING PERIOD

Form Approve	€d
OMB NO. 2040-000)4

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

TN0020575
PERMIT NUMBER

2

Req. Mon.

MO TOTAL

MEASUREMENT

PERMIT

REQUIREMENT

MM/DD/YYYY

047 G
DISCHARGE NUMBER

MM/DD/YYYY

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

NO DISCHARGE []

Daily When

Discharging

CALCTD

LOCATION	1600 2ND AVE	NUE NORTH	
	NASHVILLE	TN 372082206	
ATTN: M	R. SCOTT POT	ER	

NASHVILLE-CENTRAL STP

84165 1 0

Effluent Gross

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	12.00	*****		*****	*****	*****	***			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	****	***		Daily When Discharging	CALCTD
Rainfall	SAMPLE MEASUREMENT	1.01	*****		****	****	*****	***			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	****	*****	*****	****		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE MEASUREMENT	0.011	0.014		****	****	*****	***			
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	4	*****		*****	*****	*****	***			
51407 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	****	*****	****	***		Daily When Discharging	CALCTD
Discharge event observation	SAMPLE										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were			
	prepared under my direction or supervision in accordance with a system designed		TELEPHONE	DATE
SCOTT A. POTTER	to assure that qualified personnel property gather and evaluate the information			
DIRECTOR	submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information		615 862-4591	12/10/2021
	sumbitted is, to the best of my knowledge and belief, true, accurate, and complete.			
	I am aware that there are significant penalties for submitting false information,	SIGNATURE OF PRINCIPAL EXECUTIVE	AREA	
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	CODE NUMBER	MM/DD/YYYY
COMMENT AND EXPLANATION OF ANY VIO	LATIONS (Reference all attachments here)	<u> </u>		

Y=1;N=0