2021

CENTRAL WASTEWATER TREATMENT PLANT CSO - 019 - KERRIGAN

						ر
		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	1.00	1	0.43	4.00		Rain, Overflow Duration = 0.48 hours
12					1	
13						
14						
15						
16						
17						
18					1	
19						
20						
21	2.00	1	0.49	7.00		Rain, Overflow Duration = 1.08 hours
22						
23						
24						
25					1	
26						
27						
28						
29						
30						
			1		-	
TOTAL	3.00	2	0.92	11.00	3	
AVG	1.50	1	0.46	5.50	1	
MAX	2.00	1	0.49	7.00	1	
MIN	1.00	1	0.43	4.00	1	
COUNT	2.00	2	2	2	3	

Effluent Gross

MOTOTAL

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

E	TI PERMIT N	N0020575 NUMBER	019 G DISCHARGE NUMBE		DMR Mailing 2 MAJOR (SUBR 04) KERRIGAN AT	\$ EJM		206	
	FROM	МОNITORING мм/dd/yyyy 11/01/2021 т	MM/DD/YYYY		External Outfal		50	NO DISCHAR	GE []
	NTITY OR LO	DADING		QUALITY OR CO	NCENTRATION	N	NO.	FREQUENCY	SAMPLE
							EX	OF ANALYSIS	TYPE

			DISCH	ARGE MONITORING	REPORT (DMR)					OME
NAME NASHVILLE-CENTRAL S	STP						DMR Mailing	ZIP CODE:	3720822	206
ADDRESS 1600 2ND AVENUE NOR	ТН	•	TI	N0020575	019 G		MAJOR	\$		
NASHVILLE TN 3	72082206		PERMIT N	NUMBER	DISCHARGE NUMBI	ER	(SUBR 04)	EJM		
						1	KERRIGAN A		;SO	
FACILITY NASHVILLE-CENTRAL S	51P			MONITORING P	-		External Outfa	ll		
LOCATION 1600 2ND AVENUE NOF				MM/DD/YYYY	MM/DD/YYYY					NO DISCHAR
NASHVILLE TN 3 ATTN: MR. SCOTT POTTER	72082206		FROM	11/01/2021 то	11/30/2021	J				
ATTN: MR. SCOTT POTTER	_									
		QUA	NTITY OR LO	DADING		QUALITY OR CO	NCENTRATIO	N		
PARAMETER									NO.	FREQUENCY
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS
Rainfall duration	SAMPLE		VALUE		VALUE	VALUE	VALUE		+	+
	MEASUREMENT	11.00	*****		*****	*****	*****	****		
00135 1 0	PERMIT	Reg. Mon.								Daily When
Effluent Gross	REQUIREMENT	MOTOTAL	*****	hr	*****	*****	*****	****		Discharging
Rainfall	SAMPLE									1
	MEASUREMENT	0.92	*****		*****	*****	*****	****		
46529 1 0	PERMIT	Req. Mon.		in					1	Daily When
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging
Flow, in conduit	SAMPLE									
	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
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
Discharge event observation	SAMPLE									
	MEASUREMENT	2.00	*****		*****	*****	*****	****		
84165 1 0	PERMIT	Req. Mon.		Y=1;N=0						Daily When
	i		بل بل بل بل بل		4444	بل بل بل بل بل	بل بل بل بل بل	بلا بلا بلا بلا		

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	12/10/2021
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 VIOLATIONS (Reference all attachments here)

REQUIREMENT

Form Approved OMB NO. 2040-0004

CALCTD

CALCTD

CONTIN

CALCTD

CALCTD

Discharging

2021

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
	mab	odddii	Inditoo	Tibalo	a bioonargo	
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						
20	0.007	1	0.40	F 00		Dain Quarflau Duratian - 0.75 haura
21 22	0.007	I	0.49	5.00		Rain, Overflow Duration = 0.75 hours
22						
23						
24					1	
26					1	
20						
28						
29						
30						
TOTAL	0.112	2	0.96	11.00	3	
AVG	0.056	1	0.48	5.50	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	
	•					J

TN 372082206

NASHVILLE-CENTRAL STP

NASHVILLE-CENTRAL STP

ADDRESS 1600 2ND AVENUE NORTH

LOCATION 1600 2ND AVENUE NORTH

NASHVILLE

NAME

FACILITY

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

TN0020575 023 G PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD

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

DMR Mailing ZIP CODE: 372082206

MAJOR \$ (SUBR 04) **BENEDICT & CRUTCHER 191.6 CSO** External Outfall

NO DISCHARGE []

NASHVILLE TN 3 ATTN: MR. SCOTT POTTER	372082206		FROM	11/01/2021 то	11/30/2021	J					
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 Effluent Gross	PERMIT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	****		Daily When Discharging	CALCTD
Rainfall	SAMPLE	0.96	*****		*****	*****	*****	****			
46529 1 0 Effluent Gross	PERMIT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	****		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE	0.056	0.105		****	*****	*****	****			
50050 1 0 Effluent Gross	PERMIT	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	2.00	*****		*****	*****	*****	****			
84165 1 0 Effluent Gross	PERMIT	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

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

Form Approved OMB NO. 2040-0004

2021

CENTRAL WASTEWATER TREATMENT PLANT CSO - 024 - WASHINGTON DC

Number of EffluentNumber of DischargesRainfall causing a DischargeRain Duration causing a DischargeNumber of Rain Events Not causing a DischargeReason for BypassingDATEMGDOutfallInchesHoursa DischargeReason for Bypassing1Image: Strateging of the st	
Flow DATEfrom MGDDischarge InchesDischarge HoursNot causing a DischargeReason for Bypassing1OutfallInchesHoursa DischargeReason for Bypassing2Image: Strategy Strateg	
DATEMGDOutfallInchesHoursa DischargeReason for Bypassing1 </td <td></td>	
1 0 0 2 0 0 3 0 0 4 0 0 5 0 0 6 0 0 7 0 0 8 0 1 9 0 0	
1 2 3 4 5 6 7 8 1 9	
2	
3	
4 5 6 7 8 1 9 10	
5 6 7 8 1 9 10	
6 1 7 1 8 1 9 1 10 1	
7 1 8 1 9 1 10 1	
8 1 9 1 10 1	
9 10	
9 10	
12 1	
13	
14	
15 NO DISCHARGE FOR THIS SITE FOR THIS N	MONTH
16	
17	
18 1	
19	
20	
21 1	
22	
23	
24	
25 1	
26	
27	
29	
30	
	J
TOTAL 0.000 0 0.00 9.00	
AVG #DIV/0! #DIV/0!	
Max 0.000 0 0.00	
MIN 0.000 0 0.00	
COUNT 0 0 0 0 6	

TN 372082206

TN 372082206

NASHVILLE-CENTRAL STP

ADDRESS 1600 2ND AVENUE NORTH

FACILITY NASHVILLE-CENTRAL STP

LOCATION 1600 2ND AVENUE NORTH

NASHVILLE

NASHVILLE

NAME

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

TN0020575 024G
DISCHARGE NUMBER
MONITORING PERIOD

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

DMR Mailing ZIP CODE: 372082206

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

NO DISCHARGE [X]

ATTN: MR. SCOTT POTTER	12002200	•	FROM	11/01/2021 10	11/00/2021	J					
		QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	NO. EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE										
	MEASUREMENT	9.00	*****		*****	*****	*****	****			
00135 1 0 Effluent Gross	PERMIT	Req. Mon. MO TOTAL	*****	hr	****	*****	*****	****		Daily When Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	0.00	*****		*****	*****	*****	****			
46529 1 0 Effluent Gross	PERMIT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	****		Daily When 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 Effluent Gross	PERMIT	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	12/10/2021
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 VIOLATIONS (Reference all attachments here)

Form Approved OMB NO. 2040-0004

2021

CENTRAL WASTEWATER TREATMENT PLANT CSO - 033 - SCHRADER LANE

			Del dell	Data Danita	Newsley and	
		Number of	Rainfall	Rain Duration	Number of	
	Effluent	Discharges	causing a	causing a	Rain Events	
DATE	Flow	from	Discharge	Discharge	Not causing	Dessen for Dimension
DATE	MGD	Outfall	Inches	Hours	a Discharge	Reason for Bypassing
1						
2						
3						
4						
5						
6						
7						
8						
9						
10	0.000		0.50			Dein Oueflau Duration – 0.50 k sur
11 12	0.082	1	0.50	6.00	1	Rain, Overflow Duration = 0.58 hours
12					1	
14						
15						
16						
17						
18					1	
19						
20						
21	0.013	1	0.46	6.00		Rain, Overflow Duration = 0.25 hours
22			0.01	1.00		
23						
24						
25 26					1	
26						
27						
20						
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	

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 FACILITY NASHVILLE-CENTRAL STP LOCATION 1600 2ND AVENUE NORTH NASHVILLE TN 372082206 ADDRESS 1600 2ND AVENUE NORTH NASHVILLE TN 372082206 ATTN: MR. SCOTT POTTER			TN0020575 PERMIT NUMBER MONITORING P MM/DD/YYYY FROM 11/01/2021 TO QUANTITY OR LOADING		MM/DD/YYYY	ER	DMR Mailing ZIP CODE: 372 MAJOR \$ (SUBR 04) EMH SCHRADER LN MI 184.7 CSC External Outfall			NO DISCHAR	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Rainfall duration	SAMPLE MEASUREMENT	13.00	*****		*****	*****	*****	****			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	****		Daily When Discharging	CALCTD
Rainfall	SAMPLE MEASUREMENT	0.97	*****		*****	*****	*****	****			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	****		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE MEASUREMENT	0.048	0.082		****	*****	*****	****			
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	*****		*****	*****	*****	****			
51407 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	****	*****	****	****		Daily When Discharging	CALCTD
Discharge event observation	SAMPLE MEASUREMENT	2	*****		*****	*****	*****	****			
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	1 1
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)			

2021

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					1	
20						
27						
20						
30						
- 30						
	0.000		0.001	0.00	~	
TOTAL	0.000		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	

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

Form Approved OMB NO. 2040-0004

			DISCH	ARGE MONITORING F	REPORT (DMR)					OME	3 NO. 2040-0004
NAME NASHVILLE-CENTRAL	STP						DMR Mailing	ZIP CODE:	372082	206	
ADDRESS 1600 2ND AVENUE NOF	TN0020575			035 G	G MAJOR \$						
NASHVILLE TN 3	PERMIT NUMBER DIS			DISCHARGE NUMB	BER	(SUBR 04)					
							DRIFTWOOD		50		
FACILITY NASHVILLE-CENTRAL	STP			MONITORING PE	RIOD		External Outfa	all			
LOCATION 1600 2ND AVENUE NO	RTH			MM/DD/YYYY					NO DISCHAR	RGE[X]	
NASHVILLE TN 3	372082206		FROM	11/01/2021 то	11/30/2021						
NASHVILLE TN 3 ATTN: MR. SCOTT POTTER					-						
		QUA	NTITY OR LO	DADING		QUALITY OR C	ONCENTRATIO	DN			
PARAMETER							-		NO.	FREQUENCY	SAMPLE
									EX	OF ANALYSIS	TYPE
Deinfell demetien		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Rainfall duration	SAMPLE	0.00									
	MEASUREMENT	0.00	*****	<u> </u>	*****	*****	*****	****			
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		0.000								
	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)

2021

CENTRAL WASTEWATER TREATMENT PLANT CSO - 047 - BOSCOBEL

Effluent Flow Discharges from causing a Discharge Rain Events Not ausing a Discharge Reason for Bypassing 1 Not ausing a Discharge Not ausing a Discharge Reason for Bypassing 1 2 3 4 4 6 7 9 10 11 <							
Flow MGD from Outfall Discharge Inches Not assing a Discharge Reason for Bypassing 1	Number of	1	Rainfall	Number of			
DATE MGD Outall Inches Hours a Discharge Reason for Bypassing 1 <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>1 1</th>							1 1
1 Image: constraint of the second	Not causing	Discharge	Discharge	from	Flow		Flow from
2	a Discharge	Hours	Inches	Outfall	MGD	DATE	MGD Outfall
2		r					
3							
4							
5							
6							
7 1 1 8 1 1 9 1 1 10 1 1 11 0.014 1 0.48 6.00 Rain, Overflow Duration = 0.33 hours 12 1 1 1 1 1 13 1 1 1 1 14 1 1 1 1 16 1 1 1 1 18 1 1 1 1 19 1 1 1 1 20 1 1 1 1 21 0.007 1 0.53 6.00 Rain, Overflow Duration = 0.25 hours 22 1 1 1 1 1 1 23 1 1 1 1 1 1 24 1 1 1 1 1 1 26 1 1 1 1 1 1 28 1 1 1 1 1							
8 1 1 9 1 1 10 1 0.014 11 0.014 1 12 1 1 13 1 1 14 1 1 15 1 1 16 1 1 17 1 1 18 1 1 20 1 1 21 0.007 1 0.53 6.00 22 1 1 1 23 1 1 1 24 1 1 1 25 1 1 1 26 1 1 1 28 1 1 1 30 1 1 1 30 1 1 1 11 12.00 4 1							
9 10 11 0.014 1 0.48 6.00 Rain, Overflow Duration = 0.33 hours 12 1 1 1 1 1 13 1 1 1 1 1 14 1 1 1 1 1 15 1 1 1 1 1 16 1 1 1 1 1 17 1 1 1 1 1 18 1 1 1 1 1 20 1 1 1 1 1 21 0.007 1 0.53 6.00 Rain, Overflow Duration = 0.25 hours 22 1 1 1 1 1 1 23 1 1 1 1 1 1 24 1 1 1 1 1 1 25 1 1 1 1 1 1 28 1 1 1 <th1< th=""> <th1< th=""> 1</th1<></th1<>	1						
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	1	6.00	0.51	1	0.011	AVG	
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COUNT 2 2 2 2 4	4	2	2	2	2	COUNT	2 2

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 FACILITY NASHVILLE-CENTRAL STP LOCATION 1600 2ND AVENUE NORTH NASHVILLE TN 372082206 ADDRESS 1600 2ND AVENUE NORTH NASHVILLE TN 372082206 ATTN: MR.		 		МОNITORING PE мм/dd/үүүү 11/01/2021 то	047 G DISCHARGE NUMBI RIOD MM/DD/YYYY 11/30/2021		DMR Mailing MAJOR (SUBR 04) BOSCOBEL M External Outfa	\$ 41 192.6 CSC II			GE []
PARAMETER		204							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	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	0.011	0.014		*****	*****	*****	****			
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				*****						
	MEASUREMENT	2	*****		*****	*****	*****	****	 		
84165 1 0 Effluent Gross	PERMIT	Req. Mon. MO TOTAL	*****	Y=1;N=0	*****	*****	*****	****		Daily When Discharging	CALCTD
	REQUIREMENT									Discharging	UALUID

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	12/10/2021
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 VIOLATIONS (Reference all attachments here)