CENTRAL WASTEWATER TREATMENT PLANT CSO - 019 - KERRIGAN

			B	B.1. B	N	
		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		- I			
1					4	
2					1	
3						
4					,	
5					1	
6					1	
7					1	
8						
9						
10						
11	49.53	1	2.75	8.00		Rain, Overflow Duration = 9.98 hours
12					1	
13						
14						
15					1	
16						
17						
18						
19						
20						
21						
22						
23						
24					1	
25					1	
26					1	
27					1	
28						
29	8.20	1	1.65	9.00		Rain, Overflow Duration = 2.20 hours
30	11.17		0.08	2.00		Rain, Overflow Duration = 9.23 hours
						·
TOTAL	68.90	2	4.48	19.00	10	
AVG	22.97	1	1.49	6.33	1	
MAX	49.53	1	2.75	9.00	1	
MIN	8.20	1	0.08	2.00	1	
COUNT	3.00	2		3		
						1

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

ADDRESS 1600 2ND AVENUE NORTH

FACILITY NASHVILLE-CENTRAL STP

LOCATION 1600 2ND AVENUE NORTH

NASHVILLE-CENTRAL STP

NASHVILLE

NAME

NATIONAL POLLULTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

MONITORING PERIOD

11/01/2022 то

DISCHARGE MONITORING REPORT (DMR)

TN0020575 PERMIT NUMBER

MM/DD/YYYY

019 G DISCHARGE NUMBER

MM/DD/YYYY

11/30/2022

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 []

	72082206
ATTN: MR. SCOTT POTTER	
PARAMETER	QUANTIT

TN 372082206

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE										T
	MEASUREMENT	19.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.								Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****	hr	*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	4.48	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	1
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										1
	MEASUREMENT	22.967	49.530		*****	*****	*****	****			
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	10.00	*****		*****	*****	*****	****			
51407 1 0	PERMIT	Req. Mon.		occur/mo						Daily When	1
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

IAME/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	12/10/2022
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

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					1	
3						
4						
5					1	
6					1	
7					1	
8						
9						
10						
11	0.419	1	1.77	9.00		Rain, Overflow Duration = 6.25 hours
12					1	
13						
14						
15					1	
16						
17						
18						
19						
20						
21						
22						
23						
24					1	
25					1	
26	0.001	1	0.29	7.00		Rain, Overflow Duration = 0.50 hours
27			0.06	4.00		
28						
29	0.035	1	1.52	10.00		Rain, Overflow Duration = 3.08 hours
30	0.450		0.07	1.00		Rain, Overflow Duration = 2.58 hours
TOTAL	0.905	3	3.71	31.00	8	
AVG	0.226	1	0.74	6.20	1	
MAX	0.450	1	1.77	10.00	1	
MIN	0.001	1	0.06	1.00	1	
COUNT	4	3	5	5	8	

TN 372082206

TN 372082206

NASHVILLE-CENTRAL STP ADDRESS 1600 2ND AVENUE NORTH

FACILITY NASHVILLE-CENTRAL STP

NASHVILLE

NASHVILLE

LOCATION 1600 2ND AVENUE NORTH

NAME

NATIONAL POLLULTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

11/01/2022 то

TN0020575	
PERMIT NUMBER	DIS

MM/DD/YYYY

023 G SCHARGE NUMBER

11/30/2022

MM/DD/YYYY

Form Approved OMB NO. 2040-0004

DMR Mailing ZIP CODE: 372082206

MAJOR \$ (SUBR 04)

BENEDICT & CRUTCHER 191.6 CSO

External Outfall

NO DISCHARGE []

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	31.00	*****		*****	*****	*****	****			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	****		Daily When Discharging	CALCTD
Rainfall	SAMPLE MEASUREMENT	3.71	*****		*****	****	*****	***			0.120.2
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	***		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE MEASUREMENT	0.226	0.450		*****	****	*****	***			
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	8.00	*****		****	*****	*****	***			
51407 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	*****	*****	****	***		Daily When Discharging	CALCTD
Discharge event observation	SAMPLE MEASUREMENT	3.00	*****		****	*****	*****	***			
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	12/10/2022					
	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 VIOLATIONS (Reference all attachments here)									

PAGE

CENTRAL WASTEWATER TREATMENT PLANT CSO - 024 - WASHINGTON DC

		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					1	
3						
4						
5					1	
6					1	
7					1	
8						
9						
10						
11	5.63	1	1.81	7.00		Rain, Overflow Duration = 2.68 hours
12						
13						
14						
15					1	
16						
17						
18						
19						
20						
21						
22						
23						
24					1	
25					1	
26					1	
27					1	
28						
29			1.54	10.00		
30	6.84	1	0.08	2.00		Rain, Overflow Duration = 1.57 hours
TOTAL	12.470	2	3.43	19.00		
AVG	6.235	1	1.14			
MAX	6.840	1	1.81			
MIN	5.630	1	0.08			
COUNT			3	3	9	

TN 372082206

NASHVILLE-CENTRAL STP ADDRESS 1600 2ND AVENUE NORTH

NASHVILLE

NAME

NATIONAL POLLULTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

	, ,
TN0020575	024G
1110020373	0270

11/01/2022 то

MONITORING PERIOD

PERMIT NUMBER

MM/DD/YYYY

024G DISCHARGE NUMBER

MM/DD/YYYY

11/30/2022

DMR Mailing ZIP CODE: 372082206 MAJOR

(SUBR 04) EMH WASHINGTON MI 190.4 CSO

External Outfall

NO DISCHARGE [X]

Form Approved

OMB NO. 2040-0004

LOCATION 16			
NA	SHVILLE	TN 372082	
ATTN: MR	SCOTT POTTE	R	

FACILITY NASHVILLE-CENTRAL STP

PARAMETER PARAMETER		QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE										
	MEASUREMENT	19.00	*****		*****	*****	*****	***			
00135 1 0	PERMIT	Req. Mon.		hr						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	3.43	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	6.235	6.840		*****	*****	*****	****			
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	2	*****		*****	*****	*****	****			
84165 1 0	PERMIT	Req. Mon.		Y=1;N=0						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD

AME/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	12/10/2022
	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

CENTRAL WASTEWATER TREATMENT PLANT CSO - 033 - SCHRADER LANE

	I	1	i i	1		T
		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	<u> </u>					<u></u>
2					1	
3					'	
4						
5					1	
6					1	
7					1	
8					ı	
9						
10						
11	6.449	1	3.72	7.00		Rain, Overflow Duration = 5.33 hours
12	0.449	-	5.12	7.00	1	
13					'	
14						
15					1	
16					'	
17						
18						
19						
20						
21						
22						
23						
24						
25					1	
26					1	
27					1	
28						
29	0.467	1	1.34	10.00		Rain, Overflow Duration = 1.50 hours
30	2.129		0.02			Rain, Overflow Duration = 1.25 hours
			0.02	50		,
TOTAL	9.045	2	5.08		9	
AVG	3.015	1	1.69		1	
MAX	6.449	1	3.72			
MIN	0.467	1	0.02	1.00	1	
COUNT	3	2	3	3	9	

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

ADDRESS 1600 2ND AVENUE NORTH

FACILITY NASHVILLE-CENTRAL STP

LOCATION 1600 2ND AVENUE NORTH

NASHVILLE

NASHVILLE TN 372082206

TN 372082206

NASHVILLE-CENTRAL STP

NAME

NATIONAL POLLULTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

TN0020575 PERMIT NUMBER

033 G DISCHARGE NUMBER DMR Mailing ZIP CODE: 372082206 MAJOR

(SUBR 04) EMH SCHRADER LN MI 184.7 CSO

External Outfall

NO DISCHARGE []

Form Approved

OMB NO. 2040-0004

	MONITORING	3 PE	RIOD
	MM/DD/YYYY		MM/DD/YYYY
FROM	11/01/2022	то	11/30/2022

		QU	ANTITY OR L	OADING		QUALITY OR CONCENTRATION					
PARAMETER									NO.	FREQUENCY	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE										
	MEASUREMENT	18.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.		hr						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	5.08	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	3.015	6.449		*****	*****	*****	****			
50050 1 0	PERMIT	Req. Mon.	Req. Mon.	Mgai/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	2	*****		*****	*****	*****	****			
84165 1 0	PERMIT	Req. Mon.		Y=1;N=0						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD

ather and evaluate the information e person or persons who manage the system, for gathering the information, the information sidge and belief, true, accurate, and complete.	615 862-4591	12/10/2022
· ·		MM/DD/YYYY
	e person or persons who manage the system, for gathering the information, the information dge and belief, true, accurate, and complete. enalties for submitting false information, SIGNATURE OF PRINCIP.	e person or persons who manage the system, for gathering the information, the information dge and belief, true, accurate, and complete. enalties for submitting false information, prisonment for knowing violations. 615 862-4591 616 862-4591 617 862-4591 618 862-4591

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					1	
6					1	
7					-	
8						
9						
10						
11					1	
12					1	
13					ı	
14						
15					1	NO DISCHARGE FOR THIS SITE FOR THIS MONTH
16					ı	NO DISCHARGE FOR THIS SITE FOR THIS MONTH
17						
18						
19						
20						
21						
22						
23						
24					1	
25					1	
26					1	
27					1	
28						
29					1	
30					1	
TOTAL	0.000			0.00	11	
AVG	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	1	
MAX	0.000		0.00	0.00		
MIN	0.000		0.00	0.00		
COUNT	0	0	0	0	11	
			-			1

TN 372082206

NASHVILLE-CENTRAL STP ADDRESS 1600 2ND AVENUE NORTH

NASHVILLE

NAME

NATIONAL POLLULTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

TN0020575 035 G PERMIT NUMBER

MONITORING PERIOD

11/01/2022 то

MM/DD/YYYY

DISCHARGE NUMBER

MM/DD/YYYY

11/30/2022

DMR Mailing ZIP CODE: 372082206

MAJOR \$ (SUBR 04)

DRIFTWOOD MI 192.0 CSO

External Outfall

NO DISCHARGE [X]

Form Approved

OMB NO. 2040-0004

LOCATION	1600 2ND AVE	NUE NC	RTH	
	NASHVILLE	TN	372082206	
ATTN: MI	R. SCOTT POT	TER		

FACILITY NASHVILLE-CENTRAL STP

PARAMETER		QUANTITY OR LOADING				QUALITY OR CONCENTRATION				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	1
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	0.00	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	1
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	11	*****		*****	*****	*****	****			
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

IAME/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	12/10/2022
	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

CENTRAL WASTEWATER TREATMENT PLANT CSO - 047 - BOSCOBEL

	1	i]	i	1	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						
2					1	
3					<u> </u>	
4						
5					1	
6					1	
7					1	
8					I	
9						
10						
11	0.280	1	1.81	7.00		Rain, Overflow Duration = 2.42 hours
12	0.280	ı	1.81	7.00		Rain, Overliow Duration = 2.42 hours
13 14						
					1	
15 16					1	
17						
18						
19						
20						
21						
22						
23						
24					1	
25					1	
26					1	
27					1	
28					I	
29	0.048	1	1.54	10.00		Rain, Overflow Duration = 0.58 hours
30	0.048	'	0.08	2.00		Rain, Overflow Duration = 0.33 hours
30	0.010		0.00	2.00		Italii, Overliew Duration - 0.00 Hours
		<u>_</u>				
TOTAL	0.344	2	3.43	19.00	9	
AVG	0.115	1		6.33	1	
MAX	0.280	1	1.81	10.00	1	
MIN	0.016	1		2.00	1	
COUNT	3	2	3		9	
			<u> </u>			

ADDRESS 1600 2ND AVENUE NORTH

TN 372082206

NASHVILLE-CENTRAL STP

NASHVILLE

NAME

NATIONAL POLLULTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

11/01/2022 то

MM/DD/YYYY

TN0020575 047 G PERMIT NUMBER

DISCHARGE NUMBER

MM/DD/YYYY

11/30/2022

DMR Mailing ZIP CODE: 372082206 MAJOR (SUBR 04)

BOSCOBÉL MI 192.6 CSO

External Outfall

NO DISCHARGE []

Form Approved

OMB NO. 2040-0004

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

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			T		Т	
PARAMETER		40.00.00						NO.	FREQUENCY	SAMPLE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE										
	MEASUREMENT	19.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.		hr						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	3.43	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	0.115	0.280		*****	*****	*****	****			
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	2	*****		*****	*****	*****	****	1		
84165 1 0	PERMIT	Req. Mon.		Y=1;N=0						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD

IAME/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	12/10/2022
	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