2022

CENTRAL WASTEWATER TREATMENT PLANT CSO - 019 - KERRIGAN

		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	4.00	4	0.50	2.00		Daia Avarflavy Dynatian – 5.72 haves
12	4.28	1	0.52	3.00		Rain, Overflow Duration = 5.73 hours
13 14						
14						
16					1	
17					1	
18					•	
19						
20						
21						
22						
23						
24						
25	3.12	1	0.53	2.00		Rain, Overflow Duration = 3.72 hours
26			0.02	1.00		
27						
28					-	
29						
30					1	
31					1	
TOTAL	7.40	2	1.07	6.00	4	
AVG	3.70	1	0.36	2.00	1	
МАХ	4.28	1	0.53	3.00	1	
MIN	3.12	1	0.02	1.00	1	
COUNT	2.00	2	3	3	4	

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

Form Approved OMB NO. 2040-0004

NAME NASHVILLE-CENTRAL	STP		DISCH	ARGE MONITORING	REPORT (DMR)		DMR Mailing	ZIP CODE:	372082		B NO. 2040-0004	
ADDRESS 1600 2ND AVENUE NOF	RTH		T	N0020575	019 G		MAJOR	\$				
NASHVILLE TN (372082206		PERMIT N	UMBER	DISCHARGE NUMB	ER	(SUBR 04)	EJM				
						KERRIGAN AT MI 190.4 C						
FACILITY NASHVILLE-CENTRAL	STP			MONITORING P	ERIOD		External Outfa	all				
LOCATION 1600 2ND AVENUE NO	RTH	un		MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY				NO DISCHARGE []		
NASHVILLE TN 3	372082206		FROM	10/01/2022 то	10/31/2022	1						
ATTN: MR. SCOTT POTTER		m			J	4						
		QUA	ANTITY OR LO	OADING		QUALITY OR CO	ONCENTRATIO	DN				
PARAMETER									NO.	FREQUENCY	SAMPLE	
									EX	OF ANALYSIS	TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
Rainfall duration	SAMPLE											
	MEASUREMENT	6.00	*****		*****	*****	*****	****				
00135 1 0	PERMIT	Req. Mon.								Daily When		
Effluent Gross	REQUIREMENT	MO TOTAL	*****	hr	*****	*****	*****	****		Discharging	CALCTD	
Rainfall	SAMPLE											
	MEASUREMENT	1.07	*****		*****	*****	*****	****				
46529 1 0	PERMIT	Req. Mon.		in						Daily When		
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD	
Flow, in conduit	SAMPLE											
	MEASUREMENT	3.700	4.280		*****	*****	*****	****				
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	4.00	*****		*****	*****	*****	****				
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	

	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	11/10/2022
1	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
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	TIONS (Reference all attachments here)			

1

2022

CENTRAL WASTEWATER TREATMENT PLANT CSO - 023 - BENEDICT & CRUTCHER

		Number of	Rainfall	Rain Duration	Number of	1
	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 12	0.031	1	0.54	4.00		Dain Overflow Duration = 0.22 hours
12	0.031		0.54	4.00		Rain, Overflow Duration = 0.33 hours
13						
14						
16	0.001	1	0.31	3.00		Rain, Overflow Duration = 0.25 hours
17	0.001			0.00	1	
18						
19						
20						
21						
22						
23						
24	0.000		0.04			
25	0.063	1	0.61	2.00		Rain, Overflow Duration = 1.58 hours
26 27			0.01	1.00		
27						
20						
30					1	
31					1	
					· · · ·	
TOTAL	0.095	3	1.47	10.00	3	
AVG	0.032	1	0.37	2.50	1	
MAX	0.063	1	0.61	4.00	1	
MIN	0.001	1	0.01	1.00	1	
COUNT	3	3	4	4	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		MONITORING PE MM/DD/YYYY		023 G DISCHARGE NUMBER		DMR Mailing MAJOR (SUBR 04) BENEDICT & External Outfa	\$ CRUTCHER	372082206		BNO: 2040-0004	
			FROM	10/01/2022 то	10/31/2022	[
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 MEASUREMENT	10.00	*****		*****	*****	*****	****			
00135 1 0 Effluent Gross	PERMIT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	****		Daily When Discharging	CALCTD
Rainfall	SAMPLE	1.47	*****		****	*****	****	****		2.000.00.9.0.9	
46529 1 0 Effluent Gross	MEASUREMENT PERMIT	Req. Mon. MO TOTAL	*****	in	****	*****	*****	****		Daily When	CALCTD
Flow, in conduit	REQUIREMENT SAMPLE									Discharging	CALCID
50050 1 0	MEASUREMENT PERMIT	0.032 Req. Mon.	0.063 Req. Mon.	Mgal/d	****	*****	*****	****		Daily When	
Effluent Gross Rainfall events with no discharge	REQUIREMENT SAMPLE	MO AVG	DAILY MX		*****	*****	*****	****		Discharging	CONTIN
51407 1 0	MEASUREMENT PERMIT	3.00 Req. Mon.	*****	occur/mo	****	*****	*****	****		Daily When	
Effluent Gross Discharge event observation	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
	MEASUREMENT	3.00	*****	V-4.N-0	*****	*****	*****	****		Deiby M/berg	
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		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	11/10/2022
	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 VIOL	ATIONS (Reference all attachments here)		-	-
EPA Form 3320-1 (Rev. 01/06) Previous	editions may be used.		PAGE	1

2022

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						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12					1	
13						
14						
15						NO DISCHARGE FOR THIS SITE FOR THIS MONTH
16					1	
17					1	
18						
19						
20						
21						
22						
23						
24						
25					1	
26						
27						
28						
29						
30					1	
31					1	
	•					
TOTAL	0.000	0	0.00	0.00		
AVG	#DIV/0!	#DIV/0!	#DIV/0!			
MAX	0.000	0				
MIN	0.000	0				
COUNT	0	0		0	6	
	, v	v	v	Ū	U U	J

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

Form Approved OMB NO. 2040-0004

	OTD		DISCH	ARGE MONITORING	REPORT (DMR)				070000		IB NO. 2040-0004
NAME NASHVILLE-CENTRAL		m			0040		DMR Mailing		372082	206	
ADDRESS 1600 2ND AVENUE NOF NASHVILLE TN 3		ш		N0020575	024G		MAJOR	\$			
NASHVILLE IN .	372082206	m	PERMIT N	UMBER	DISCHARGE NUMB	ER	(SUBR 04) WASHINGTO		222		
FACILITY NASHVILLE-CENTRAL	STP	ш	MONITORING PE				External Outfa		50		
LOCATION 1600 2ND AVENUE NO	RTH			MM/DD/YYYY					NO DISCHARGE [X]		
NASHVILLE TN 3	372082206		FROM	10/01/2022 то	10/31/2022						
ATTN: MR. SCOTT POTTER		III		10/01/2022	10/01/2022						
		QU/	ANTITY OR L	OADING		QUALITY OR CO	DNCENTRATIO	N	1		
PARAMETER									NO.	FREQUENCY	SAMPLE
									EX	OF ANALYSIS	TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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	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			l			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 sumbitted is, to the best of my knowledge and belief, true, accurate, and complete.		615 862-4591	11/10/2022
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
COMMENT AND EXPLANATION OF ANY VIOL	ATIONS (Reference all attachments here)			
EPA Form 3320-1 (Rev. 01/06) Previous	editions may be used.		PAGE	1

2022

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 2						
3						
4						
5						
6						
7						
8 9						
10						
11						
12	0.163	1	0.59	4.00		Rain, Overflow Duration = 0.67 hours
13						
14						
15						
16					1	
17 18					1	
19						
20						
21						
22						
23						
24	0.050		0.50			
25	0.259	1	0.56			Rain, Overflow Duration = 1.25 hours
26 27			0.01	1.00		
28						
29						
30					1	
31					1	
TOTAL	0.422	2	1.16	7.00	4	
AVG	0.211	1	0.39	2.33	1	
MAX	0.259 0.163	1	0.59 0.01	4.00 1.00	1	
MIN COUNT	0.163		0.01		-	
COUNT	Ζ	۷ ک	3	3	4	J

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

Form Approved OMB NO. 2040-0004

	0.7.0		DISCH	ARGE MONITORING	REPORT (DINR)						B NO. 2040-000
NAME NASHVILLE-CENTRAL		u					DMR Mailing	ZIP CODE:	372082	206	
ADDRESS 1600 2ND AVENUE NOF		n		N0020575			MAJOR	\$			
NASHVILLE TN (372082206	Ш	PERMIT N	UMBER	DISCHARGE NUMB	ER	(SUBR 04) SCHRADER L		200		
FACILITY NASHVILLE-CENTRAL	STP	п		MONITORING P	ERIOD		External Outfa		-50		
LOCATION 1600 2ND AVENUE NO				MM/DD/YYYY					NO DISCHARGE []		
NASHVILLE TN 3	372082206		FROM	10/01/2022 то							
ATTN: MR. SCOTT POTTER		Ш		10/01/2022	10/01/2022						
		QU	ANTITY OR L	OADING		QUALITY OR CO	NCENTRATIO	N			
PARAMETER									NO.	FREQUENCY	SAMPLE
									EX	OF ANALYSIS	TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Rainfall duration	SAMPLE										
	MEASUREMENT	7.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.		hr						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	1.16	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	0.211	0.259		*****	*****	*****	****			
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	*****		*****	*****	*****	****	ļ	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

	certify under penalty of law that this document and all attachments were				
	prepared under my direction or supervision in accordance with a system designed		TELEP	PHONE	DATE
SCOTT A. POTTER	o assure that qualified personnel property gather and evaluate the information				
s	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	11/10/2022
	umbitted is, to the best of my knowledge and belief, true, accurate, and complete.				
	am aware that there are significant penalties for submitting false information,	SIGNATURE OF PRINCIPAL EXECUTIVE	AREA		
TYPED OR PRINTED in	ncluding the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	CODE	NUMBER	MM/DD/YYYY
COMMENT AND EXPLANATION OF ANY VIOLATION	IONS (Reference all attachments here)				

2022

CENTRAL WASTEWATER TREATMENT PLANT CSO - 035 - DRIFTWOOD

<u> </u>	Ī		-			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						
8						
9						
10						
11						
12					1	
13						
14						
15						NO DISCHARGE FOR THIS SITE FOR THIS MONTH
16					1	
17						
18						
19						
20						
21						
22						
23						
24						
25					1	
26					1	
27					1	
28	l					
29	1					
30	1				1	
31					1	
					· · · ·	
TOTAL	0.000	0	0.00	0.00	7	
AVG	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	1	
MAX	0.000		0.00	0.00	1	
MIN	0.000	0	0.00	0.00	•	1
COUNT	0.000		0.00	0.00		1
SCONT	0	0	0	0	1	1

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

Form Approved OMB NO. 2040-0004

			DISCH	IARGE MONITORING	REPORT (DMR)					OM	B NO. 2040-0004	
NAME NASHVILLE-CENTRAL	ш					DMR Mailing		372082	206			
ADDRESS 1600 2ND AVENUE NORTH		TN0020575		035 G		MAJOR	\$					
NASHVILLE TN 3	PERMIT NUMBER			DISCHARGE NUMB	DISCHARGE NUMBER (SUBR 04) DRIFTWOOD MI 192.0 CSO							
FACILITY NASHVILLE-CENTRAL	STP					1	External Outfa					
LOCATION 1600 2ND AVENUE NO	RTH	MM/DD/YYYY			MM/DD/YYYY	MM/DD/YYYY				NO DISCHARGE [X]		
NASHVILLE TN 3	372082206	FROM 10/01/2022 то			10/31/2022							
ATTN: MR. SCOTT POTTER		ш				1						
		QUA	ANTITY OR LO	OADING		QUALITY OR C	ONCENTRATIO	ON		_		
PARAMETER								NO.	FREQUENCY	SAMPLE		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE	
Rainfall duration	SAMPLE							1				
	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	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		
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	11/10/2022
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.	AREA CODE NUMBER	MM/DD/YYYY
COMMENT AND EXPLANATION OF ANY VIOLA	TIONS (Reference all attachments here)		

1

2022

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						
11						
12	0.036	1	0.59	5.00		Rain, Overflow Duration = 0.25 hours
13						
14						
15						
16					1	
17					1	
18						
19						
20 21						
21						
22						
23						
24	0.048	1	0.62	3.00		Rain, Overflow Duration = 0.58 hours
25	0.048	<u> </u>	0.02	5.00		
27						
28						
29						
30					1	
31					1	
	1	1				
TOTAL	0.084	2	1.21	8.00	4	1
AVG	0.042	1	0.61	4.00	1	
МАХ	0.048	1	0.62	5.00	1	
MIN	0.036	1	0.59	3.00	1]
COUNT	2	2	2		4]
						4

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

Form Approved OMB NO. 2040-0004

NAME NASHVILLE-CENTRAL				. ,		DMR Mailing	ZIP CODE:	3720822	206		
ADDRESS 1600 2ND AVENUE NOF	ļ	TN0020575		047 G MAJOR \$			\$				
NASHVILLE TN 372082206		ļ	PERMIT NUMBER		DISCHARGE NUMBER		(SUBR 04)				
		I.					BOSCOBÉL N	/II 192.6 CSC)		
FACILITY NASHVILLE-CENTRAL	STP	i		MONITORING PE	RIOD	1	External Outfa	dl			
LOCATION 1600 2ND AVENUE NO	RTH	1		MM/DD/YYYY	MM/DD/YYYY				NO DISCHARGE []		
NASHVILLE TN 3	372082206	1	FROM	10/01/2022 то	10/31/2022	/2022					
ATTN: MR. SCOTT POTTER		1				4					
		QUANTITY OR LOADING				QUALITY OR C	ONCENTRATIO	ON			1
PARAMETER									NO. FREQUENCY	FREQUENCY	SAMPLE
									EX	OF ANALYSIS	TYPE
l l		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Rainfall duration	SAMPLE										
	MEASUREMENT	8.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.		hr						Daily When	1
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	1.21	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	0.042	0.048		*****	*****	*****	****			
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	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	PERMIT	Req. Mon.		Y=1;N=0						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD

	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
	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 sumbitted is, to the best of my knowledge and belief, true, accurate, and complete.		615 862-4591	11/10/2022
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
COMMENT AND EXPLANATION OF ANY VIOLA	TIONS (Reference all attachments here)			·

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