

Oct 2021

**CENTRAL WASTEWATER TREATMENT PLANT
CSO - 019 - KERRIGAN**

DATE	Effluent Flow MGD	Number of Discharges from Outfall	Rainfall causing a Discharge Inches	Rain Duration causing a Discharge Hours	Number of Rain Events Not causing a Discharge	Reason for Bypassing
1						
2			0.36	4.00		
3	10.00	1	1.18	5.00		Rain, Overflow Duration = 7.88 hours
4					1	
5	6.00	1	0.47	4.00		Rain, Overflow Duration = 2.53 hours
6	3.00	1	0.84	9.00		Rain, Overflow Duration = 0.65 hours
7			0.01	1.00		
8						
9						
10						
11						
12					1	
13						
14						
15	2.00	1	0.71	6.00		Rain, Overflow Duration = 1.12 hours
16			0.06	2.00		
17						
18						
19						
20						
21						
22						
23						
24						
25	30.00	1	1.51	5.00		Rain, Overflow Duration = 4.47 hours
26						
27						
28					1	
29					1	
30					1	
31						
TOTAL	51.00	5	5.14	36.00	5	
AVG	10.20	1	0.64	4.50	1	
MAX	30.00	1	1.51	9.00	1	
MIN	2.00	1	0.01	1.00	1	
COUNT	5.00	5	8	8	5	

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NATIONAL POLLUTANT 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

TN0020575
 PERMIT NUMBER

019 G
 DISCHARGE NUMBER

DMR Mailing ZIP CODE: 372082206

MAJOR \$
 (SUBR 04) EJM
 KERRIGAN AT MI 190.4 CSO
 External Outfall

FACILITY NASHVILLE-CENTRAL STP
 LOCATION 1600 2ND AVENUE NORTH
 NASHVILLE TN 372082206
 ATTN: MR. SCOTT POTTER

MONITORING PERIOD
 MM/DD/YYYY MM/DD/YYYY
 FROM 10/01/2021 TO 10/31/2021

NO DISCHARGE []

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Rainfall duration	SAMPLE MEASUREMENT	36.00	*****		*****	*****	*****	****			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	****		Daily When Discharging	CALCTD
Rainfall	SAMPLE MEASUREMENT	5.14	*****		*****	*****	*****	****			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	****		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE MEASUREMENT	10.200	30.000		*****	*****	*****	****			
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	5.00	*****		*****	*****	*****	****			
51407 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	*****	*****	*****	****		Daily When Discharging	CALCTD
Discharge event observation	SAMPLE MEASUREMENT	5.00	*****		*****	*****	*****	****			
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 to assure that qualified personnel properly gather and evaluate the information 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 submitted 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, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
SCOTT A. POTTER DIRECTOR		615 862-4591	11/10/2021
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER

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

Oct 2021

**CENTRAL WASTEWATER TREATMENT PLANT
CSO - 023 - BENEDICT & CRUTCHER**

DATE	Effluent Flow MGD	Number of Discharges from Outfall	Rainfall causing a Discharge Inches	Rain Duration causing a Discharge Hours	Number of Rain Events Not causing a Discharge	Reason for Bypassing
1						
2			0.35	5.00		
3	0.974	1	1.23	6.00		Rain, Overflow Duration = 2.75 hours
4						
5	0.102	1	0.39	3.00		Rain, Overflow Duration = 0.42 hours
6	0.022		0.34	9.00		Rain, Overflow Duration = 0.83 hours
7						
8						
9						
10						
11						
12						
13						
14						
15	0.144	1	0.73	5.00		Rain, Overflow Duration = 1.00 hours
16	0.004		0.04	2.00		Rain, Overflow Duration = 0.17 hours
17						
18						
19						
20						
21						
22						
23						
24						
25	0.735	1	1.45	4.00		Rain, Overflow Duration = 3.75 hours
26						
27						
28					1	
29					1	
30					1	
31						
TOTAL	1.981	4	4.53	34.00	3	
AVG	0.330	1	0.65	4.86	1	
MAX	0.974	1	1.45	9.00	1	
MIN	0.004	1	0.04	2.00	1	
COUNT	6	4	7	7	3	

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NATIONAL POLLUTANT 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

TN0020575
PERMIT NUMBER

023 G
DISCHARGE NUMBER

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

FACILITY NASHVILLE-CENTRAL STP
LOCATION 1600 2ND AVENUE NORTH
NASHVILLE TN 372082206
ATTN: MR. SCOTT POTTER

MONITORING PERIOD
FROM 10/01/2021 TO 10/31/2021

NO DISCHARGE []

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Rainfall duration	SAMPLE MEASUREMENT	34.00	*****		*****	*****	*****	****			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	****		Daily When Discharging	CALCTD
Rainfall	SAMPLE MEASUREMENT	4.53	*****		*****	*****	*****	****			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	****		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE MEASUREMENT	0.330	0.974		*****	*****	*****	****			
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	3.00	*****		*****	*****	*****	****			
51407 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	*****	*****	*****	****		Daily When Discharging	CALCTD
Discharge event observation	SAMPLE MEASUREMENT	4.00	*****		*****	*****	*****	****			
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 to assure that qualified personnel properly gather and evaluate the information 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 submitted 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, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
SCOTT A. POTTER DIRECTOR		615 862-4591	11/10/2021
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER

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

Oct 2021

**CENTRAL WASTEWATER TREATMENT PLANT
CSO - 024 - WASHINGTON DC**

DATE	Effluent Flow MGD	Number of Discharges from Outfall	Rainfall causing a Discharge Inches	Rain Duration causing a Discharge Hours	Number of Rain Events Not causing a Discharge	Reason for Bypassing
1						
2			0.40	5.00		
3	2.88	1	1.69	7.00		Rain, Overflow Duration = 1.62 hours
4						
5					1	
6					1	
7						
8						
9						
10						
11						
12						
13						
14						
15					1	
16					1	
17						
18						
19						
20						
21						
22						
23						
24						
25	7.44	1	1.37	5.00		Rain, Overflow Duration = 2.67 hours
26						
27						
28					1	
29					1	
30					1	
31						
TOTAL	10.320	2	3.46	9.00		
AVG	5.160	1	1.15			
MAX	7.440	1	1.69			
MIN	2.880	1	0.40			
COUNT	2	2	3	3	7	

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NATIONAL POLLUTANT 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

TN0020575
PERMIT NUMBER

024G
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 372082206

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

FACILITY NASHVILLE-CENTRAL STP
LOCATION 1600 2ND AVENUE NORTH
NASHVILLE TN 372082206
ATTN: MR. SCOTT POTTER

MONITORING PERIOD
MM/DD/YYYY MM/DD/YYYY
FROM 10/01/2021 TO 10/31/2021

NO DISCHARGE []

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Rainfall duration	SAMPLE MEASUREMENT	9.00	*****		*****	*****	*****	****			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	****		Daily When Discharging	CALCTD
Rainfall	SAMPLE MEASUREMENT	3.46	*****		*****	*****	*****	****			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	****		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE MEASUREMENT	5.160	7.440		*****	*****	*****	****			
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	7	*****		*****	*****	*****	****			
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 to assure that qualified personnel properly gather and evaluate the information 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 submitted 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, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
SCOTT A. POTTER DIRECTOR			615 862-4591	11/10/2021
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE NUMBER

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

Oct 2021

**CENTRAL WASTEWATER TREATMENT PLANT
CSO - 033 - SCHRADER LANE**

DATE	Effluent Flow MGD	Number of Discharges from Outfall	Rainfall causing a Discharge Inches	Rain Duration causing a Discharge Hours	Number of Rain Events Not causing a Discharge	Reason for Bypassing
1						
2	0.048	1	0.35	5.00		Rain, Overflow Duration = 0.50 hours
3	3.098		1.23	6.00		Rain, Overflow Duration = 1.75 hours
4						
5	0.184	1	0.48	3.00		Rain, Overflow Duration = 0.67 hours
6	0.020		0.72	10.00		Rain, Overflow Duration = 0.42 hours
7						
8						
9						
10						
11						
12					1	
13						
14						
15	0.869	1	0.73	5.00		Rain, Overflow Duration = 0.83 hours
16			0.05	2.00		
17						
18						
19						
20						
21						
22						
23						
24						
25	1.442	1	1.39	4.00		Rain, Overflow Duration = 3.00 hours
26						
27						
28	0.019	1	0.63	7.00		Rain, Overflow Duration = 0.42 hours
29			0.33	10.00		
30					1	
31					1	
TOTAL	5.680	5	5.91	52.00	3	
AVG	0.811	1	0.66	5.78	1	
MAX	3.098	1	1.39	10.00	1	
MIN	0.019	1	0.05	2.00	1	
COUNT	7	5	9	9	3	

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NATIONAL POLLUTANT 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

TN0020575
PERMIT NUMBER

033 G
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 372082206

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

FACILITY NASHVILLE-CENTRAL STP
LOCATION 1600 2ND AVENUE NORTH
NASHVILLE TN 372082206
ATTN: MR. SCOTT POTTER

MONITORING PERIOD
FROM 10/01/2021 TO 10/31/2021

NO DISCHARGE []

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Rainfall duration	SAMPLE MEASUREMENT	52.00	*****		*****	*****	*****	****			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	****		Daily When Discharging	CALCTD
Rainfall	SAMPLE MEASUREMENT	5.91	*****		*****	*****	*****	****			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	****		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE MEASUREMENT	0.811	3.098		*****	*****	*****	****			
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	5	*****		*****	*****	*****	****			
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	Y=1;N=0	*****	*****	*****	****		Daily When Discharging	CALCTD

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SCOTT A. POTTER DIRECTOR			615 862-4591	11/10/2021
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	MM/DD/YYYY

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

Oct 2021

**CENTRAL WASTEWATER TREATMENT PLANT
CSO - 035 - DRIFTWOOD**

DATE	Effluent Flow MGD	Number of Discharges from Outfall	Rainfall causing a Discharge Inches	Rain Duration causing a Discharge Hours	Number of Rain Events Not causing a Discharge	Reason for Bypassing
1						
2					1	
3					1	
4						
5					1	
6					1	
7						
8						
9						
10						
11						
12					1	
13						
14						
15					1	NO DISCHARGE FOR THIS SITE FOR THIS MONTH
16					1	
17						
18						
19						
20					1	
21						
22						
23					1	
24						
25					1	
26						
27						
28					1	
29					1	
30					1	
31						
TOTAL	0.000	0	0.00	0.00	11	
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	11	

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved

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

TN0020575
 PERMIT NUMBER

035 G
 DISCHARGE NUMBER

DMR Mailing ZIP CODE: 372082206

MAJOR \$
 (SUBR 04)
 DRIFTWOOD MI 192.0 CSO
 External Outfall

OMB NO. 2040-0004

FACILITY NASHVILLE-CENTRAL STP
 LOCATION 1600 2ND AVENUE NORTH
 NASHVILLE TN 372082206
 ATTN: MR. SCOTT POTTER

MONITORING PERIOD
 MM/DD/YYYY TO MM/DD/YYYY
 FROM 10/01/2021 TO 10/31/2021

NO DISCHARGE [X]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Rainfall duration	SAMPLE MEASUREMENT	0.00	*****		*****	*****	*****	****			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	nr	*****	*****	*****	****		Daily When Discharging	CALCTD
Rainfall	SAMPLE MEASUREMENT	0.00	*****		*****	*****	*****	****			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	****		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE 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	11	*****		*****	*****	*****	****			
51407 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	*****	*****	*****	****		Daily When Discharging	CALCTD
Discharge event observation	SAMPLE 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 to assure that qualified personnel properly gather and evaluate the information 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 submitted 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, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
SCOTT A. POTTER DIRECTOR		615 862-4591	11/10/2021
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER

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

Oct 2021

**CENTRAL WASTEWATER TREATMENT PLANT
CSO - 047 - BOSCOBEL**

DATE	Effluent Flow MGD	Number of Discharges from Outfall	Rainfall causing a Discharge Inches	Rain Duration causing a Discharge Hours	Number of Rain Events Not causing a Discharge	Reason for Bypassing
1						
2			0.40	5.00		
3	0.213	1	1.69	7.00		Rain, Overflow Duration = 1.17 hours
4						
5	0.015	1	0.41	4.00		Rain, Overflow Duration = 0.17 hours
6	0.037		0.59	8.00		Rain, Overflow Duration = 0.25 hours
7						
8						
9						
10						
11						
12						
13						
14						
15	0.006	1	0.61	5.00		Rain, Overflow Duration = 0.17 hours
16			0.05	2.00		
17						
18						
19						
20						
21						
22						
23						
24						
25	0.095	1	1.37	5.00		Rain, Overflow Duration = 2.00 hours
26						
27						
28	0.034	1	0.73	8.00		Rain, Overflow Duration = 0.42 hours
29			0.29	11.00		
30					1	
31						
TOTAL	0.400	5	6.14	55.00	1	
AVG	0.067	1	0.68	6.11	1	
MAX	0.213	1	1.69	11.00	1	
MIN	0.006	1	0.05	2.00	1	
COUNT	6	5	9	9	1	

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NATIONAL POLLUTANT 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

TN0020575
PERMIT NUMBER

047 G
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 372082206

MAJOR \$
(SUBR 04)
BOSCOBEL MI 192.6 CSO
External Outfall

FACILITY NASHVILLE-CENTRAL STP
LOCATION 1600 2ND AVENUE NORTH
NASHVILLE TN 372082206
ATTN: MR. SCOTT POTTER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 10/01/2021	TO 10/31/2021

NO DISCHARGE []

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Rainfall duration	SAMPLE MEASUREMENT	55.00	*****		*****	*****	*****	****			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	nr	*****	*****	*****	****		Daily When Discharging	CALCTD
Rainfall	SAMPLE MEASUREMENT	6.14	*****		*****	*****	*****	****			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	****		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE MEASUREMENT	0.067	0.213		*****	*****	*****	****			
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	1	*****		*****	*****	*****	****			
51407 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	*****	*****	*****	****		Daily When Discharging	CALCTD
Discharge event observation	SAMPLE MEASUREMENT	5	*****		*****	*****	*****	****			
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 to assure that qualified personnel properly gather and evaluate the information 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 submitted 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, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
SCOTT A. POTTER DIRECTOR			615 862-4591
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	MM/DD/YYYY
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			