2021

CENTRAL WASTEWATER TREATMENT PLANT CSO - 019 - KERRIGAN

						1
		Number of	Rainfall	Rain Duration	Number of	
	Effluent	Discharges	causing a	causing a	Rain Events	
DATE	Flow	from	Discharge	Discharge	Not causing	Denore for Dimension
DATE	MGD	Outfall	Inches	Hours	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						
21						
22						
23						
24	30.00	1	1.51	5.00		Rain, Overflow Duration = 4.47 hours
26	00.00	· ·		0.00		
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	J

TN 372082206

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

019 G

OMB NO. 2040-0004 DMR Mailing ZIP CODE: 372082206 MAJOR \$ (SUBR 04) EJM KERRIGAN AT MI 190.4 CSO

External Outfall

NASHVILLE-CENTRAL STP FACILITY LOCATION 1600 2ND AVENUE NORTH

ADDRESS 1600 2ND AVENUE NORTH

NASHVILLE

NASHVILLE T ATTN: MR. SCOTT POTTER TN 372082206

NASHVILLE-CENTRAL STP

NAME

PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD

TN0020575

	MM/DD/YYYY		MM/DD/YYYY
FROM	10/01/2021	то	10/31/2021

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	36.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.								Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****	hr	*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	5.14	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	10.200	30.000		*****	*****	*****	****			
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	5.00	*****		*****	*****	*****	****			
51407 1 0	PERMIT	Req. Mon.		occur/mo						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Discharge event observation	SAMPLE										
	MEASUREMENT	5.00	*****		*****	*****	*****	****			
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	11/10/2021
	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

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
			r			
1			0.05	F 00		
2	0.074	4	0.35	5.00		
3	0.974	1	1.23	6.00		Rain, Overflow Duration = 2.75 hours
4	0 102	1	0.20	2.00		Dain Quarflow Duration = 0.42 hours
5 6	0.102	I	0.39	3.00		Rain, Overflow Duration = 0.42 hours
0 7	0.022		0.34	9.00		Rain, Overflow Duration = 0.83 hours
8						
0 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						
	1.981	4	4.53	34.00	3	
TOTAL	0.330	4	4.53	4.86	<u> </u>	
AVG	0.330	1	1.45	9.00	1	
MAX MIN	0.974	1	0.04	2.00	1	
	0.004	4	0.04	2.00	3	
COUNT	0	4	/	/	5	

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	10/01/2021	то	10/31/2021

DMR Mailing ZIP CODE: 372082206

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

NO DISCHARGE []

		10/01/2021 10/21/2021						· · · · · · · · · · · · · · · · · · ·			
NASHVILLE TN 3 ATTN: MR. SCOTT POTTER	372082206		FROM	10/01/2021 то	10/31/2021	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	34.00	*****		*****	*****	*****	****			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	****		Daily When Discharging	CALCTD
Rainfall	SAMPLE	4.53	*****		*****	*****	*****	****			
46529 1 0 Effluent Gross	PERMIT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	****		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE	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	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	11/10/2021
	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	Rainfall	Rain Duration	Number of	
	Effluent	Discharges	causing a	causing a	Rain Events	
DATE	Flow	from	Discharge	Discharge	Not causing	Prove for Provider
DATE	MGD	Outfall	Inches	Hours	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	2.00		1.00	7.00		
5					1	
6					1	
7					-	
8						
9						
10						
11						
12						
13						
14						
15					1	
16					1	
17						
18						
19						
20						
21						
22						
23						
24	7.44		1.07	O		
25	7.44	1	1.37	5.00		Rain, Overflow Duration = 2.67 hours
26						
27 28					1	
28 29					1	
30					1	
30					I	
51						
TOTAL	10.320	2	3.46	9.00		
AVG	5.160	1	1.15	0.00		
MAX	7.440	1	1.69			
MIN	2.880	. 1	0.40			
COUNT	2.000	2	3	3	7	
0000		2	0	0	,	

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	10/01/2021	то	10/31/2021

DMR Mailing ZIP CODE: 372082206

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

NO DISCHARGE []

ATTN: MR. SCOTT POTTER	0/2002200	•	FROM	10/01/2021 10	10/01/2021	J					
		QUANTITY OR LOADING				QUALITY OR CO	NCENTRATIO	N	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 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

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,							
or those persons directly responsible for gathering the information, the information		615 862-4591	11/10/2021				
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					
including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	CODE NUMBER	MM/DD/YYYY				
	prepared under my direction or supervision in accordance with a system designed 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, 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. I am aware that there are significant penalties for submitting false information,	prepared under my direction or supervision in accordance with a system designed 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, 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. I am aware that there are significant penalties for submitting false information, SIGNATURE OF PRINCIPAL EXECUTIVE	prepared under my direction or supervision in accordance with a system designed 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, 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. I am aware that there are significant penalties for submitting false information, I am aware that there are significant penalties for submitting false information, I am aware that there are significant penalties for submitting false information, I am aware that there are significant penalties for submitting false information, I am aware that there are significant penalties for submitting false information, I am aware that there are significant penalties for submitting false information, I am aware that there are significant penalties for submitting false information, I am aware that there are significant penalties for submitting false information, I am aware that there are significant penalties for submitting false information, I am aware that there are significant penalties for submitting false information, I am aware that there are significant penalties for submitting false information, I am aware that there are significant penalties for submitting false information, I am aware that there are significant penalties for submitting false information, I am aware that there are significant penalties for submitting false information, I am aware that there are significant penalties for submitting false information, I am aware that there are significant penalties for submitting false information, I am aware that there are significant penalties for submitting false information, I am aware that there are significant penalties for submitting false information, I am aware that there are significant penalties for submitting false information, I am aware that there are significant penalties for submitting false information				

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

		Number of	Rainfall	Rain Duration	Number of	
	Effluent	Discharges	causing a	causing a	Rain Events	
DATE	Flow MGD	from	Discharge	Discharge	Not causing	Beasen for Burgessing
DATE	MGD	Outfall	Inches	Hours	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						
21						
22						
23						
25	1.442	1	1.39	4.00		Rain, Overflow Duration = 3.00 hours
26	1.772	1	1.00	÷.00		
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]

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 033 G MAJOR PERMIT NUMBER DISCHARGE NUMBER (SUBR SCHRA				MAJOR (SUBR 04) SCHRADER L External Outfa	(SUBR 04) EMH SCHRADER LN MI 184.7 CSO External Outfall			RGE []
PARAMETER								r	NO.	FREQUENCY	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE							_			
	MEASUREMENT	52.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.		hr						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE	5.04									
	MEASUREMENT	5.91	*****		*****	*****	*****	****		_	
46529 1 0	PERMIT	Req. Mon.	*****	in	*****	*****	*****	****		Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL								Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	0.811	3.098		*****	*****	*****	****			
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	3	*****		*****	*****	*****	****			
51407 1 0	MEASUREMENT	•		00011/1000						Dailv When	
Effluent Gross	PERMIT	Req. Mon. MO TOTAL	*****	occur/mo	*****	*****	*****	****		Discharging	CALCTD
Discharge event observation	SAMPLE				+		+		ł		
	-	5	*****		*****	*****	*****	****			
84165 1 0	MEASUREMENT PERMIT	Reg. Mon.		Y=1;N=0			+			Daily When	+
Effluent Gross	REQUIREMENT	MO TOTAL	*****	1-1,11-0	****	*****	*****	****		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	11/10/2021	
	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 VIOLA	ATIONS (Reference all attachments here)			

2021

CENTRAL WASTEWATER TREATMENT PLANT CSO - 035 - DRIFTWOOD

			<u> </u>			
		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					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					I	
TOTAL	0.000	0	0.00	0.00	11	
AVG	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	1	
	0.000	0	0.00	0.00	1	
MAX	0.000	0	0.00	0.00	1	
	0.000	0	0.00	0.00	11	
COUNT	0	0	U	0		l

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 S	STP						DMR Mailing	ZIP CODE:	372082	206		
ADDRESS 1600 2ND AVENUE NOR	TN0020575		035 G MAJOR \$		\$							
NASHVILLE TN 372082206			PERMIT N	IUMBER	DISCHARGE NUMB	BER	(SUBR 04)					
							DRIFTWOOD	MI 192.0 CS	SO			
FACILITY NASHVILLE-CENTRAL S	STP			MONITORING PE	ERIOD		External Outfa	all				
LOCATION 1600 2ND AVENUE NOP	RTH			MM/DD/YYYY	MM/DD/YYYY					NO DISCHARGE [
NASHVILLE TN 3	372082206		FROM	10/01/2021 то	10/31/2021							
NASHVILLE TN 3 ATTN: MR. SCOTT POTTER		•		· · · · ·		-						
		QUA	NTITY OR LO	DADING		QUALITY OR C	ONCENTRATIC	N				
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	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	

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	11/10/2021
	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

						· · · · · · · · · · · · · · · · · · ·
		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			0.40	5.00		
3	0.213	1	1.69	7.00		Rain, Overflow Duration = 1.17 hours
4	0.210		1.00	7.00		
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						
22						
23						
24	0.095	1	1.37	5.00		Rain, Overflow Duration = 2.00 hours
25	0.095	1	1.57	5.00		
27						
28	0.034	1	0.73	8.00		Rain, Overflow Duration = 0.42 hours
29	0.001		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	

Oct

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

Form Approved OMB NO. 2040-0004

NAME NASHVILLE-CENTRAL S ADDRESS 1600 2ND AVENUE NOR NASHVILLE TN 3 FACILITY NASHVILLE-CENTRAL S LOCATION 1600 2ND AVENUE NOR NASHVILLE TN 3 ATTN: MR.			MONITORING PE MM/DD/YYYY 10/01/2021	047 G DISCHARGE NUMBI RIOD MM/DD/YYYY 10/31/2021		DMR Mailing MAJOR (SUBR 04) BOSCOBEL M External Outfa	\$ 1I 192.6 CSC II			3 NO. 2040-0004	
PARAMETER									NO.	FREQUENCY	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE										1 1
	MEASUREMENT	55.00	*****		*****	*****	*****	****			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	****		Daily When Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	6.14	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	0.067	0.213		*****	*****	*****	****			
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	1	*****		*****	*****	*****	****			
51407 1 0	PERMIT	Req. Mon.		occur/mo						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Discharge event observation	SAMPLE										
	MEASUREMENT	5	*****		*****	*****	*****	****			
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	11/10/2021
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)