2020

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	9.30		0.38	2.00		Rain, Overflow Duration = 8.52 hours
2						
3					1	
4						
5						
6						
7						
8 9						
9 10						
10						
12	1.56	1	0.47	2.00		Rain, Overflow Duration = 2.83 hours
12	1.50	· · · ·	0.47	2.00	1	
13					1	
15					1	
16						
17						
18						
19						
20						
21	1.56	1	0.96	11.00		Rain, Overflow Duration = 4.35 hours
22	26.72		1.10	5.00		Rain, Overflow Duration = 13.10 hours
23						
24						
25						
26						
27						
28	2.58	1	0.78	7.00		Rain, Overflow Duration = 3.82 hours
29			0.16	2.00		
30	14.77	1	1.08	7.00		Rain, Overflow Duration = 3.12 hours
31					1	
TOTAL	56.49	4	4.93	36.00	5	
AVG	9.42	1	0.70	5.14	1	
MAX	26.72	1	1.10	11.00	1	
MIN	1.56		0.16	2.00	1	
COUNT	6.00	4	7	7	5	J

TN 372082206

NASHVILLE-CENTRAL STP

ADDRESS 1600 2ND AVENUE NORTH

NASHVILLE

FACILITY NASHVILLE-CENTRAL STP

NAME

.....

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

08/31/2020

TN0020575	019 G			
PERMIT NUMBER	DISCHARGE NUMBE			
MONITORIN	G PERIOD			
MM/DD/YYYY	MM/DD/YYYY			

08/01/2020 то

FROM

DMR Mai	ling ZIP CODE:	372082206
MAJOR	\$	

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

NO DISCHARGE []

LOCATION 1600 2ND AVENUE NORTH NASHVILLE TN 372082206 ATTN: MR. SCOTT POTTER

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	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	4.93	*****		****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	9.415	26.720		*****	*****	*****	****			
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	4.00	*****		*****	*****	*****	****			
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 sumbitted is, to the best of my knowledge and belief, true, accurate, and complete.	615 862-4591	09/10/2020	
	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 VIOLAT	FIONS (Reference all attachments here)			

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Form Approved OMB NO. 2040-0004

2020

CENTRAL WASTEWATER TREATMENT PLANT CSO - 023 - BENEDICT & CRUTCHER

			r			
		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	0.172		0.45	2.00		Rain, Overflow Duration = 1.67 hours
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12	2.207	1	1.49	4.00		Rain, Overflow Duration = 2.00 hours
13						
14					1	
15						
16						
17						
18						
19						
20						
21	0.003	1	1.11	12.00		Rain, Overflow Duration = 0.42 hours
22	1.430		1.29	4.00		Rain, Overflow Duration = 3.17 hours
23					1	
24						
25						
26			0.00	0.00		
27			0.02	2.00		
28	0.099	1	0.75	6.00		Rain, Overflow Duration = 0.42 hours
29	0.002		0.32	4.00		Rain, Overflow Duration = 0.17 hours
30	0.609		1.18	8.00		Rain, Overflow Duration = 1.92 hours
31	0.164	1	0.39	4.00		Rain, Overflow Duration = 0.33 hours
	4.000		7 001	40.00		
TOTAL	4.686		7.00	46.00	2	
AVG	0.586		0.78	5.11		
MAX	2.207	1	1.49	12.00	1	
MIN	0.002		0.02 9	2.00 9		
COUNT	8	4	9	9	2	J

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

										B NO. 2040-0004		
NAME NASHVILLE-CENTRAL S	STP						DMR Mailing ZIP CODE: 372082206					
ADDRESS 1600 2ND AVENUE NOR	RTH	TN0020575		023 G	023 G MAJOR \$							
NASHVILLE TN 372082206			PERMIT	NUMBER	DISCHARGE NUMBI	ER	(SUBR 04)					
						-	BENEDICT &		191.6 C	SO		
FACILITY NASHVILLE-CENTRAL S	STP			MONITORING PE		1	External Outfa	II				
LOCATION 1600 2ND AVENUE NOT	≺IH			MM/DD/YYYY	MM/DD/YYYY	4				NO DISCHARGE []		
NASHVILLE TN 3	372082206		FROM	08/01/2020 то	08/31/2020	J						
ATTN: MR. SCOTT POTTER												
		QUA	NTITY OR LO	OADING		QUALITY OR CO	NCENTRATION	N	NO.			
PARAMETER						· · · · · · · · · · · · · · · · · · ·				FREQUENCY	SAMPLE	
				1.11.11.70					EX	OF ANALYSIS	TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
Rainfall duration	SAMPLE	40.00	*****		*****	*****	*****	****				
	MEASUREMENT	46.00	*****		*****	*****	*****	****				
00135 1 0	PERMIT	Req. Mon.	*****	hr	*****	*****	*****	****		Daily When		
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD	
Rainfall	SAMPLE											
	MEASUREMENT	7.00	*****		*****	*****	*****	****				
46529 1 0	PERMIT	Req. Mon.		in						Daily When		
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD	
Flow, in conduit	SAMPLE											
	MEASUREMENT	0.586	2.207		*****	*****	*****	****				
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	2.00	*****		*****	*****	*****	****				
51407 1 0	PERMIT	Req. Mon.		occur/mo						Daily When		
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD	
Discharge event observation	SAMPLE											
	MEASUREMENT	4.00	*****		*****	*****	*****	****				
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	09/10/2020					
	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)								

EPA Form 3320-1 (Rev. 01/06) Previous editions may be used.

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2020

CENTRAL WASTEWATER TREATMENT PLANT CSO - 024 - WASHINGTON DC

	·	r r				
		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	13.940	1	1.60	3.00		Rain, Overflow Duration = 1.80 hours
13						
14					1	
15						
16						
17						
18						
19						
20						
21			0.66	12.00		
22	9.750	1	1.20	4.00		Rain, Overflow Duration = 1.98 hours
23						
24						
25						
26						
27					1	
28					1	
29					1	
30	3.810	1	1.27	7.00		Rain, Overflow Duration = 1.15 hours
31					1	
TOTAL	27.500	3	4.73	26.00	6	
AVG	9.167	1	1.18	6.50	1	
MAX	13.940	1	1.60	12.00	1	
MIN	3.810	1	0.66	3.00	1	
COUNT	3	3	4	4	6	
		· · · · · · · · · · · · · · · · · · ·				

NASHVILLE TN 372082206

NASHVILLE-CENTRAL STP

ADDRESS 1600 2ND AVENUE NORTH

FACILITY NASHVILLE-CENTRAL STP

LOCATION 1600 2ND AVENUE NORTH

NAME

.....

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

 TN0020575
 024G

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 FROM
 08/01/2020
 TO
 08/31/2020

DMR Mailing ZIP CODE: 372082206 MAJOR \$

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

NO DISCHARGE [x]

NASHVILLE TN 372082206 ATTN: MR. SCOTT POTTER

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					-	
PARAMETER									NO.	FREQUENCY	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE										
	MEASUREMENT	26.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.		hr						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	4.73	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	9.167	13.940		*****	*****	*****	****			
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	3	*****		*****	*****	*****	****			
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	09/10/2020
	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 VIOLAT	TIONS (Reference all attachments here)			

1

Form Approved OMB NO. 2040-0004

2020

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
1	0.893		0.42	6.00		Rain, Overflow Duration = 0.83 hours
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12	2.206	1	2.06	3.00		Rain, Overflow Duration = 1.42 hours
13						
14					1	
15						
16						
17						
18						
19						
20						
21	0.041	1	0.92	12.00		Rain, Overflow Duration = 0.58 hours
22	1.701		1.21	4.00		Rain, Overflow Duration = 1.83 hours
23					1	
24						
25						
26						
27			0.01	1.00		
28	0.361	1	1.13	8.00		Rain, Overflow Duration = 0.75 hours
29	0.039		0.32	5.00		Rain, Overflow Duration = 0.42 hours
30	1.509		1.05	8.00		Rain, Overflow Duration = 1.50 hours
31			0.09	4.00		
		I				
TOTAL	6.750	3	7.21	51.00	2	
AVG	0.964	1	0.80	5.67	1	
MAX	2.206	1	2.06	12.00	1	
MIN	0.039	1	0.01	1.00	1	
COUNT	7	3	9	9	2	
		Ţ	-	Ţ	_	

TN 372082206

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

 TN0020575
 033 G

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD

 MM/DD/YYYY

 FROM
 08/01/2020

DMR Mailin	g ZIP	CODE:	372082206	
MAJOR	\$			

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

NO DISCHARGE []

NASHVILLE TN 372082206 ATTN: MR. SCOTT POTTER

NASHVILLE-CENTRAL STP

ADDRESS 1600 2ND AVENUE NORTH

NASHVILLE

FACILITY NASHVILLE-CENTRAL STP

LOCATION 1600 2ND AVENUE NORTH

NAME

.

QUANTITY OR LOADING QUALITY OR CONCENTRATION PARAMETER NO. FREQUENCY SAMPLE TYPE EX OF ANALYSIS VALUE VALUE UNITS VALUE VALUE VALUE UNITS Rainfall duration SAMPLE 51.00 ***** ***** ***** ***** **** MEASUREMENT 00135 1 0 Reg. Mon. hr Daily When PERMIT Effluent Gross MO TOTAL ***** ***** ***** ***** **** CALCTD Discharging REQUIREMENT Rainfall SAMPLE 7.21 ***** ***** ***** ***** **** MEASUREMENT 46529 1 0 Reg. Mon. Daily When PERMIT in ***** ***** ***** ***** **** Effluent Gross MO TOTAL Discharging CALCTD REQUIREMENT Flow, in conduit SAMPLE 0.964 2.206 ***** ***** ***** **** MEASUREMENT Mgal/d 50050 1 0 Reg. Mon. Req. Mon. Daily When PERMIT ***** ***** ***** **** Effluent Gross MO AVG DAILY MX Discharging CONTIN REQUIREMENT Rainfall events with no discharge SAMPLE 2 ***** ***** ***** ***** **** MEASUREMENT 51407 1 0 PERMIT Req. Mon. occur/mo Daily When ***** ***** ***** ***** **** Effluent Gross MO TOTAL Discharging CALCTD REQUIREMENT Discharge event observation SAMPLE 3 ***** ***** ***** ***** **** MEASUREMENT 84165 1 0 Req. Mon. Y=1:N=0 Daily When PERMIT ***** ***** ***** ***** **** Effluent Gross Discharging MO TOTAL CALCTD REQUIREMENT

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			
DIRECTOR	submitted. Based on my inquiry of the person or persons who manage the system,		045 000 4504	00/40/0000
DIRECTOR	or those persons directly responsible for gathering the information, the information		615 862-4591	09/10/2020
	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 VIO	DLATIONS (Reference all attachments here)			

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Form Approved OMB NO. 2040-0004

2020

CENTRAL WASTEWATER TREATMENT PLANT CSO - 035 - DRIFTWOOD

	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					1	
15						NO DISCHARGE FOR THIS SITE FOR THIS MONTH
16					1	
17						
18						
19						
20						
21					1	
22					1	
23						
24						
25						
26						
27					1	
28					1	
29					1	
30					1	
31					1	
TOTAL	0.000	0	0.00	0.00	10	
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	•	
30011	U	V	•	0	10	l

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

Form Approved OMB NO. 2040-0004

			DISCH	ARGE MONITORING R	EPORT (DMR)					OM	B NO. 2040-0004		
NAME NASHVILLE-CENTRAL ST	ſP						DMR Mailing 2	ZIP CODE: 3	3720822	06			
ADDRESS 1600 2ND AVENUE NORT	Н		Т	N0020575	035 G		MAJOR	\$					
NASHVILLE TN 37	2082206		PERMIT N	UMBER	DISCHARGE NUMBI	ER	(SUBR 04)						
							DRIFTWOOD		C				
FACILITY NASHVILLE-CENTRAL ST	-P	MONITORING PERI		-		External Outfal	II						
LOCATION 1600 2ND AVENUE NOR	IH			MM/DD/YYYY	MM/DD/YYYY					NO DISCHARGE [X]			
NASHVILLE TN 37	2082206		FROM	08/01/2020 то	08/31/2020)20							
NASHVILLE TN 37 ATTN: MR. SCOTT POTTER	-		-	-			-						
		QUA	NTITY OR LO	DADING		QUALITY OR C	ONCENTRATIO	N					
PARAMETER								NO.	FREQUENCY	SAMPLE			
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE		
Rainfall duration	SAMPLE	VALUE	VALUE		VALUE	VALUE	VALUE	UNITS					
	-	0.00	*****		*****	*****	*****	****					
00135 1 0	MEASUREMENT			hr						Daily When			
Effluent Gross	PERMIT	Req. Mon. MO TOTAL	*****	111	*****	*****	*****	****		Discharging	CALCTD		
Rainfall	SAMPLE									Discharging	CALCID		
	-	0.00	*****		*****	*****	*****	****					
46529 1 0	MEASUREMENT	Reg. Mon.		in						Daily When			
Effluent Gross	PERMIT	MO TOTAL	*****	in	*****	*****	*****	****		Discharging	CALCTD		
Flow, in conduit	SAMPLE	MOTOTAL								Discharging	UALOTD		
	MEASUREMENT	#DIV/0!	0.000		*****	*****	*****	****					
50050 1 0	PERMIT	Reg. Mon.	Reg. Mon.	Mgal/d						Daily When			
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX		*****	*****	*****	****		Discharging	CONTIN		
Rainfall events with no discharge	SAMPLE												
5	MEASUREMENT	10	*****		*****	*****	*****	****					
51407 1 0	PERMIT	Reg. 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 DIRECTOR	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	09/10/2020
TYPED OR PRINTED	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, 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 VIOLAT	IONS (Reference all attachments here)	· · · · · · · · · · · · · · · · · · ·		·
EPA Form 3320-1 (Rev. 01/06) Previous ec	litions may be used.		PAGE	1

2020

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
			<u> </u>			
1	0.179		0.41	2.00		Rain, Overflow Duration = 0.33 hours
2						
3						
4						
5						
6						
7						
8						
9						
10						
11	0.000		1.00	3.00		Dain Quarflow Duration = 0.67 hours
12	0.620	1	1.60	3.00		Rain, Overflow Duration = 0.67 hours
13					1	
14 15					I	
15						
17						
17						
10						
20						
20	0.017	1	0.66	12.00		Rain, Overflow Duration = 0.25 hours
22	0.697	1	1.20	4.00		Rain, Overflow Duration = 2.08 hours
23	0.037		1.20	4.00		
24						
25						
26						
27					1	
28	0.060	1	0.89	6.00	•	Rain, Overflow Duration = 0.17 hours
29	0.023		0.17	2.00		Rain, Overflow Duration = 0.08 hours
30	0.490	1	1.27	7.00		Rain, Overflow Duration = 1.00 hours
31	0.036		0.33	5.00		Rain, Overflow Duration = 0.25 hours
-						
TOTAL	2.122	5	6.53	41.00	2	
AVG	0.265		0.82	5.13	1	
MAX	0.697	1	1.60	12.00	1	
MIN	0.017	1	0.17	2.00	1	
COUNT	8	5	8	8		
						,

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

Form Approved OMB NO. 2040-0004

NAME NASHVILLE-CENTRAL ST ADDRESS 1600 2ND AVENUE NORT NASHVILLE TN 37 FACILITY NASHVILLE-CENTRAL ST LOCATION 1600 2ND AVENUE NOR NASHVILLE TN 37 ATTN: MR. SCOTT POTTER	ґН '2082206 ГР ТН	QUA	FROM	MONITORING PEI мм/dd/үүүү 08/01/2020 то	мм/dd/үүүү 08/31/2020		DMR Mailing 2 MAJOR (SUBR 04) BOSCOBEL M External Outfa	\$ 1I 192.6 CSO II	T	NO DISCHARGE []		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
Rainfall duration	SAMPLE	41.00	*****		*****	*****	*****	****				
00135 1 0 Effluent Gross	PERMIT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	****		Daily When Discharging	CALCTD	
Rainfall	SAMPLE	6.53	*****		*****	*****	*****	****				
46529 1 0 Effluent Gross	PERMIT	Req. Mon. MO TOTAL	****	in	****	*****	*****	****		Daily When Discharging	CALCTD	
Flow, in conduit	SAMPLE MEASUREMENT	0.265	0.697		****	*****	*****	****				
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	2	*****		*****	*****	*****	****				
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		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	09/10/2020
	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 VIOL	ATIONS (Reference all attachments here)			

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

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