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 |
| | | T | | | | , |
| 1 2 | | | | | | |
| 2 | | | | | | |
| 4 | | | | | | |
| - 4 5 | | | | | | |
| 6 | 0.10 | 1 | 0.03 | 1.00 | | Isolated Rain, Overflow Duration = 0.20 hours |
| 7 | 0.10 | | 0.03 | 1.00 | 1 | |
| 8 | | | | | | |
| 9 | | | | | 1 | |
| 10 | | | | | 1 | |
| 11 | | | | | • | |
| 12 | | | | | | |
| 13 | | | | | | |
| 14 | | | | | | |
| 15 | | | | | | |
| 16 | | | | | 1 | |
| 17 | | | | | | |
| 18 | | | | | | |
| 19 | | | | | | |
| 20 | | | | | 1 | |
| 21 | | | | | | |
| 22 | | | | | | |
| 23 | | | | | | |
| 24 | | | | | | |
| 25 | | | | | | |
| 26 | | | | | 1 | |
| 27 | | | | | | |
| 28 | | | | | | |
| 29 | | | | | 1 | |
| 30 | | | | | | |
| 31 | | | | | | |
| | 0.10 | | 0.00 | 1.00 | | |
| TOTAL | 0.10 | | 0.03 | 1.00 | 7 | |
| AVG | 0.10 | 1 | 0.03 | 1.00 | 1 | |
| MAX | 0.10 0.10 | 1 | 0.03 | 1.00 1.00 | 1 | |
| MIN | 1.00 | | 0.03 1 | 1.00 | 7 | |
| COUNT | 1.00 | 1 | 1 | I | / | J |

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

Form Approved OMB NO. 2040-0004

| NAME NASHVILLE-CENTRAL | STP | DMR Mailing ZIP C | | | | | ZIP CODE: | 372082 | | 5 NO. 2040-0004 | | |
|-----------------------------------|-----------------------|---------------------|-----------------------|---------------|------------------|---------------|--------------------------|--------|----|-----------------|--------|--|
| ADDRESS 1600 2ND AVENUE NOF | ₹TH | | TI | N0020575 | 019 G | | MAJOR | \$ | | | | |
| NASHVILLE TN 3 | 372082206 | • | PERMIT NUMBER DI | | DISCHARGE NUMBER | | (SUBR 04) | EJM | | | | |
| | | • | | | | | KERRIGAN AT MI 190.4 CSC | | | | | |
| FACILITY NASHVILLE-CENTRAL S | STP | • | MONITORING PE | | ERIOD | | External Outfa | all | | | | |
| LOCATION 1600 2ND AVENUE NO | RTH | • | | MM/DD/YYYY | MM/DD/YYYY | | | | | NO DISCHARGE [] | | |
| | 372082206 | | FROM | 08/01/2022 то | 08/31/2022 | | | | | | | |
| ATTN: MR. SCOTT POTTER | | • | | | | | | | | | | |
| | | QUA | NTITY OR LO | DADING | | QUALITY OR CO | ONCENTRATIO | N | | | | |
| PARAMETER | | | | | | | NO | | | FREQUENCY | SAMPLE | |
| | | | | | | | | | EX | OF ANALYSIS | TYPE | |
| - | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | | |
| Rainfall duration | SAMPLE | | | | | | | | | | | |
| | MEASUREMENT | 1.00 | ***** | | ***** | ***** | ***** | **** | | | | |
| 00135 1 0 | PERMIT | Req. Mon. | ***** | | ***** | ***** | ***** | **** | | Daily When | | |
| Effluent Gross | REQUIREMENT | MO TOTAL | ***** | hr | ***** | ***** | ***** | **** | | Discharging | CALCTD | |
| Rainfall | SAMPLE | 0.00 | ***** | | ***** | ***** | ***** | **** | | | | |
| 10500 1 0 | MEASUREMENT | 0.03 | ***** | | ***** | ***** | ***** | **** | | D 11 14# | | |
| 46529 1 0 | PERMIT | Req. Mon. | ***** | in | ***** | ***** | ***** | **** | | Daily When | | |
| Effluent Gross | REQUIREMENT | MO TOTAL | | | | | | | | Discharging | CALCTD | |
| Flow, in conduit | SAMPLE | 0.100 | 0.100 | | ***** | ***** | ***** | **** | | | | |
| | MEASUREMENT | | | Maal/d | | | | | | Deily M/here | | |
| 50050 1 0 Effluent Gross | PERMIT | Req. Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | ***** | ***** | ***** | **** | | Daily When | CONTIN | |
| Rainfall events with no discharge | REQUIREMENT SAMPLE | NIO AVG | | | | | | | | Discharging | | |
| | | 7.00 | ***** | | ***** | ***** | ***** | **** | | | | |
| 51407 1 0 | MEASUREMENT PERMIT | Req. Mon. | | occur/mo | | | | | | Daily When | | |
| Effluent Gross | | MO TOTAL | ***** | | ***** | ***** | ***** | **** | | Discharging | CALCTD | |
| Discharge event observation | SAMPLE | | | | | | | | | Districtinging | | |
| | MEASUREMENT | 1.00 | ***** | | ***** | ***** | ***** | **** | | | | |
| 84165 1 0 | PERMIT | Req. Mon. | | Y=1:N=0 | | | | | | Daily When | + | |
| Effluent Gross | REQUIREMENT | MO TOTAL | ***** | , | ***** | ***** | ***** | **** | | Discharging | CALCTD | |
| | 1 | | | | 1 | | 1 | | | | | |

| 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 | |
| | 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 | 09/10/2022 | |
| | 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 VIOLA | TIONS (Reference all attachments here) | | | |

1

2022

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 | r | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | 1 | |
| 7 | 0.906 | 1 | 0.49 | 1.00 | | Rain, Overflow Duration = 0.50 hours |
| 8 | | | | | | |
| 9 | | | | | 1 | |
| 10 | | | | | 1 | |
| 11 | | | | | | |
| 12 | | | | | | |
| 13 | | | | | | |
| 14 | | | | | | |
| 15 | | | | | | |
| 16 | | | | | 1 | |
| 17 | | | | | | |
| 18 | | | | | | |
| 19 | | | | | 1 | |
| 20 | | | | | 1 | |
| 21 | | | | | 4 | |
| 22 | | | | | 1 | |
| 23 | | | | | | |
| 24 | | | | | | |
| 25 26 | | | | | 1 | |
| 20 | | | | | I | |
| 27 | | | | | | |
| 28 | | | | | 1 | |
| 30 | | | | | 1 | |
| 31 | | | | | 1 | |
| | | | | | | |
| TOTAL | 0.906 | 1 | 0.49 | 1.00 | 10 | |
| AVG | 0.906 | 1 | 0.49 | 1.00 | 1 | |
| MAX | 0.906 | 1 | 0.49 | 1.00 | 1 | |
| MIN | 0.906 | 1 | 0.49 | 1.00 | 1 | |
| COUNT | 1 | 1 | 1 | 1 | 10 |] |

TN 372082206

NASHVILLE-CENTRAL STP

1600 2ND AVENUE NORTH

NASHVILLE-CENTRAL STP

NASHVILLE

LOCATION 1600 2ND AVENUE NORTH

NAME

ADDRESS

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 | 08/01/2022 | то | 08/31/2022 |

DMR Mailing ZIP CODE: 372082206

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

NO DISCHARGE []

| | | • | | | | 4 | | | | | |
|--|-----------------------|-----------------------|-----------------------|---------------|--------------------------|-------|-------|-------|-----|---------------------------|--------|
| NASHVILLE TN 3 ATTN: MR. SCOTT POTTER | 372082206 | | FROM | 08/01/2022 то | 08/31/2022 | J | | | | | |
| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. | FREQUENCY | SAMPLE |
| | | VALUE VALUE UNI | | UNITS | VALUE VALUE VALUE | | | UNITS | EX | OF ANALYSIS | TYPE |
| Rainfall duration | SAMPLE | | | | | | | | | | |
| | MEASUREMENT | 1.00 | ***** | | ***** | ***** | ***** | **** | | | |
| 00135 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO TOTAL | ***** | hr | ***** | ***** | ***** | **** | | Daily When Discharging | CALCTD |
| Rainfall | SAMPLE MEASUREMENT | 0.49 | ***** | | ***** | ***** | ***** | **** | | | |
| 46529 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO TOTAL | ***** | in | ***** | ***** | ***** | **** | | Daily When Discharging | CALCTD |
| Flow, in conduit | SAMPLE MEASUREMENT | 0.906 | 0.906 | | ***** | ***** | ***** | **** | | | |
| 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 | 10.00 | ***** | | ***** | ***** | ***** | **** | | | |
| 51407 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO TOTAL | ***** | occur/mo | ***** | ***** | ***** | **** | | Daily When Discharging | CALCTD |
| Discharge event observation | SAMPLE MEASUREMENT | 1.00 | ***** | | ***** | ***** | ***** | **** | | | |
| 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 sumbitted is, to the best of my knowledge and belief, true, accurate, and complete. | | 615 862-4591 | 09/10/2022 |
| | 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 VIOLA | TIONS (Reference all attachments here) | | | |

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Form Approved OMB NO. 2040-0004

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 |
| | | | I | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | 1 | |
| 7 | | | | | 1 | |
| 8 | | | | | 4 | |
| 9 | | | | | 1 | |
| 10 | | | | | 1 | |
| 11 | | | | | | |
| 12 | | | | | | |
| 13 | | | | | | |
| 14 | | | | | | |
| 15 | | | | | | |
| 16 | | | | | 1 | |
| 17 | | | | | 1 | |
| 18 | | | | | | |
| 19 | | | | | | |
| 20 | | | | | 1 | |
| 21 | | | | | 1 | |
| 22 | | | | | | |
| 23 | | | | | | |
| 24 | | | | | | |
| 25 | | | | | | |
| 26 | | | | | 1 | |
| 27 | | | | | | |
| 28 | | | | | | |
| 29 | | | | | 1 | |
| 30 | | | | | | |
| 31 | | | | | | |
| | | | | | | |
| TOTAL | 0.000 | | | 9.00 | | |
| AVG | #DIV/0! | #DIV/0! | #DIV/0! | | | |
| MAX | 0.000 | 0 | 0.00 | | | |
| MIN | 0.000 | 0 | 0.00 | | | |
| COUNT | 0 | 0 | 0 | 0 | 10 | |

TN 372082206

TN 372082206

NASHVILLE-CENTRAL STP

NASHVILLE-CENTRAL STP

ADDRESS 1600 2ND AVENUE NORTH

LOCATION 1600 2ND AVENUE NORTH

NASHVILLE

NASHVILLE

NAME

FACILITY

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

TN0020575 024G
DISCHARGE NUMBER
MONITORING PERIOD

| | MM/DD/YYYY | | MM/DD/YYYY |
|------|------------|----|------------|
| FROM | 08/01/2022 | то | 08/31/2022 |

DMR Mailing ZIP CODE: 372082206

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

NO DISCHARGE [X]

| | AX51VILLE IN 37202200 FROM 00/01/2022 10 00/31/2022 | | | | | | | | | | |
|-----------------------------------|---|-----------|--------------|----------|---------------------------|---------------|------------|-------|----------|-------------|--------|
| ATTN: MR. SCOTT POTTER | 1 | | ANTITY OR LO | | 1 | QUALITY OR CO | NCENTRATIO | N | <u> </u> | | 1 |
| PARAMETER | | | | | QUALITY ON CONCERTINATION | | | | NO. | FREQUENCY | SAMPLE |
| | | | | | | | | | EX | OF ANALYSIS | TYPE |
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Rainfall duration | SAMPLE | | | | | | | | | | |
| | MEASUREMENT | 9.00 | ***** | | ***** | ***** | ***** | **** | | | |
| 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 | 10 | ***** | | ***** | ***** | ***** | **** | | | |
| 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 |

| | 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 | 09/10/2022 | |
| | 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 VIOLA | TIONS (Reference all attachments here) | | | |
| | | | | |
| | | | | |

1

Form Approved OMB NO. 2040-0004

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 |
| | | | | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | 1 | |
| 7 | 0.035 | 1 | 0.33 | 2.00 | | Rain, Overflow Duration = 0.33 hours |
| 8 | | | | | | |
| 9 | | | | | 1 | |
| 10 | | | | | 1 | |
| 11 | | | | | 1 | |
| 12 | | | | | | |
| 13 | | | | | | |
| 14 | | | | | | |
| 15 | | | | | | |
| 16 | | | | | 1 | |
| 17 | | | | | | |
| 18 | | | | | | |
| 19 | | | | | | |
| 20 | 0.675 | 1 | 0.28 | 1.00 | | Rain, Overflow Duration = 0.75 hours |
| 21 | | | | | 1 | |
| 22 | | | | | | |
| 23 | | | | | | |
| 24 | | | | | | |
| 25 | 0.100 | | 0.50 | | | |
| 26 | 0.139 | 1 | 0.56 | 2.00 | | Rain, Overflow Duration = 0.67 hours |
| 27 | | | | | | |
| 28 | | | | | | |
| 29 | | | | | 1 | |
| 30 | | | | | 1 | |
| 31 | | | | | | |
| | 0.040 | | ا د د | F 00 | | 4 |
| TOTAL | 0.849 | | | 5.00 | 8 | |
| AVG | 0.283 | | 0.39 | 1.67 | 1 | 4 |
| MAX | 0.675 | | 0.56 | 2.00 | 1 | 4 |
| MIN | 0.035 | | 0.28 | 1.00 | 1 | 1 |
| COUNT | 3 | 3 | 3 | 3 | 8 | J |

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 ATTN: MR. SCOTT POTTER | | MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY FROM 08/01/2022 то 08/31/2022 | | | | DMR Mailing ZIP CODE: 372082206 MAJOR \$ (SUBR 04) EMH SCHRADER LN MI 184.7 CSO External Outfall NO DISCHARG | | | | :GE [] | |
|---|-----------------------|---|-----------------------|----------|-------|---|-------------------|-------|-----|---------------------------|----------------|
| PARAMETER | | QU | ANTITY OR L | OADING | | QUALITY OR CO | NCENTRATIO | N | NO. | FREQUENCY | SAMPLE TYPE |
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | |
| Rainfall duration | SAMPLE | 5.00 | ***** | | ***** | ***** | ***** | **** | | | |
| 00135 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO TOTAL | ***** | hr | ***** | ***** | **** | **** | | Daily When Discharging | CALCTD |
| Rainfall | SAMPLE MEASUREMENT | 1.17 | ***** | | ***** | ***** | ***** | **** | | | |
| 46529 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO TOTAL | ***** | in | ***** | ***** | ***** | **** | | Daily When Discharging | CALCTD |
| Flow, in conduit | SAMPLE MEASUREMENT | 0.283 | 0.675 | | ***** | ***** | ***** | **** | | | |
| 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 | ***** | | **** | ***** | ***** | **** | | | |
| 51407 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO TOTAL | ***** | occur/mo | ***** | ***** | ***** | **** | | Daily When Discharging | CALCTD |
| Discharge event observation | SAMPLE MEASUREMENT | 3 | ***** | | ***** | ***** | **** | **** | | | |
| 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, | | 045 000 4504 | 00/40/0000 |
| DIRECTOR | or those persons directly responsible for gathering the information, the information | | 615 862-4591 | 09/10/2022 |
| | 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 VIOLA | TIONS (Reference all attachments here) | | | |
| EPA Form 3320-1 (Rev. 01/06) Previous e | ditions may be used | | PAGE | 1 |

2022

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 | | | | | | |
| 6 | | | | | 1 | |
| 7 | | | | | 1 | |
| 8 | | | | | | |
| 9 | | | | | 1 | |
| 10 | | | | | 1 | |
| 11 | | | | | 1 | |
| 12 | | | | | | |
| 13 | | | | | | |
| 14 | | | | | | |
| 15 | | | | | | NO DISCHARGE FOR THIS SITE FOR THIS MONTH |
| 16 | | | | | 1 | |
| 17 | | | | | | |
| 18 | | | | | | |
| 19 | | | | | 1 | |
| 20 | | | | | 1 | |
| 21 | | | | | 1 | |
| 22 | | | | | | |
| 23 | | | | | | |
| 24 | | | | | | |
| 25 | | | | | | |
| 26 | | | | | 1 | |
| 27 | | | | | | |
| 28 | | | | | | |
| 29 | 1 | | | | 1 | |
| 30 | 1 | | | | · · · | |
| 31 | | | | | | |
| | I | I | | | | <u>ا</u> ــــــــــــــــــــــــــــــــــــ |
| TOTAL | 0.000 | 0 | 0.00 | 0.00 | 11 | 1 |
| AVG | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | 1 | 4 |
| MAX | 0.000 | | 0.00 | 0.00 | | 4 |
| MAX | 0.000 | | 0.00 | 0.00 | | |
| | 0.000 | | 0.00 | 0.00 | | |
| COUNT | U | 0 | 0 | 0 | | J |

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)

035 G

TN0020575 PERMIT NUMBER DISCHARGE NUMBER

| 1 | MONITORING PERIOD | | | | | | | | | | |
|------|-------------------|----|------------|--|--|--|--|--|--|--|--|
| | MM/DD/YYYY | | MM/DD/YYYY | | | | | | | | |
| FROM | 08/01/2022 | то | 08/31/2022 | | | | | | | | |

DMR Mailing ZIP CODE: 372082206

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

NO DISCHARGE [X]

| NASHVILLE TN 372082206 ATTN: MR. SCOTT POTTER | | гом 08/01/2022 то 08/31/2022 | | | | | | | | | |
|--|-----------------------|------------------------------|-----------------------|----------|-------|---------------|-------|-------|-----|---------------------------|--------|
| ATTN: MR. SCOTT POTTER | | • | | | | | | | 6 | | |
| PARAMETER | | QUA | | OADING | | QUALITY OR CO | | DN | NO. | FREQUENCY | SAMPLE |
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Rainfall duration | SAMPLE | | | | | | | | | | |
| | MEASUREMENT | 0.00 | ***** | | ***** | ***** | ***** | **** | | | |
| 00135 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO TOTAL | ***** | hr | ***** | ***** | ***** | **** | | Daily When Discharging | CALCTD |
| Rainfall | SAMPLE | 0.00 | ***** | | ***** | ***** | ***** | **** | | | |
| 40500 4 0 | MEASUREMENT | 0.00 | ***** | | ***** | | | | | Delles Mileses | |
| 46529 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO TOTAL | ***** | in | ***** | ***** | ***** | **** | | Daily When Discharging | CALCTD |
| Flow, in conduit | SAMPLE | #DIV/0! | 0.000 | | ***** | ***** | ***** | **** | | | |
| 50050 1 0 Effluent Gross | PERMIT | 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 | | 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 | 09/10/2022 |
| | 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 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 | 0.002 | 1 | 0.04 | 2.00 | | Rain, Overflow Duration = 0.08 hours |
| 7 | 0.111 | 1 | 1.42 | 2.00 | | Rain, Overflow Duration = 0.33 hours |
| 8 | | | | | | |
| 9 | | | | | 1 | |
| 10 | 0.007 | 1 | 0.09 | 2.00 | | Rain, Overflow Duration = 0.17 hours |
| 11 | | | | | | |
| 12 | | | | | | |
| 13 | | | | | | |
| 14 | | | | | | |
| 15 | | | | | | |
| 16 | | | | | 1 | |
| 17 | | | | | 1 | |
| 18 | | | | | | |
| 19 | | | | | 4 | |
| 20 | | | | | 1 | |
| 21 | | | | | 1 | |
| 22 23 | | | | | | |
| 23 | | | | | | |
| 24 | | | | | | |
| 26 | | | | | 1 | |
| 27 | | | | | • | |
| 28 | | | | | | |
| 29 | | | | | 1 | |
| 30 | | | | | | |
| 31 | | | | | | |
| | • | | | | | |
| TOTAL | 0.120 | | | 6.00 | 7 |] |
| AVG | 0.040 | 1 | 0.52 | 2.00 | 1 |] |
| MAX | 0.111 | 1 | 1.42 | 2.00 | 1 |] |
| MIN | 0.002 | 1 | 0.04 | 2.00 | 1 | |
| COUNT | 3 | 3 | 3 | 3 | 7 | |

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

Form Approved OMB NO. 2040-0004

| NAME NASHVILLE-CENTRAL S ADDRESS 1600 2ND AVENUE NORT NASHVILLE TN 37 | | PERMIT N | N0020575 IUMBER | 047 G | ER | DMR Mailing MAJOR (SUBR 04) | \$ | | 206 | 10.2010 0001 | |
|--|-----------------------|-----------------------|-----------------------|----------|---------------|-----------------------------------|---|-------|-----|---------------------------|--------|
| FACILITY NASHVILLE-CENTRAL STP LOCATION 1600 2ND AVENUE NORTH NASHVILLE TN 372082206 ATTN: MR. SCOTT POTTER | | | FROM 08/01/2022 TO | | MM/DD/YYYY | | BOSCOBEL MI 192.6 CSO External Outfall | | | NO DISCHARGE [] | |
| PARAMETER | | QUA | ANTITY OR LO | DADING | QUALITY OR CO | | ONCENTRATION | | NO. | FREQUENCY | SAMPLE |
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Rainfall duration | SAMPLE MEASUREMENT | 6.00 | ***** | | ***** | ***** | ***** | **** | | | |
| 00135 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO TOTAL | ***** | hr | **** | ***** | ***** | **** | | Daily When Discharging | CALCTD |
| Rainfall | SAMPLE MEASUREMENT | 1.55 | ***** | | ***** | ***** | ***** | **** | | | |
| 46529 1 0 Effluent Gross | PERMIT | Req. Mon. MO TOTAL | ***** | in | ***** | ***** | ***** | **** | | Daily When Discharging | CALCTD |
| Flow, in conduit | SAMPLE MEASUREMENT | 0.040 | 0.111 | | ***** | ***** | ***** | **** | | | |
| 50050 1 0 Effluent Gross | PERMIT | 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 | 3 | ***** | | ***** | ***** | ***** | **** | | | |
| 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 | | | | | | | | |
| DIRECTOR | 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 | 09/10/2022 | | | | | | |
| | 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) | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| EPA Form 3320-1 (Rev. 01/06) Previous | editions may be used | | PAGE | 1 | | | | | |