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						
2						
3			0.07	3.00		
4	4.00	1	0.54	11.00		Rain, Overflow Duration = 3.83 hours
5						
6						
7						
8						
9						
10						
11					1	
12					1	
13	3.00	1	0.68	3.00		Rain, Overflow Duration = 1.33 hours
14	17.00		0.72	6.00		Rain, Overflow Duration = 9.72 hours
15					1	
16					1	
17						
18						
19					1	
20					1	
21						
22						
23			0.28	5.00		
24	3.00	1	0.33	3.00		Rain, Overflow Duration = 3.58 hours
25						
26						
27						
28						
29						
30			0.42	4.00		
31	6.00	1	0.99			Rain, Overflow Duration = 7.57 hours
						,
TOTAL	33.00	4	4.03	45.00	6	1
AVG	6.60		0.50	5.63	1	
MAX	17.00		0.99	11.00	1	4
MIN	3.00		0.07	3.00	1	1
COUNT	5.00			8	6	1

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)

12/31/2020

TN0020575	019 G
PERMIT NUMBER	DISCHARGE NUMBER
MONITORIN	
MONTORIN	OTERIOD

12/01/2020 то

FROM

DMR Mailing ZIP CODE: 372082206 MAJOR \$

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

NO DISCHARGE []

NASHVILLE TN 372082206 ATTN: MR. SCOTT POTTER

	QUA	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	45.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.								Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****	hr	*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	4.03	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	6.600	17.000		*****	*****	*****	****			
50050 1 0	PERMIT	Req. Mon.	Req. Mon.	Mgal/d						Daily When	
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX		*****	*****	*****	****		Discharging	CONTIN
Rainfall events with no discharge	SAMPLE										
	MEASUREMENT	6.00	*****		*****	*****	*****	****			
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			1
	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 sumbitted is, to the best of my knowledge and belief, true, accurate, and complete.		615 862-4591	01/10/2021
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 VIOLA	TIONS (Reference all attachments here)			

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Form Approved OMB NO. 2040-0004

2020

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					1	
2						
3					1	
4					1	
5						
6						
7						
8						
9						
10						
11					1	
12					1	
13	0.200	1	0.61	3.00		Rain, Overflow Duration = 2.00 hours
14	0.400		0.69	6.00		Rain, Overflow Duration = 4.00 hours
15					1	
16					1	
17						
18						
19					1	
20					1	
21					1	
22						
23			0.18	4.00		
24	0.004	1	0.41	4.00		Rain, Overflow Duration = 1.75 hours
25						
26						
27						
28						
29						
30			0.33	4.00		
31	0.002	1	0.87	11.00		Rain, Overflow Duration = 2.75 hours
	-		I			
TOTAL	0.606	3	3.09	32.00	10	
AVG	0.152	1	0.52	5.33		
MAX	0.400		0.87	11.00	1	
MIN	0.002		0.18	3.00	1	
COUNT	4		6	6		

FACILITY NASHVILLE-CENTRAL STP

NASHVILLE TN 372082206

NASHVILLE-CENTRAL STP

ADDRESS 1600 2ND AVENUE NORTH

LOCATION 1600 2ND AVENUE NORTH

NAME

.....

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

TN0020575

MM/DD/YYYY

PERMIT NUMBER

023 G MAJOR DISCHARGE NUMBER MONITORING PERIOD External Outfall MM/DD/YYYY 12/01/2020 TO 12/31/2020

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

NO DISCHARGE []

											<u> </u>
NASHVILLE TN 3 ATTN: MR. SCOTT POTTER	72082206		FROM	12/01/2020 то	12/31/2020						
ATTN: MR. SCOTT POTTER					.	01141 171/05 00					-
PARAMETER		QUA	ANTITY OR LO	DADING		QUALITY OR CO	NCENTRATIO	N	NO.	FREQUENCY	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE										
	MEASUREMENT	32.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.		hr						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	3.09	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	0.152	0.400		*****	*****	*****	****			
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	10.00	*****		*****	*****	*****	****			
51407 1 0	PERMIT	Req. Mon.		occur/mo						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Discharge event observation	SAMPLE										
	MEASUREMENT	3.00	*****		*****	*****	*****	****			
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	01/10/2021
	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 VIOL	ATIONS (Reference all attachments here)			

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Form Approved OMB NO. 2040-0004

2020

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
			T			
1						
2						
3					1	
4					1	
5					1	
6						
7					1	
8						
9 10						
10					1	
12					1	
12			0.73	3.00	I	
14	3.090	1	0.73	7.00		Rain, Overflow Duration = 1.87 hours
14	3.090		0.74	7.00		
16					1	
17					1	
18						
19					1	
20					1	
21					1	
22					•	
23					1	
24					1	
25					•	
26						
27						
28						
29						
30			0.25	4.00		
31			0.89	11.00		
TOTAL	3.090	1	2.61	25.00	12	
AVG	3.090		0.65	6.25	1	
MAX	3.090	1	0.89	11.00	1	
MIN	3.090	1	0.25	3.00	1	
COUNT	1	1	4	4	12	
COUNT			4	4	12	J

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 FROM

	MONITORING	RIOD	
	MM/DD/YYYY		MM/DD/YYYY
1	12/01/2020	то	12/31/2020

DMR Mailing ZIP CODE: 372082206 MAJOR \$

(SUBR 04) EMH WASHINGTON MI 190.4 CSO External Outfall

NO DISCHARGE [x]

NASHVILLE TN 372082206 ATTN: MR. SCOTT POTTER

QUALITY OR CONCENTRATION QUANTITY OR LOADING PARAMETER NO. FREQUENCY SAMPLE TYPE EΧ OF ANALYSIS VALUE VALUE UNITS VALUE VALUE VALUE UNITS Rainfall duration SAMPLE 25.00 ***** ***** ***** ***** **** MEASUREMENT 00135 1 0 Reg. Mon. hr Daily When PERMIT Effluent Gross MO TOTAL ***** ***** ***** ***** **** Discharging CALCTD REQUIREMENT Rainfall SAMPLE 2.61 ***** ***** ***** ***** **** MEASUREMENT 46529 1 0 Reg. Mon. Daily When PERMIT in ***** ***** ***** ***** **** Effluent Gross MO TOTAL Discharging CALCTD REQUIREMENT Flow, in conduit SAMPLE 3.090 3.090 ***** ***** ***** **** MEASUREMENT Mgal/d 50050 1 0 Rea. Mon. Req. Mon. Daily When PERMIT ***** ***** ***** **** Effluent Gross MO AVG DAILY MX Discharging CONTIN REQUIREMENT Rainfall events with no discharge SAMPLE 12 ***** ***** ***** ***** **** MEASUREMENT 51407 1 0 PERMIT Req. Mon. occur/mo Daily When ***** ***** ***** ***** **** Effluent Gross MO TOTAL Discharging CALCTD REQUIREMENT Discharge event observation SAMPLE 1 ***** ***** ***** ***** **** 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 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	01/10/2021
	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)			

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Form Approved OMB NO. 2040-0004

2020

CENTRAL WASTEWATER TREATMENT PLANT CSO - 033 - SCHRADER LANE

	1					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					1	
3					1	
4					1	
5						
6						
7						
8						
9						
10						
11					1	
12					1	
13	0.023	1	0.72	3.00		Rain, Overflow Duration = 0.58 hours
14	0.162		0.76	6.00		Rain, Overflow Duration = 1.83 hours
15					1	
16					1	
17 18						
10					1	
20					1	
20						
22						
23			0.26	5.00		
24	0.035	1	0.27	4.00		Rain, Overflow Duration = 0.83 hours
25						,
26						
27						
28						
29						
30					1	
31					1	
	1	_ 1				4
TOTAL	0.220	2		18.00	11	4
AVG	0.073		0.50	4.50	1	4
MAX	0.162	1	0.76	6.00	1	4
MIN	0.023	1	0.26	3.00	1	
COUNT	3	2	4	4	11	J

NASHVILLE 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
 12/01/2020 TO

DMR Mailing	ZIP	CODE:	372082206	
MAJOR	\$			

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

NO DISCHARGE []

LOCATION 1600 2ND AVENUE NORTH NASHVILLE TN 372082206

NASHVILLE-CENTRAL STP

ATTN: MR. SCOTT POTTER

ADDRESS 1600 2ND AVENUE NORTH

FACILITY NASHVILLE-CENTRAL STP

NAME

.....

		QU	ANTITY OR LO	DADING		QUALITY OR CO	NCENTRATION				
PARAMETER									NO.	FREQUENCY	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE										
	MEASUREMENT	18.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.		hr						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	2.01	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	0.073	0.162		*****	*****	*****	****			
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	2	*****		*****	*****	*****	****			
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	01/10/2021
	sumbitted is, to the best of my knowledge and belief, true, accurate, and complete.		4.05.4	
TYPED OR PRINTED	I am aware that there are significant penalties for submitting false information,	SIGNATURE OF PRINCIPAL EXECUTIVE	AREA CODE NUMBER	MM/DD/YYYY
	including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	CODE NUMBER	
COMMENT AND EXPLANATION OF ANY VI	OLATIONS (Reference all attachments here)			

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Form Approved OMB NO. 2040-0004

2020

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

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

Form Approved OMB NO. 2040-0004

		DISCHARGE MONITORING REPORT (DMR)									B NO. 2040-0004	
NAME NASHVILLE-CENTRAL S	TP						DMR Mailing	ZIP CODE: 3	3720822	06		
ADDRESS 1600 2ND AVENUE NORTH		TN0020575 035 G			MAJOR	\$						
NASHVILLE TN 37		PERMIT NUMBER DISCHARGE NUMBER		ER	(SUBR 04)		-					
FACILITY NASHVILLE-CENTRAL S	TP				RIOD	ו	DRIFTWOOD External Outfa		J			
LOCATION 1600 2ND AVENUE NOR	TH	•		MM/DD/YYYY	MM/DD/YYYY					NO DISCHARGE [X]		
NASHVILLE TN 37	72082206	•	FROM 12/01/2020 то		12/31/2020							
NASHVILLE TN 37		•			<u> </u>	1						
PARAMETER		QUA	ANTITY OR LO	DADING		QUALITY OR C	ONCENTRATIO	N	NO.	FREQUENCY	SAMPLE	
			VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE	
Rainfall duration	SAMPLE											
	MEASUREMENT	0.00	*****		*****	*****	*****	****				
00135 1 0	PERMIT	Req. Mon.		hr						Daily When	1	
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	13	*****		*****	*****	*****	****				
54407 4 0	MEASUREMENT		*****		*****	*****	*****	****		D. 1. 14/1		
51407 1 0 Effluent Gross	PERMIT	Req. Mon. MO TOTAL	*****	occur/mo	*****	*****	*****	****		Daily When	CALCTD	
Discharge event observation										Discharging		
	SAMPLE	0	*****		*****	*****	*****	****				
84165 1 0	MEASUREMENT	-		Y=1;N=0						Daily When		
Effluent Gross	PERMIT	Req. Mon. MO TOTAL	*****	T = T, N = U	*****	*****	*****	****		Discharging	CALCTD	
	REQUIREMENT	INICIOTAL		l						Discharging		

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 sumbitted is, to the best of my knowledge and belief, true, accurate, and complete.		615 862-4591	01/10/2021
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 VIO	LATIONS (Reference all attachments here)		•	•
EPA Form 3320-1 (Rev. 01/06) Previous	s editions may be used.		PAGE	1

2020

CENTRAL WASTEWATER TREATMENT PLANT CSO - 047 - BOSCOBEL

	1		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	r					1
2						
3					1	
4					1	
5					1	
6						
7					1	
8						
9						
10						
11					1	
12	0.010		0.70	0.00	1	
13	0.016		0.73 0.74	3.00 7.00		Rain, Overflow Duration = 1.00 hours Rain, Overflow Duration = 1.58 hours
14 15	0.045	1	0.74	7.00		Rain, Overnow Duration – 1.56 hours
15					1	
17					1	
18						
19					1	
20					1	
21					1	
22						
23			0.17	4.00		
24	0.011	1	0.42	4.00		Rain, Overflow Duration = 0.17 hours
25						
26						
27	-					
28						
29 30			0.25	4.00		
30			0.25	4.00		
	1		0.09	11.00		<u>ا</u> ــــــــــــــــــــــــــــــــــــ
TOTAL	0.072	3	3.20	33.00	10	
AVG	0.024		0.53	5.50	1	•
MAX	0.045		0.89	11.00	1	4
MIN	0.011	1	0.17	3.00	1	1
COUNT	3	3	6	6	10]
						-

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

Form Approved OMB NO. 2040-0004

			DISCH	ARGE MONITORING RE	PORT (DINK)						B NO. 2040-000
NAME NASHVILLE-CENTRAL S						DMR Mailing	ZIP CODE: 3	3720822	06		
ADDRESS 1600 2ND AVENUE NORTH		TN0020575 04		047 G		MAJOR	\$				
NASHVILLE TN 3		PERMIT N	UMBER	DISCHARGE NUMBE	R	(SUBR 04)					
							BOSCOBEL N	II 192.6 CSO			
FACILITY NASHVILLE-CENTRAL S	STP	•	1	MONITORING PE	RIOD]	External Outfa	11			
LOCATION 1600 2ND AVENUE NOP	RTH	•		MM/DD/YYYY	MM/DD/YYYY	1				NO DISCHAR	GE []
NASHVILLE TN 3	72082206		FROM	12/01/2020 то	12/31/2020	1					
NASHVILLE TN 3 ATTN: MR. SCOTT POTTER		•				J					
			ANTITY OR LO	DADING	1	QUALITY OR CO	NCENTRATIO	N	1		1
PARAMETER									NO.	FREQUENCY	SAMPLE
						1	1	1		OF ANALYSIS	TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			=
Rainfall duration	SAMPLE			-			_	-			
	MEASUREMENT	33.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Reg. Mon.		hr						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	3.20	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	0.024	0.045		****	*****	*****	****			
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	Reg. Mon.		occur/mo						Daily When	
Effluent Gross	REQUIREMENT	MOTOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Discharge event observation	SAMPLE										
	MEASUREMENT	3	*****		*****	*****	*****	****			
84165 1 0	PERMIT	Req. Mon.		Y=1;N=0						Daily When	
Effluent Gross	REQUIREMENT	MOTOTAL	*****		*****	*****	*****	****		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	01/10/2021
	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 VIOLAT	IONS (Reference all attachments here)			

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

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