

Dec 2020

CENTRAL WASTEWATER TREATMENT PLANT  
CSO - 019 - KERRIGAN

DATE	Effluent Flow MGD	Number of Discharges from Outfall	Rainfall causing a Discharge Inches	Rain Duration causing a Discharge Hours	Number of Rain Events Not causing a Discharge	Reason for Bypassing
1						
2						
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	10.00		Rain, Overflow Duration = 7.57 hours
TOTAL	33.00	4	4.03	45.00	6	
AVG	6.60	1	0.50	5.63	1	
MAX	17.00	1	0.99	11.00	1	
MIN	3.00	1	0.07	3.00	1	
COUNT	5.00	4	8	8	6	

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

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

Form Approved  
OMB NO. 2040-0004

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

TN0020575  
PERMIT NUMBER

019 G  
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 372082206

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

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

MONITORING PERIOD  
MM/DD/YYYY MM/DD/YYYY  
FROM 12/01/2020 TO 12/31/2020

NO DISCHARGE [ ]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
00135 1 0 Effluent Gross	SAMPLE MEASUREMENT	45.00	*****		*****	*****	*****	****			
	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	****		Daily When Discharging	CALCTD
46529 1 0 Effluent Gross	SAMPLE MEASUREMENT	4.03	*****		*****	*****	*****	****			
	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	****		Daily When Discharging	CALCTD
50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	6.600	17.000		*****	*****	*****	****			
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	****		Daily When Discharging	CONTIN
51407 1 0 Effluent Gross	SAMPLE MEASUREMENT	6.00	*****		*****	*****	*****	****			
	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	*****	*****	*****	****		Daily When Discharging	CALCTD
84165 1 0 Effluent Gross	SAMPLE MEASUREMENT	4.00	*****		*****	*****	*****	****			
	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	Y=1;N=0	*****	*****	*****	****		Daily When Discharging	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
SCOTT A. POTTER DIRECTOR		615 862-4591	01/10/2021
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER MM/DD/YYYY
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			

Dec 2020

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

DATE	Effluent Flow MGD	Number of Discharges from Outfall	Rainfall causing a Discharge Inches	Rain Duration causing a Discharge Hours	Number of Rain Events Not causing a Discharge	Reason for Bypassing
1					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
<b>TOTAL</b>	0.606	3	3.09	32.00	10	
<b>AVG</b>	0.152	1	0.52	5.33	1	
<b>MAX</b>	0.400	1	0.87	11.00	1	
<b>MIN</b>	0.002	1	0.18	3.00	1	
<b>COUNT</b>	4	3	6	6	10	

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

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

Form Approved  
OMB NO. 2040-0004

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

TN0020575  
PERMIT NUMBER

023 G  
DISCHARGE NUMBER

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

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

MONITORING PERIOD  
MM/DD/YYYY TO MM/DD/YYYY  
FROM 12/01/2020 TO 12/31/2020

NO DISCHARGE [ ]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
00135 1 0 Effluent Gross	SAMPLE MEASUREMENT	32.00	*****		*****	*****	*****	****			
	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	****		Daily When Discharging	CALCTD
46529 1 0 Effluent Gross	SAMPLE MEASUREMENT	3.09	*****		*****	*****	*****	****			
	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	****		Daily When Discharging	CALCTD
50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.152	0.400		*****	*****	*****	****			
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	****		Daily When Discharging	CONTIN
51407 1 0 Effluent Gross	SAMPLE MEASUREMENT	10.00	*****		*****	*****	*****	****			
	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	*****	*****	*****	****		Daily When Discharging	CALCTD
84165 1 0 Effluent Gross	SAMPLE MEASUREMENT	3.00	*****		*****	*****	*****	****			
	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	Y=1;N=0	*****	*****	*****	****		Daily When Discharging	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  SCOTT A. POTTER  DIRECTOR	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
		615 862-4591	01/10/2021
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER MM/DD/YYYY
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			

Dec 2020

CENTRAL WASTEWATER TREATMENT PLANT  
CSO - 024 - WASHINGTON DC

DATE	Effluent Flow MGD	Number of Discharges from Outfall	Rainfall causing a Discharge Inches	Rain Duration causing a Discharge Hours	Number of Rain Events Not causing a Discharge	Reason for Bypassing
1						
2						
3					1	
4					1	
5					1	
6						
7					1	
8						
9						
10						
11					1	
12					1	
13			0.73	3.00		
14	3.090	1	0.74	7.00		Rain, Overflow Duration = 1.87 hours
15						
16					1	
17						
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	1	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	

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

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

Form Approved  
OMB NO. 2040-0004

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

TN0020575  
PERMIT NUMBER

024G  
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 372082206

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

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

MONITORING PERIOD  
MM/DD/YYYY TO MM/DD/YYYY  
FROM 12/01/2020 TO 12/31/2020

NO DISCHARGE [ x ]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
00135 1 0 Effluent Gross	SAMPLE MEASUREMENT	25.00	*****		*****	*****	*****	****			
	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	****		Daily When Discharging	CALCTD
46529 1 0 Effluent Gross	SAMPLE MEASUREMENT	2.61	*****		*****	*****	*****	****			
	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	****		Daily When Discharging	CALCTD
50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	3.090	3.090		*****	*****	*****	****			
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	****		Daily When Discharging	CONTIN
51407 1 0 Effluent Gross	SAMPLE MEASUREMENT	12	*****		*****	*****	*****	****			
	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	*****	*****	*****	****		Daily When Discharging	CALCTD
84165 1 0 Effluent Gross	SAMPLE MEASUREMENT	1	*****		*****	*****	*****	****			
	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	Y=1;N=0	*****	*****	*****	****		Daily When Discharging	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
SCOTT A. POTTER DIRECTOR		615 862-4591	01/10/2021
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER MM/DD/YYYY
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			

Dec 2020

CENTRAL WASTEWATER TREATMENT PLANT  
CSO - 033 - SCHRADER LANE

DATE	Effluent Flow MGD	Number of Discharges from Outfall	Rainfall causing a Discharge Inches	Rain Duration causing a Discharge Hours	Number of Rain Events Not causing a Discharge	Reason for Bypassing
1					1	
2						
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						
19					1	
20					1	
21						
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	
TOTAL	0.220	2	2.01	18.00	11	
AVG	0.073	1	0.50	4.50	1	
MAX	0.162	1	0.76	6.00	1	
MIN	0.023	1	0.26	3.00	1	
COUNT	3	2	4	4	11	

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

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

Form Approved  
OMB NO. 2040-0004

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

TN0020575  
PERMIT NUMBER

033 G  
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 372082206  
MAJOR \$  
(SUBR 04) EMH  
SCHRADER LN MI 184.7 CSO  
External Outfall

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

MONITORING PERIOD  
MM/DD/YYYY  
FROM 12/01/2020 TO 12/31/2020

NO DISCHARGE [ ]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
00135 1 0 Effluent Gross	SAMPLE MEASUREMENT	18.00	*****		*****	*****	*****	****			
	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	****		Daily When Discharging	CALCTD
46529 1 0 Effluent Gross	SAMPLE MEASUREMENT	2.01	*****		*****	*****	*****	****			
	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	****		Daily When Discharging	CALCTD
50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.073	0.162		*****	*****	*****	****			
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	****		Daily When Discharging	CONTIN
51407 1 0 Effluent Gross	SAMPLE MEASUREMENT	11	*****		*****	*****	*****	****			
	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	*****	*****	*****	****		Daily When Discharging	CALCTD
84165 1 0 Effluent Gross	SAMPLE MEASUREMENT	2	*****		*****	*****	*****	****			
	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	Y=1;N=0	*****	*****	*****	****		Daily When Discharging	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
SCOTT A. POTTER DIRECTOR		615 862-4591	01/10/2021
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER MM/DD/YYYY
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			



Dec 2020

CENTRAL WASTEWATER TREATMENT PLANT  
CSO - 035 - DRIFTWOOD

DATE	Effluent Flow MGD	Number of Discharges from Outfall	Rainfall causing a Discharge Inches	Rain Duration causing a Discharge Hours	Number of Rain Events Not causing a Discharge	Reason for Bypassing
1						
2						
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	
TOTAL	0.000	0	0.00	0.00	13	
AVG	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	1	
MAX	0.000	0	0.00	0.00	1	
MIN	0.000	0	0.00	0.00	1	
COUNT	0	0	0	0	13	

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

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

Form Approved  
 OMB NO. 2040-0004

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

TN0020575	035 G
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 372082206  
 MAJOR \$  
 (SUBR 04)  
 DRIFTWOOD MI 192.0 CSO  
 External Outfall

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

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 12/01/2020	TO 12/31/2020

NO DISCHARGE [ X ]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Rainfall duration	SAMPLE MEASUREMENT	0.00	*****		*****	*****	*****	****			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	****		Daily When Discharging	CALCTD
Rainfall	SAMPLE MEASUREMENT	0.00	*****		*****	*****	*****	****			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	****		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE MEASUREMENT	#DIV/0!	0.000		*****	*****	*****	****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	****		Daily When Discharging	CONTIN
Rainfall events with no discharge	SAMPLE MEASUREMENT	13	*****		*****	*****	*****	****			
51407 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	*****	*****	*****	****		Daily When Discharging	CALCTD
Discharge event observation	SAMPLE MEASUREMENT	0	*****		*****	*****	*****	****			
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	Y=1;N=0	*****	*****	*****	****		Daily When Discharging	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
SCOTT A. POTTER DIRECTOR		615 862-4591	01/10/2021
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			

Dec 2020

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

DATE	Effluent Flow MGD	Number of Discharges from Outfall	Rainfall causing a Discharge Inches	Rain Duration causing a Discharge Hours	Number of Rain Events Not causing a Discharge	Reason for Bypassing
1						
2						
3					1	
4					1	
5					1	
6						
7					1	
8						
9						
10						
11					1	
12					1	
13	0.016	1	0.73	3.00		Rain, Overflow Duration = 1.00 hours
14	0.045	1	0.74	7.00		Rain, Overflow Duration = 1.58 hours
15						
16					1	
17						
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		
31			0.89	11.00		
<b>TOTAL</b>	0.072	3	3.20	33.00	10	
<b>AVG</b>	0.024	1	0.53	5.50	1	
<b>MAX</b>	0.045	1	0.89	11.00	1	
<b>MIN</b>	0.011	1	0.17	3.00	1	
<b>COUNT</b>	3	3	6	6	10	

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

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

Form Approved  
OMB NO. 2040-0004

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

TN0020575	047 G
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 372082206  
MAJOR \$  
(SUBR 04)  
BOSCOBEL MI 192.6 CSO  
External Outfall

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

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 12/01/2020	TO 12/31/2020

NO DISCHARGE [ ]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Rainfall duration	SAMPLE MEASUREMENT	33.00	*****		*****	*****	*****	****			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	****		Daily When Discharging	CALCTD
Rainfall	SAMPLE MEASUREMENT	3.20	*****		*****	*****	*****	****			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	*****	*****	****		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE MEASUREMENT	0.024	0.045		*****	*****	*****	****			
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	*****		*****	*****	*****	****			
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 to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
SCOTT A. POTTER DIRECTOR		615 862-4591	01/10/2021
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	MM/DD/YYYY
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			