## 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					1	
2						
3						
4	0.39	1	0.78	14.00		Rain, Overflow Duration = 0.60 hours
5	10.00		0.83	11.00		Rain, Overflow Duration = 5.43 hours
6			0.15	5.00		
7					1	
8						
9			0.05	2.00		
10	16.09	1	1.11	12.00		Rain, Overflow Duration = 4.35 hours
11	6.88		0.69	8.00		Rain, Overflow Duration = 7.47 hours
12	21.17	1	1.33	16.00		Rain, Overflow Duration = 6.40 hours
13	4.30		0.19	4.00		Rain, Overflow Duration = 4.38 hours
14						
15						
16						
17						
18					1	
19						
20					1	
21						
22						
23					1	
24					1	
25						
26						
27						
28					1	
29						
-						
TOTAL	58.83	3	5.13	72.00	7	
AVG	9.81	1	0.64	9.00	1	
MAX	21.17	1	1.33	16.00	1	
MIN	0.39	1	0.05	2.00	1	
COUNT	6.00	3	8	8	7	
COUNT	6.00	3	0	ŏ	/	

PERMITTEE NAME/ADDRESS	(Include Facilit	y Name/Location	if different)
------------------------	------------------	-----------------	---------------

MONITORING PERIOD

02/01/2020 то

DMR	Mailing	7IP	CODE	372082206

Form Approved OMB NO. 2040-0004

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

TN0020575 PERMIT NUMBER

FROM

MM/DD/YYYY

019 G DISCHARGE NUMBER

MM/DD/YYYY

02/29/2020

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

External Outfall

NO DISCHARGE []

LOCATION 1600 2ND AVENUE NORTH TN 372082206 NASHVILLE

NASHVILLE-CENTRAL STP"

FACILITY

		QUA	INTITY OR LO	DADING		QUALITY OR CO	NCENTRATIO	N		•	
PARAMETER									NO.	FREQUENCY	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	
Rainfall duration	SAMPLE										
	MEASUREMENT	72.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.								Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****	hr	*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE MEASUREMENT	5.13	*****		****	****	*****	***			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	9.805	21.170		*****	*****	*****	****			
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	7.00	*****		*****	*****	*****	****			
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 sumbitted is, to the best of my knowledge and belief, true, accurate, and complete.		615 862-4591	03/10/2020
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
·	/IOLATIONS (Reference all attachments here)	OFFICER OR AUTHORIZED AGENT	CODE NUMBER	MM/DD/YYYY

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

		Number of	Rainfall	Rain Duration	Number of	
	Effluent	Discharges	causing a	causing a	Rain Events	
I	Flow	from	Discharge	Discharge	Not causing	
DATE	MGD	Outfall	Inches	Hours	a Discharge	Reason for Bypassing
1					1	
2						
3						
4	0.012	1	0.73	15.00		Rain, Overflow Duration = 0.50 hours
5	0.006		0.83	10.00		Rain, Overflow Duration = 3.75 hours
6			0.15	5.00		
7					1	
8						
9			0.01	1.00		
10	0.285	1	0.86	11.00		Rain, Overflow Duration = 4.17 hours
11	0.034		0.61	7.00		Rain, Overflow Duration = 5.17 hours
12	0.337	1	1.39	15.00		Rain, Overflow Duration = 6.00 hours
13	0.024		0.19	5.00		Rain, Overflow Duration = 1.92 hours
14						
15						
16						
17						
18					1	
19						
20					1	
21						
22						
23						
24					1	
25						
26					1	
27						
28					1	
29						
1						
TOTAL	0.698	3	4.77	69.00	7	
AVG	0.116	1	0.60	8.63	1	
MAX	0.337	1	1.39	15.00	1	
MIN	0.006	1	0.01	1.00	1	
COUNT	6	3	8		7	
000111				0	<u>'</u>	

PERMITTEE NAME/ADDRESS	(Include Facilit	y Name/Location	if different)
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LOCATION 1600 2ND AVENUE NORTH

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

MONITORING PERIOD

02/01/2020 то

	Forn	n Approved
OMB	NO	2040-0004

NASHVILLE-CENTRAL STP
1600 2ND AVENUE NORTH

TN 372082206

TN0020575
PERMIT NUMBER

FROM

MM/DD/YYYY

023 G DISCHARGE NUMBER

MM/DD/YYYY

02/29/2020

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

External Outfall

NO DISCHARGE []

NASHVILLE TN 372082206 ATTN: MR. SCOTT POTTER

NASHVILLE

FACILITY NASHVILLE-CENTRAL STP

NAME

ADDRESS

PARAMETER		QUA	ANTITY OR L	TTY OR LOADING QUALITY OR CONCENTRATION		N	NO.	FREQUENCY	SAMPLE		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE										
	MEASUREMENT	69.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.		hr						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	***		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	4.77	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	***		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	0.116	0.337		*****	*****	*****	****			
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	7.00	*****		*****	*****	*****	***			
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	03/10/2020
	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 V	IOLATIONS (Reference all attachments here)			•
COMMENT AND EXPLANATION OF ANY V	IOLATIONS (Reference all attachments here)			

## CENTRAL WASTEWATER TREATMENT PLANT CSO - 024 - WASHINGTON DC

		Number 6	Dolpf-"	Dala Direction	Number C	
		Number of	Rainfall	Rain Duration	Number of	
	Effluent 	Discharges	causing a	causing a	Rain Events	
D	Flow	from	Discharge 	Discharge	Not causing	
DATE	MGD	Outfall	Inches	Hours	a Discharge	Reason for Bypassing
					,	
2					1	
3						
4					1	<u> </u>
5					1	<u> </u>
6					1	
7					1	
8						<u> </u>
9	0.50		4.00	44.00		Poin Overflow Duration 7.27 hours
10	3.56		1.03	14.00		Rain, Overflow Duration = 7.87 hours
11	6.06		0.63	7.00		Rain, Overflow Duration = 13.37 hours
12	14.16	1	1.39	14.00		Rain, Overflow Duration = 6.35 hours
13	9.00		0.21	4.00		Rain, Overflow Duration = 21.25 hours
14						
15						
16						
17						
18					1	<del>                                     </del>
19						<del>                                     </del>
20					1	
21						<u> </u>
22						<del>                                     </del>
23						<del>                                     </del>
24					1	
25					1	
26 27					1	<u> </u>
						<del>                                     </del>
28					1	<del>                                     </del>
29						<u> </u>
<b>—</b>						<u> </u>
L	<u> </u>					
TOTIL	20 700	01	2.00	20.00	4.4	
TOTAL	32.780	2	3.26	39.00	11	
AVG	8.195 14.160		0.82	9.75	1	
MAX		1	1.39	14.00	1	
MIN	3.560	1	0.21	4.00	1	
COUNT	4	2	4	4	11	

PERMITTEE NAME/ADDRESS	(Include Facilit	y Name/Location	if different)
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	Form Approved
	OMB NO. 2040-0004
DMR Mailing ZIP CODE: 372082206	

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

TN0020575
PERMIT NUMBER

024G DISCHARGE NUMBER MAJOR \$
(SUBR 04) EMH
WASHINGTON MI 190.4 CSO
External Outfall

NO DISCHARGE [ ]

LOCATION	1600 2ND AVE	
	NASHVILLE	TN 372082206
ATTN: M	R SCOTT POT	TER

 MONITORING PERIOD

 мм/рр/үүүү
 мм/рр/үүүү

 from
 02/01/2020 то
 02/29/2020

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE										
	MEASUREMENT	39.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.		hr						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	***		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	3.26	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	8.195	14.160		*****	*****	*****	****			
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	03/10/2020
	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)			

## CENTRAL WASTEWATER TREATMENT PLANT CSO - 033 - SCHRADER LANE

		Number of	Rainfail	Rain Duration	Number of	
	Effluent	Discharges		causing a	Rain Events	
	Effluent Flow	from	causing a Discharge		Not causing	
DATE	Flow MGD	rrom Outfall	Discharge Inches	Discharge Hours	a Discharge	Reason for Bypassing
DATE	MGD	Outian	IIICHES	Hours	a Discharge	Reason for Bypassing
1					1	
2						
3						
4	0.039	1	0.75	15.00		Rain, Overflow Duration = 0.58 hours
5	0.069	<u> </u>	0.77	12.00		Rain, Overflow Duration = 1.08 hours
6	0.000		0.17	5.00		Train, evenien Baraten – 1100 110410
7			• • • • • • • • • • • • • • • • • • • •	0.00	1	
8						
9			0.01	1.00		
10	0.206	1	0.92	13.00		Rain, Overflow Duration = 0.67 hours
11			0.62	7.00		
12	0.762	1	1.34	15.00		Rain, Overflow Duration = 0.67 hours
13			0.17	4.00		
14						
15						
16						
17						
18					1	
19						
20					1	
21						
22						
23					1	
24					1	
25						
26						
27						
28					1	
29						
	4 0==	_1	1	70.55	_	
TOTAL	1.076	3	4.75	72.00	7	
AVG	0.269	1	0.59	9.00	1	
MAX	0.762	1	1.34	15.00	1	
MIN	0.039	1	0.01	1.00	1	
COUNT	4	3	8	8	7	

PERMITTEE NAME/ADDRESS	(Include Facilit	y Name/Location	if different)
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	Form Approved
	OMB NO. 2040-0004
DMR Mailing ZIP CODE: 372082206	

NAME	NASHVILLE-CEN	=	
ADDRESS		UE NORTH	
	NASHVILLE	TN 372082206	
FACILITY	NASHVILLE-CEP	VIKAL STP	
LOCATION		IUE NORTH	
	NASHVILLE	TN 372082206	
**************************************	K		

TN0020575	033 G
PERMIT NUMBER	DISCHARGE NUMBER

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

NO DISCHARGE []

	MONITORING PERIOD								
	MM/DD/YYYY		MM/DD/YYYY						
ROM	02/01/2020	то	02/29/2020						

NASHVILLE TN ATTN: MR. SCOTT POTTER	372082206	 III	FROM	02/01/2020 то	02/29/2020						
PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE										
	MEASUREMENT	72.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.		hr						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	4.75	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	0.269	0.762		*****	*****	*****	****			
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	7	*****		*****	*****	*****	****			
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		TEEFTIONE	DATE
	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	03/10/2020
	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 VIC	DLATIONS (Reference all attachments here)			

## CENTRAL WASTEWATER TREATMENT PLANT CSO - 035 - DRIFTWOOD

		Niumak 6	Dolars-II	Dala Direction	Nives In an and	
	E661	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					1	
2						
3						
4					1	
5					1	
6					1	
7					1	
8						
9					1	
10					1	
11					1	
12					1	
13					1	
14					•	
15						NO DISCHARGE FOR THIS SITE FOR THIS MONTH
16						
17						
18					1	
19					<u>'</u>	
20					1	
21					<u>'</u>	
22						
23						
24					1	
25					1	
26					<u>'</u>	
27						
28					1	
29					ı	
29						
<u> </u>						
<u></u>						
		1				
TOTAL	0.000			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)
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02/01/2020 то 02/29/2020

MONITORING PERIOD

	Form Approved
	OMB NO. 2040-0004
DMR Mailing ZIP CODE: 372082206	

NAME	NASHVILLE-CENTRAL STP
	1600 2ND AVENUE NORTH
	NASHVILLE TN 372082206
EACILITY	NASHVII I E-C'ENTRAL STD

TN0020575
PERMIT NUMBER

MM/DD/YYYY

035 G DISCHARGE NUMBER

MM/DD/YYYY

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

NO DISCHARGE [X]

LOCATION 1600 2ND AVENUE NORTH

NASHVILLE TN 372082206

ATTN: MR. SCOTT POTTER

PARAMETER		QUA	QUANTITY OR LOADING QUALITY OR CONCENTRATION		NO.	FREQUENCY	SAMPLE				
		VALUE	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	
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	13	*****		*****	*****	*****	****			
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				1		Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****	1	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	03/10/2020
	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)			
i				

# CENTRAL WASTEWATER TREATMENT PLANT CSO - 047 - BOSCOBEL

		Number of	Rainfall	Rain Duration	Number of	
	Effluent	Discharges	causing a	causing a	Rain Events	
	Flow	from	Discharge	Discharge	Not causing	
DATE	MGD	Outfall	Inches	Hours	a Discharge	Reason for Bypassing
1					1	
2						
3						
4	0.032	1	0.85	16.00		Rain, Overflow Duration = 0.17 hours
5	0.030		0.84	10.00		Rain, Overflow Duration = 1.08 hours
6			0.14	5.00		
7					1	
8						
9						
10	0.045	1	1.03	14.00		Rain, Overflow Duration = 0.67 hours
11	0.060		0.63	7.00		Rain, Overflow Duration = 0.33 hours
12	0.131	1	1.39	14.00		Rain, Overflow Duration = 1.92 hours
13	0.016		0.21	4.00		Rain, Overflow Duration = 0.25 hours
14						
15						
16						
17						
18					1	
19						
20					1	
21						
22						
23						
24					1	
25					1	
26					1	
27						
28					1	
29						
TOTAL	0.314	3	5.09	70.00	8	
AVG	0.052	1	0.73	10.00	1	
MAX	0.131	1	1.39	16.00	1	
MIN	0.016	1	0.14	4.00	1	
COUNT	6	3	7	7	8	

PERMITTEE NAME/ADDRESS	(Include Facilit	y Name/Location	if different)
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NAME

ADDRESS

FACILITY

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

MONITORING PERIOD

02/01/2020 то

Form Approved	
OMB NO. 2040-0004	

NASHVILLE-CENTRAL STP 1600 2ND AVENUE NORTH

TN 372082206

TN0020575 PERMIT NUMBER

FROM

MM/DD/YYYY

047 G DISCHARGE NUMBER

MM/DD/YYYY

02/29/2020

DMR Mailing ZIP CODE: 372082206 MAJOR \$ (SUBR 04)

BOSCOBEL MI 192.6 CSO

External Outfall

NO DISCHARGE []

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

NASHVILLE-CENTRAL STP"

NASHVILLE

QUANTITY OR LOADING QUALITY OR CONCENTRATION **PARAMETER** SAMPLE NO. FREQUENCY ΕX OF ANALYSIS TYPE **VALUE** VALUE **UNITS VALUE** VALUE VALUE UNITS Rainfall duration SAMPLE \*\*\*\*\* \*\*\*\*\* \*\*\*\* 70.00 MEASUREMENT 00135 1 0 Req. Mon. hr Daily When PERMIT \*\*\*\*\* \*\*\*\*\* MO TOTAL CALCTD Effluent Gross REQUIREMENT Discharging Rainfall SAMPLE \*\*\*\*\* 5.09 \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\* MEASUREMENT 46529 1 0 PERMIT Req. Mon. in Daily When \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\* Effluent Gross MO TOTAL Discharging CALCTD REQUIREMENT Flow, in conduit SAMPLE 0.052 0.131 \*\*\*\*\* \*\*\*\*\* \*\*\*\* MEASUREMENT 50050 1 0 PERMIT Req. Mon. Reg. Mon. Mgal/d Daily When \*\*\*\*\* \*\*\*\*\* Effluent Gross MO AVG DAILY MX Discharging CONTIN REQUIREMENT Rainfall events with no discharge SAMPLE \*\*\*\*\* 8 \*\*\*\*\* \*\*\*\*\* \*\*\*\* MEASUREMENT 51407 1 0 PERMIT Req. Mon. occur/mo Daily When MO TOTAL \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\* Discharging CALCTD Effluent Gross REQUIREMENT Discharge event observation SAMPLE 3 \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\* MEASUREMENT \*\*\*\*\* 84165 1 0 PERMIT Req. Mon. Y=1:N=0 Daily When \*\*\*\*\* Effluent Gross MO TOTAL REQUIREMENT 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	03/10/2020
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