Number of

Rainfall

Jul

CENTRAL WASTEWATER TREATMENT PLANT CSO - 019 - KERRIGAN

Rain Duration Number of

DATE Flow Flow Cothail Cothain Cot			Number of	Rainfall	Rain Duration	Number of	
DATE MGD Outsil Inches Hours a Discharge Reason for Bypassing		Effluent	Discharges	causing a	causing a	Rain Events	
1			i				
2	DATE	MGD	Outfall	Inches	Hours	a Discharge	Reason for Bypassing
2	4	1		0.22	4.00		
3				0.23	4.00		
4							
S							
Color						1	
7 8 9 4.06 1 0.71 2.00 Rain, Overflow Duration = 1.67 hours 10 11							
8							
9 4.06 1 0.71 2.00 Rain, Overflow Duration = 1.67 hours 10							
11		4.06	1	0.71	2.00		Rain, Overflow Duration = 1.67 hours
13	10						
13	11						
14		3.91	1	1.13	7.00		Rain, Overflow Duration = 4.32 hours
15							
16							
17							
18 19 19 20 1 21 1 22 1 23 1 24 6.64 1 25 1 26 4.22 1 27 1 28 10.94 1 3.56 3.00 Rain, Overflow Duration = 2.75 hours 29 0.31 0.04 1.00 Rain, Overflow Duration = 3.93 hours 30 0.13 3.00 Rain, Overflow Duration = 7.03 hours TOTAL 32.58 6 9.48 33.00 4 AVG 4.65 1 1.05 3.67 1 MMX 10.94 1 3.56 7.00 1 MIN 0.31 1 0.04 1.00 1							
19							
20							
21 1 22 1 23 1 24 6.64 1 1.23 2.00 Rain, Overflow Duration = 3.05 hours 25 26 4.22 1 1.19 4.00 Rain, Overflow Duration = 2.75 hours 27 28 10.94 1 3.56 3.00 Rain, Overflow Duration = 4.90 hours 29 0.31 0.04 1.00 Rain, Overflow Duration = 3.93 hours 30 0.13 3.00 31 2.50 1 1.26 7.00 Rain, Overflow Duration = 7.03 hours TOTAL 32.58 6 9.48 33.00 4 AVG 4.65 1 1.05 3.67 1 MAX 10.94 1 3.56 7.00 1 MIN 0.31 1 0.04 1.00 1							
22 1 23 1 24 6.64 1 1.23 2.00 Rain, Overflow Duration = 3.05 hours 25 26 4.22 1 1.19 4.00 Rain, Overflow Duration = 2.75 hours 27 28 10.94 1 3.56 3.00 Rain, Overflow Duration = 4.90 hours 29 0.31 0.04 1.00 Rain, Overflow Duration = 3.93 hours 30 0.13 3.00 31 2.50 1 1.26 7.00 Rain, Overflow Duration = 7.03 hours TOTAL 32.58 6 9.48 33.00 4 AVG 4.65 1 1.05 3.67 1 MMX 10.94 1 3.56 7.00 1 MIN 0.31 1 0.04 1.00 1						4	
23 1 24 6.64 1 1.23 2.00 Rain, Overflow Duration = 3.05 hours 25 26 4.22 1 1.19 4.00 Rain, Overflow Duration = 2.75 hours 27 28 10.94 1 3.56 3.00 Rain, Overflow Duration = 4.90 hours 29 0.31 0.04 1.00 Rain, Overflow Duration = 3.93 hours 30 0.13 3.00 31 2.50 1 1.26 7.00 Rain, Overflow Duration = 7.03 hours TOTAL 32.58 6 9.48 33.00 4 AVG 4.65 1 1.05 3.67 1 MAX 10.94 1 3.56 7.00 1 MIN 0.31 1 0.04 1.00 1							
24 6.64 1 1.23 2.00 Rain, Overflow Duration = 3.05 hours 25 26 4.22 1 1.19 4.00 Rain, Overflow Duration = 2.75 hours 27 28 10.94 1 3.56 3.00 Rain, Overflow Duration = 4.90 hours 29 0.31 0.04 1.00 Rain, Overflow Duration = 3.93 hours 30 0.13 3.00 31 2.50 1 1.26 7.00 Rain, Overflow Duration = 7.03 hours TOTAL 32.58 6 9.48 33.00 4 AVG 4.65 1 1.05 3.67 1 MAX 10.94 1 3.56 7.00 1 MIN 0.31 1 0.04 1.00 1						•	
25 26 4.22 1 1.19 4.00 Rain, Overflow Duration = 2.75 hours 27 28 10.94 1 3.56 3.00 Rain, Overflow Duration = 4.90 hours 29 0.31 0.04 1.00 Rain, Overflow Duration = 3.93 hours 30 0.13 3.00 31 2.50 1 1.26 7.00 Rain, Overflow Duration = 7.03 hours TOTAL 32.58 6 9.48 33.00 4 AVG 4.65 1 1.05 3.67 1 MAX 10.94 1 3.56 7.00 1 MIN 0.31 1 0.04 1.00 1		6.64	1	1 22	2.00	Ţ	Pain Overflow Duration = 3.05 hours
26 4.22 1 1.19 4.00 Rain, Overflow Duration = 2.75 hours 27 28 10.94 1 3.56 3.00 Rain, Overflow Duration = 4.90 hours 29 0.31 0.04 1.00 Rain, Overflow Duration = 3.93 hours 30 0.13 3.00 31 2.50 1 1.26 7.00 Rain, Overflow Duration = 7.03 hours TOTAL 32.58 6 9.48 33.00 4 AVG 4.65 1 1.05 3.67 1 MAX 10.94 1 3.56 7.00 1 MIN 0.31 1 0.04 1.00 1		0.04	'	1.23	2.00		Rain, Overnow Duration – 3.03 hours
27 Bain, Overflow Duration = 4.90 hours 28 10.94 1 3.56 3.00 Rain, Overflow Duration = 3.93 hours 29 0.31 0.04 1.00 Rain, Overflow Duration = 3.93 hours 30 0.13 3.00 31 2.50 1 1.26 7.00 Rain, Overflow Duration = 7.03 hours TOTAL 32.58 6 9.48 33.00 4 AVG 4.65 1 1.05 3.67 1 MAX 10.94 1 3.56 7.00 1 MIN 0.31 1 0.04 1.00 1		4 22	1	1 19	4 00		Rain Overflow Duration = 2.75 hours
28 10.94 1 3.56 3.00 Rain, Overflow Duration = 4.90 hours 29 0.31 0.04 1.00 Rain, Overflow Duration = 3.93 hours 30 0.13 3.00 31 2.50 1 1.26 7.00 Rain, Overflow Duration = 7.03 hours TOTAL 32.58 6 9.48 33.00 4 AVG 4.65 1 1.05 3.67 1 MAX 10.94 1 3.56 7.00 1 MIN 0.31 1 0.04 1.00 1		7.22	'	1.10	4.00		Train, Overnow Burdion 2.70 Hours
29 0.31 0.04 1.00 Rain, Overflow Duration = 3.93 hours 30 0.13 3.00 31 2.50 1 1.26 7.00 Rain, Overflow Duration = 7.03 hours TOTAL 32.58 6 9.48 33.00 4 AVG 4.65 1 1.05 3.67 1 MAX 10.94 1 3.56 7.00 1 MIN 0.31 1 0.04 1.00 1		10.94	1	3 56	3 00		Rain Overflow Duration = 4 90 hours
30							
31 2.50 1 1.26 7.00 Rain, Overflow Duration = 7.03 hours TOTAL 32.58 6 9.48 33.00 4 AVG 4.65 1 1.05 3.67 1 MAX 10.94 1 3.56 7.00 1 MIN 0.31 1 0.04 1.00 1		3.3.					,
TOTAL 32.58 6 9.48 33.00 4 AVG 4.65 1 1.05 3.67 1 MAX 10.94 1 3.56 7.00 1 MIN 0.31 1 0.04 1.00 1		2.50	1				Rain, Overflow Duration = 7.03 hours
AVG 4.65 1 1.05 3.67 1 MAX 10.94 1 3.56 7.00 1 MIN 0.31 1 0.04 1.00 1							
MAX 10.94 1 3.56 7.00 1 MIN 0.31 1 0.04 1.00 1	TOTAL	32.58	6	9.48	33.00	4	
MAX 10.94 1 3.56 7.00 1 MIN 0.31 1 0.04 1.00 1	AVG	4.65	1	1.05		1	
			1			1	
$\mathbf{I}_{\text{COUNT}}$ 7.00 6 9 9 $\overline{4}$	MIN					1	
COUNT 7.00 0 3 3 4	COUNT	7.00	6	9	9	4	

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

07/01/2020 то

DMR	Mailing	ZIP	CODE:	372082206

Form Approved OMB NO. 2040-0004

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

FACILITY NASHVILLE-CENTRAL STP

TN0020575 PERMIT NUMBER

FROM

MM/DD/YYYY

019 G DISCHARGE NUMBER

MM/DD/YYYY

07/31/2020

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

NO DISCHARGE []

NASHVILLE TN 372082206 ATTN: MR. SCOTT POTTER

LOCATION 1600 2ND AVENUE NORTH

PARAMETER		QUA	NTITY OR LO	DADING		QUALITY OR CO	NCENTRATION	N	NO.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX		
Rainfall duration	SAMPLE										
	MEASUREMENT	33.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.								Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****	hr	*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE					i i					
	MEASUREMENT	9.48	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE					i i					
	MEASUREMENT	4.654	10.940		*****	*****	*****	****			
50050 1 0	PERMIT	Req. Mon.	Req. Mon.	Mgal/d						Daily When	
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX		*****	*****	*****	****		Discharging	CONTIN
Rainfall events with no discharge	SAMPLE										
	MEASUREMENT	4.00	*****		*****	*****	*****	****			
51407 1 0	PERMIT	Req. Mon.		occur/mo		i i				Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Discharge event observation	SAMPLE										
	MEASUREMENT	6.00	*****		*****	*****	*****	****			
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	prepared under my direction or supervision in accordance with a system designed						
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	08/10/2020					
	sumbitted is, to the best of my knowledge and belief, true, accurate, and complete.							
	I am aware that there are significant penalties for submitting false information,	SIGNATURE OF PRINCIPAL EXECUTIVE	AREA					
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	CODE NUMBER	MM/DD/YYYY				
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)								

Jul

CENTRAL WASTEWATER TREATMENT PLANT
CSO - 023 - BENEDICT & CRUTCHER

	Effluent	Number of Discharges	Rainfall causing a	Rain Duration causing a	Number of Rain Events	
	Flow	from	Discharge	Discharge	Not causing	
DATE	MGD	Outfall	Inches	Hours	a Discharge	Reason for Bypassing
		- udan		110410	a Diodital go	· icacon ici - 5/paconing
1			0.22	3.00		
2						
3						
4						
5						
6						
7	0.004	1	0.71	2.00		Rain, Overflow Duration = 0.08 hours
8						
9						
10						
11						
12	0.089	1	0.63	6.00		Rain, Overflow Duration = 0.67 hours
13						
14						
15						
16						
17						
18						
19						
20						
21					1	
22	0.002	1	0.29	5.00		Rain, Overflow Duration = 0.33 hours
23						
24	0.189	1	1.23	2.00		Rain, Overflow Duration = 1.17 hours
25						
26	0.305	1	0.33	2.00		Rain, Overflow Duration = 2.58 hours
27			0.01	1.00		
28	2.670	1	1.77	2.00		Rain, Overflow Duration = 2.42 hours
29	0.008	1	0.04	1.00		Rain, Overflow Duration = 0.42 hours
30			0.05	1.00		
31	0.391	1	0.72	6.00		Rain, Overflow Duration = 1.83 hours
	· ·	· · · · · · · · · · · · · · · · · · ·				
TOTAL	3.658	8	6.00	31.00	1	
AVG	0.457	1	0.55	2.82	1	
MAX	2.670	1	1.77	6.00	1	
MIN	0.002	1	0.01	1.00	1	
COUNT	8	8	11	11	1	

MONITORING PERIOD

07/01/2020 то

DMR Mailing ZIP CODE: 372082206

Form Approved OMB NO. 2040-0004

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

TN0020575 PERMIT NUMBER

MM/DD/YYYY

023 G DISCHARGE NUMBER

MM/DD/YYYY

07/31/2020

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

External Outfall

NO DISCHARGE []

FACILITY NASHVILLE-CENTRAL STP LOCATION 1600 2ND AVENUE NORTH

NASHVILLE TN 372082206

PARAMETER		QUA	NTITY OR LO	DADING		QUALITY OR CO	NCENTRATION	1	NO.	FREQUENCY	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE										
	MEASUREMENT	31.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.		hr						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	6.00	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	0.457	2.670		*****	*****	*****	****			
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	1.00	*****		*****	*****	*****	****			
51407 1 0	PERMIT	Req. Mon.		occur/mo						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Discharge event observation	SAMPLE										
	MEASUREMENT	8.00	*****		*****	*****	*****	****			
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	08/10/2020	
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
COMMENT AND EXPLANATION OF ANY VIC	DLATIONS (Reference all attachments here)			

Jul 2020

CENTRAL WASTEWATER TREATMENT PLANT CSO - 024 - WASHINGTON DC

	Effluent	Number of Discharges	Rainfall causing a	Rain Duration causing a	Number of Rain Events	
	Flow	from	Discharge	Discharge	Not causing	
DATE	MGD	Outfall	Inches	Hours	a Discharge	Reason for Bypassing
<i>-</i> ,	iii d	Guidii	IIIOIIOO	riodio	a Diconargo	rodesh to Sypasoning
1			0.20	3.00		
2						
3						
4					1	
5						
6						
7					1	
8					1	
9						
10						
11					-	
12					1	
13						
14						
15						
16 17						
18						
19						
20						
21					1	
22					1	
23					1	
24	2.190	1	1.23	2.00	<u> </u>	Rain, Overflow Duration = 0.70 hours
25						
26					1	
27						
28	10.940	1	1.12	2.00		Rain, Overflow Duration = 1.15 hours
29					1	
30					1	
31					1	
TOTAL	13.130			7.00	11	
AVG	6.565	1	0.85	2.33	1	
MAX	10.940	1	1.23	3.00	1	
MIN	2.190	1	0.20	2.00	1	
COUNT	2	2	3	3	11	

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

07/01/2020 то

DMR	Mailing	ZIP	CODE:	372082206

Form Approved OMB NO. 2040-0004

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

FACILITY NASHVILLE-CENTRAL STP

TN0020575 PERMIT NUMBER

MM/DD/YYYY

024G DISCHARGE NUMBER

MM/DD/YYYY

07/31/2020

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

NO DISCHARGE [x]

LOCATION 1600 2ND AVENUE NORTH

NASHVILLE TN 372082206

ATTN: MR. SCOTT POTTER	1	1 011	ANTITY OD L	ADING	1	OUALITY OR CO	NCENTRATIO				
PARAMETER		QUA	ANTITY OR LO	JADING		QUALITY OR CO	NCENTRATIO		NO.	FREQUENCY	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE										
	MEASUREMENT	7.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.		hr						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	2.55	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Flow, in conduit	SAMPLE			,							
	MEASUREMENT	6.565	10.940		*****	*****	*****	****			
50050 1 0	PERMIT	Req. Mon.	Req. Mon.	Mgal/d						Daily When	
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX		*****	*****	*****	****		Discharging	CONTIN
Rainfall events with no discharge	SAMPLE										
	MEASUREMENT	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

DATE
8/10/2020
IM/DD/YYYY
_

Jul

2020

CENTRAL WASTEWATER TREATMENT PLANT CSO - 033 - SCHRADER LANE

		Number of	Rainfall	Rain Duration	Number of	
	Effluent Flow	Discharges from	causing a Discharge	causing a Discharge	Rain Events Not causing	
DATE	MGD	Outfall	Inches	Hours	a Discharge	Reason for Bypassing
DATE	Mab	Guidii	IIIOIIOO	riouis	a Discharge	roaden for Bypasoling
1			0.21	3.00		
2						
3						
4						
5					1	
6						
7						
8						
9					1	
10						
11	0.100	4	0.74	0.00		D.: 0 (1 D .: 0 F01
12	0.190	1	0.71	6.00		Rain, Overflow Duration = 0.58 hours
13 14						
15						
16						
17						
18						
19						
20						
21						
22					1	
23						
24	2.809	1	1.20	1.00		Rain, Overflow Duration = 1.42 hours
25						
26	0.189	1	1.28	4.00		Rain, Overflow Duration = 1.50 hours
27						
28	5.833	1	0.64	2.00		Rain, Overflow Duration = 2.33 hours
29						
30	0.740		0.06	1.00		Di O de Dodina d'Olive
31	0.749	1	1.38	5.00		Rain, Overflow Duration = 1.33 hours
	9.770	E	5.48	22.00	2	
TOTAL	1.954		0.78	22.00 3.14	3	
AVG	5.833		1.38	6.00	1	
MAX MIN	0.189		0.06	1.00	1	
COUNT	5		7	7	3	

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

07/01/2020 то

DMR	Mailing	ZIP	CODE:	372082206

Form Approved OMB NO. 2040-0004

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

FACILITY NASHVILLE-CENTRAL STP

TN0020575 PERMIT NUMBER

MM/DD/YYYY

033 G DISCHARGE NUMBER

MM/DD/YYYY

07/31/2020

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

NO DISCHARGE []

NASHVILLE TN 372082206

LOCATION 1600 2ND AVENUE NORTH

PARAMETER		QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE										
	MEASUREMENT	22.00	*****		*****	*****	*****	****			
00135 1 0	PERMIT	Req. Mon.		hr						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Rainfall	SAMPLE										
	MEASUREMENT	5.48	*****		*****	*****	*****	****			
46529 1 0	PERMIT	Req. Mon.		in						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****	İ	Discharging	CALCTD
Flow, in conduit	SAMPLE			,							
	MEASUREMENT	1.954	5.833		*****	*****	*****	****			
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	3	*****		*****	*****	*****	****			
51407 1 0	PERMIT	Req. Mon.		occur/mo						Daily When	
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD
Discharge event observation	SAMPLE										
	MEASUREMENT	5	*****		*****	*****	*****	****			
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			
DIRECTOR	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	08/10/2020
	I am aware that there are significant penalties for submitting false information,	SIGNATURE OF PRINCIPAL EXECUTIVE	AREA	
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	1	MM/DD/YYYY
COMMENT AND EXPLANATION OF ANY VIC	DLATIONS (Reference all attachments here)		-	

Number of

Rainfall

Jul

CENTRAL WASTEWATER TREATMENT PLANT CSO - 035 - DRIFTWOOD

Rain Duration Number of

Pick			Number of	r (all liali	Main Durauon	Number of	
DATE MGD Cutfell Inches Hours a Discharge Reason for Bypassing		Effluent	Discharges	causing a	causing a	Rain Events	
1			i	Discharge			
2	DATE	MGD	Outfall	Inches	Hours	a Discharge	Reason for Bypassing
2							
3						1	
4							
Total Double Do							
6							
7						1	
8							
9						1	
10							
11						1	
12							
13							
14						1	
15							
16							
17							NO DISCHARGE FOR THIS SITE FOR THIS MONTH
18							
19							
20							
21							
22	20						
23							
24 1 25 1 26 1 27 1 28 1 29 1 30 1 31 1 TOTAL 0.000 0 0.00 0.00 14 AVG #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							
25 1 1 1 1 1 1 1 1 1							
26	24						
27							
28							
29							
30						1	
TOTAL 0.000 0 0.00 0.00 14 AVG	29						
TOTAL 0.000 0 0.00 0.00 14 AVG #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	30						
AVG #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	31					1	
AVG #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		T '	γ				
MAX 0.000 0 0.00 0.00 1 MIN 0.000 0 0.00 0.00 1							
MIN 0.000 0 0.00 0.00 1	AVG						
	MAX						
COUNT 0 0 0 14	MIN						
	COUNT	0	0	0	0	14	

PERMITTEE NAME/ADDRESS (Inclu	de Facility Name/Location if different)
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NASHVILLE-CENTRAL STP

NAME

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

DISCHARGE MONITORING REPORT (DMR)

TN0020575 035 G

PERMIT NUMBER DISCHARGE NUMBER

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

External Outfall

NO DISCHARGE [X]

Form Approved

OMB NO. 2040-0004

ADDRESS 1600 2ND AVENUE NORTH

NASHVILLE TN 372082206

FACILITY NASHVILLE-CENTRAL STP

LOCATION 1600 2ND AVENUE NORTH

NASHVILLE TN 372082206

ATTN: MR. SCOTT POTTER											
		QUANTITY OR LOADING				QUALITY OR CONCENTRATION					
PARAMETER			1								SAMPLE
		\/\\	\/A =	LINITO	\/\\	\/^!!!	\/A =	LINITO	EX	OF ANALYSIS	TYPE
Deinfell demetics		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	-		
Rainfall duration	SAMPLE	0.00									
	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	14	*****		*****	*****	*****	****			
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

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	08/10/2020
	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 VIOLA	ATIONS (Reference all attachments here)	•	-	
	,			

Jul

CENTRAL WASTEWATER TREATMENT PLANT CSO - 047 - BOSCOBEL

	Effluent	Number of Discharges	Rainfall causing a	Rain Duration causing a	Number of Rain Events	
	Flow	from	Discharge	Discharge	Not causing	
DATE	MGD	Outfall	Inches	Hours	a Discharge	Reason for Bypassing
		Julian		110410	a Dissilarge	· icacon ici - 5/paconing
1			0.20	3.00		
2						
3						
4					1	
5						
6						
7					1	
8					1	
9						
10						
11						
12	0.030	1	0.73	5.00		Rain, Overflow Duration = 0.42 hours
13						
14						
15						
16						
17						
18						
19						
20	0.000	4	0.01	2.00		Daile Overflow Downties - 0.17 hours
21	0.003	1	0.21	2.00		Rain, Overflow Duration = 0.17 hours
22 23	0.081	ı	1.06 0.08	5.00 3.00		Rain, Overflow Duration = 0.42 hours
24	0.058	1	0.08	2.00		Rain, Overflow Duration = 0.75 hours
25	0.056	'	0.47	2.00		Raili, Overliow Duration – 0.73 flours
26	0.221	1	0.07	1.00		Rain, Overflow Duration = 0.42 hours
27	0.221	<u>'</u>	0.07	1.00		rtain, Overnow Duration - 0.42 nours
28	0.762	1	1.12	2.00		Rain, Overflow Duration = 0.92 hours
29	0.702	1	0.01	1.00		Rain, Overflow Duration = 0.58 hours
30	0.202	 	0.61	4.00		Train, Cromon Burdion Coo Hours
31	0.156	1		6.00		Rain, Overflow Duration = 0.42 hours
	330	· ''	0.70	3.30		, 2.13.1101 2.13.1101
TOTAL	1.513	8	5.31	34.00	3	
AVG	0.189		0.48	3.09		
MAX	0.762		1.12	6.00		
MIN	0.003		0.01	1.00	1	
COUNT	8		11	11	3	
			• • •	• •		1

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

07/01/2020 то

DMR	Mailing	ZIP	CODE:	37208220

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

TN0020575
PERMIT NUMBER

MM/DD/YYYY

047 G
DISCHARGE NUMBER

MM/DD/YYYY 07/31/2020 MAJOR \$
(SUBR 04)
BOSCOBEL MI 192.6 CSO
External Outfall

NO DISCHARGE []

LOCATION	1000 2110 711	TOL HORTH
	NASHVILLE	TN 372082206
	R. SCOTT POT	TER

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	34.00	*****		*****	*****	*****	****			
00135 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	****		Daily When Discharging	CALCTD
Rainfall	SAMPLE	WOTOTAL			+					Discharging	CALCID
Trainian	MEASUREMENT	5.31	*****		*****	*****	*****	****			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	in	*****	****	*****	***		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE										
	MEASUREMENT	0.189	0.762		*****	*****	*****	****	İ		
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	3	*****		*****	*****	****	***			
51407 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	*****	*****	*****	****		Daily When Discharging	CALCTD
Discharge event observation	SAMPLE								1	1 ,	
_	MEASUREMENT	8	*****		*****	*****	*****	****			
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		TEL EBLIONE	2475		
l	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	08/10/2020			
	sumbitted is, to the best of my knowledge and belief, true, accurate, and complete.					
	I am aware that there are significant penalties for submitting false information,	SIGNATURE OF PRINCIPAL EXECUTIVE	AREA			
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	CODE NUMBER	MM/DD/YYYY		
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)						