

Jun 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 | | | | | | |
| 4 | 9.06 | 1 | 0.99 | 6.00 | | Rain, Overflow Duration = 3.60 hours |
| 5 | 0.23 | | | | | Rain, Overflow Duration = 2.67 hours |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | 1 | |
| 9 | | | | | 1 | |
| 10 | | | | | | |
| 11 | | | | | | |
| 12 | | | | | | |
| 13 | | | | | | |
| 14 | | | | | | |
| 15 | | | | | | |
| 16 | | | | | | |
| 17 | | | | | | |
| 18 | | | | | | |
| 19 | | | | | | |
| 20 | | | | | | |
| 21 | | | | | 1 | |
| 22 | | | | | 1 | |
| 23 | | | | | 1 | |
| 24 | | | | | | |
| 25 | | | | | | |
| 26 | | | | | | |
| 27 | | | | | | |
| 28 | | | | | | |
| 29 | | | | | | |
| 30 | 12.11 | 1 | 0.72 | 7.00 | | Rain, Overflow Duration = 3.37 hours |
| TOTAL | 21.40 | 2 | 1.71 | 13.00 | 5 | |
| AVG | 7.13 | 1 | 0.86 | 6.50 | 1 | |
| MAX | 12.11 | 1 | 0.99 | 7.00 | 1 | |
| MIN | 0.23 | 1 | 0.72 | 6.00 | 1 | |
| COUNT | 3.00 | 2 | 2 | 2 | 5 | |

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 06/01/2020 TO 06/30/2020

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 | 13.00 | ***** | | ***** | ***** | ***** | **** | | | |
| | PERMIT REQUIREMENT | Req. Mon. MO TOTAL | ***** | hr | ***** | ***** | ***** | **** | | Daily When Discharging | CALCTD |
| 46529 1 0 Effluent Gross | SAMPLE MEASUREMENT | 1.71 | ***** | | ***** | ***** | ***** | **** | | | |
| | PERMIT REQUIREMENT | Req. Mon. MO TOTAL | ***** | in | ***** | ***** | ***** | **** | | Daily When Discharging | CALCTD |
| 50050 1 0 Effluent Gross | SAMPLE MEASUREMENT | 7.133 | 12.110 | | ***** | ***** | ***** | **** | | | |
| | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | ***** | ***** | ***** | **** | | Daily When Discharging | CONTIN |
| 51407 1 0 Effluent Gross | SAMPLE MEASUREMENT | 5.00 | ***** | | ***** | ***** | ***** | **** | | | |
| | PERMIT REQUIREMENT | Req. Mon. MO TOTAL | ***** | occur/mo | ***** | ***** | ***** | **** | | Daily When Discharging | CALCTD |
| 84165 1 0 Effluent Gross | SAMPLE MEASUREMENT | 2.00 | ***** | | ***** | ***** | ***** | **** | | | |
| | 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 | 07/10/2020 |
| 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) | | | |

Jun 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 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | 1 | |
| 4 | 0.241 | 1 | 1.35 | 7.00 | | Rain, Overflow Duration = 2.42 hours |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | 1 | |
| 10 | | | | | | |
| 11 | | | | | | |
| 12 | | | | | | |
| 13 | | | | | | |
| 14 | | | | | | |
| 15 | | | | | | |
| 16 | | | | | | |
| 17 | | | | | | |
| 18 | | | | | | |
| 19 | | | | | | |
| 20 | | | | | | |
| 21 | | | | | 1 | |
| 22 | | | | | 1 | |
| 23 | | | | | 1 | |
| 24 | | | | | | |
| 25 | | | | | | |
| 26 | | | | | | |
| 27 | | | | | | |
| 28 | | | | | 1 | |
| 29 | | | | | | |
| 30 | 1.112 | 1 | 1.44 | 5.00 | | Rain, Overflow Duration = 3.00 hours |
| TOTAL | 1.353 | 2 | 2.79 | 12.00 | 6 | |
| AVG | 0.677 | 1 | 1.40 | 6.00 | 1 | |
| MAX | 1.112 | 1 | 1.44 | 7.00 | 1 | |
| MIN | 0.241 | 1 | 1.35 | 5.00 | 1 | |
| COUNT | 2 | 2 | 2 | 2 | 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

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 MM/DD/YYYY
FROM 06/01/2020 TO 06/30/2020

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 | 12.00 | ***** | | ***** | ***** | ***** | **** | | | |
| | PERMIT REQUIREMENT | Req. Mon. MO TOTAL | ***** | hr | ***** | ***** | ***** | **** | | Daily When Discharging | CALCTD |
| 46529 1 0 Effluent Gross | SAMPLE MEASUREMENT | 2.79 | ***** | | ***** | ***** | ***** | **** | | | |
| | PERMIT REQUIREMENT | Req. Mon. MO TOTAL | ***** | in | ***** | ***** | ***** | **** | | Daily When Discharging | CALCTD |
| 50050 1 0 Effluent Gross | SAMPLE MEASUREMENT | 0.677 | 1.112 | | ***** | ***** | ***** | **** | | | |
| | 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 | 2.00 | ***** | | ***** | ***** | ***** | **** | | | |
| | 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 | 07/10/2020 |
| 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) | | | |

Jun 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 | | | | | | |
| 4 | 5.500 | 1 | 1.31 | 6.00 | | Rain, Overflow Duration = 0.90 hours |
| 5 | | | 0.01 | 1.00 | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | 1 | |
| 10 | | | | | | |
| 11 | | | | | | |
| 12 | | | | | | |
| 13 | | | | | | |
| 14 | | | | | | |
| 15 | | | | | | |
| 16 | | | | | | |
| 17 | | | | | | |
| 18 | | | | | | |
| 19 | | | | | | |
| 20 | | | | | | |
| 21 | | | | | 1 | |
| 22 | | | | | 1 | |
| 23 | | | | | 1 | |
| 24 | | | | | | |
| 25 | | | | | | |
| 26 | | | | | | |
| 27 | | | | | | |
| 28 | | | | | | |
| 29 | | | | | | |
| 30 | 8.660 | 1 | 2.05 | 6.00 | | Rain, Overflow Duration = 1.97 hours |
| TOTAL | 14.160 | 2 | 3.37 | 13.00 | 4 | |
| AVG | 7.080 | 1 | 1.12 | 4.33 | 1 | |
| MAX | 8.660 | 1 | 2.05 | 6.00 | 1 | |
| MIN | 5.500 | 1 | 0.01 | 1.00 | 1 | |
| COUNT | 2 | 2 | 3 | 3 | 4 | |

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 06/01/2020 TO 06/30/2020

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 | 13.00 | ***** | | ***** | ***** | ***** | **** | | | |
| | PERMIT REQUIREMENT | Req. Mon. MO TOTAL | ***** | hr | ***** | ***** | ***** | **** | | Daily When Discharging | CALCTD |
| 46529 1 0 Effluent Gross | SAMPLE MEASUREMENT | 3.37 | ***** | | ***** | ***** | ***** | **** | | | |
| | PERMIT REQUIREMENT | Req. Mon. MO TOTAL | ***** | in | ***** | ***** | ***** | **** | | Daily When Discharging | CALCTD |
| 50050 1 0 Effluent Gross | SAMPLE MEASUREMENT | 7.080 | 8.660 | | ***** | ***** | ***** | **** | | | |
| | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | ***** | ***** | ***** | **** | | Daily When Discharging | CONTIN |
| 51407 1 0 Effluent Gross | SAMPLE MEASUREMENT | 4 | ***** | | ***** | ***** | ***** | **** | | | |
| | 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 | 07/10/2020 |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE NUMBER |
| COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) | | | |

Jun 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 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | 2.814 | 1 | 0.95 | 3.00 | | Rain, Overflow Duration = 1.25 hours |
| 5 | | | 0.01 | 1.00 | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | 1 | |
| 10 | | | | | | |
| 11 | | | | | | |
| 12 | | | | | | |
| 13 | | | | | | |
| 14 | | | | | | |
| 15 | | | | | | |
| 16 | | | | | | |
| 17 | | | | | | |
| 18 | | | | | | |
| 19 | | | | | | |
| 20 | | | | | | |
| 21 | 0.002 | 1 | 0.69 | 8.00 | | Rain, Overflow Duration = 0.25 hours |
| 22 | | | | | 1 | |
| 23 | | | | | 1 | |
| 24 | | | | | | |
| 25 | | | | | | |
| 26 | | | | | | |
| 27 | | | | | | |
| 28 | | | | | | |
| 29 | | | | | | |
| 30 | 1.156 | 1 | 1.70 | 6.00 | | Rain, Overflow Duration = 1.58 hours |
| TOTAL | 3.972 | 3 | 3.35 | 18.00 | 3 | |
| AVG | 1.324 | 1 | 0.84 | 4.50 | 1 | |
| MAX | 2.814 | 1 | 1.70 | 8.00 | 1 | |
| MIN | 0.002 | 1 | 0.01 | 1.00 | 1 | |
| COUNT | 3 | 3 | 4 | 4 | 3 | |

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 TO MM/DD/YYYY
FROM 06/01/2020 TO 06/30/2020

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 | 3.35 | ***** | | ***** | ***** | ***** | **** | | | |
| | PERMIT REQUIREMENT | Req. Mon. MO TOTAL | ***** | in | ***** | ***** | ***** | **** | | Daily When Discharging | CALCTD |
| 50050 1 0 Effluent Gross | SAMPLE MEASUREMENT | 1.324 | 2.814 | | ***** | ***** | ***** | **** | | | |
| | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | ***** | ***** | ***** | **** | | Daily When Discharging | CONTIN |
| 51407 1 0 Effluent Gross | SAMPLE MEASUREMENT | 3 | ***** | | ***** | ***** | ***** | **** | | | |
| | PERMIT REQUIREMENT | Req. Mon. MO TOTAL | ***** | occur/mo | ***** | ***** | ***** | **** | | Daily When Discharging | CALCTD |
| 84165 1 0 Effluent Gross | SAMPLE MEASUREMENT | 3 | ***** | | ***** | ***** | ***** | **** | | | |
| | 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 | 07/10/2020 |
| 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) | | | |

Jun 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 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | 1 | |
| 10 | | | | | | |
| 11 | | | | | | |
| 12 | | | | | | |
| 13 | | | | | | |
| 14 | | | | | | |
| 15 | | | | | | NO DISCHARGE FOR THIS SITE FOR THIS MONTH |
| 16 | | | | | | |
| 17 | | | | | | |
| 18 | | | | | | |
| 19 | | | | | | |
| 20 | | | | | | |
| 21 | | | | | 1 | |
| 22 | | | | | 1 | |
| 23 | | | | | 1 | |
| 24 | | | | | | |
| 25 | | | | | | |
| 26 | | | | | | |
| 27 | | | | | | |
| 28 | | | | | 1 | |
| 29 | | | | | | |
| 30 | | | | | 1 | |
| TOTAL | 0.000 | 0 | 0.00 | 0.00 | 6 | |
| 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 | 6 | |

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved

DISCHARGE MONITORING REPORT (DMR)

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 06/01/2020 | TO 06/30/2020 |

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 | 6 | ***** | | ***** | ***** | ***** | **** | | | |
| 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 | 07/10/2020 |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE NUMBER |
| COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) | | | |

Jun 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 | | | | | | |
| 4 | 0.005 | 1 | 1.31 | 6.00 | | Rain, Overflow Duration = 0.17 hours |
| 5 | | | 0.01 | 1.00 | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | 1 | |
| 10 | | | | | | |
| 11 | | | | | | |
| 12 | | | | | | |
| 13 | | | | | | |
| 14 | | | | | | |
| 15 | | | | | | |
| 16 | | | | | | |
| 17 | | | | | | |
| 18 | | | | | | |
| 19 | | | | | | |
| 20 | | | | | | |
| 21 | | | | | 1 | |
| 22 | | | | | 1 | |
| 23 | | | | | 1 | |
| 24 | | | | | | |
| 25 | | | | | | |
| 26 | | | | | | |
| 27 | | | | | | |
| 28 | | | | | | |
| 29 | | | | | | |
| 30 | 0.445 | 1 | 2.05 | 6.00 | | Rain, Overflow Duration = 1.08 hours |
| TOTAL | 0.450 | 2 | 3.37 | 13.00 | 4 | |
| AVG | 0.225 | 1 | 1.12 | 4.33 | 1 | |
| MAX | 0.445 | 1 | 2.05 | 6.00 | 1 | |
| MIN | 0.005 | 1 | 0.01 | 1.00 | 1 | |
| COUNT | 2 | 2 | 3 | 3 | 4 | |

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 06/01/2020 | TO 06/30/2020 |

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 | 13.00 | ***** | | ***** | ***** | ***** | **** | | | |
| 00135 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO TOTAL | ***** | hr | ***** | ***** | ***** | **** | | Daily When Discharging | CALCTD |
| Rainfall | SAMPLE MEASUREMENT | 3.37 | ***** | | ***** | ***** | ***** | **** | | | |
| 46529 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO TOTAL | ***** | in | ***** | ***** | ***** | **** | | Daily When Discharging | CALCTD |
| Flow, in conduit | SAMPLE MEASUREMENT | 0.225 | 0.445 | | ***** | ***** | ***** | **** | | | |
| 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 | 4 | ***** | | ***** | ***** | ***** | **** | | | |
| 51407 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO TOTAL | ***** | occur/mo | ***** | ***** | ***** | **** | | Daily When Discharging | CALCTD |
| Discharge event observation | SAMPLE MEASUREMENT | 2 | ***** | | ***** | ***** | ***** | **** | | | |
| 84165 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO TOTAL | ***** | Y=1;N=0 | ***** | ***** | ***** | **** | | Daily When Discharging | CALCTD |

| | | | |
|--|---|------------------|------------|
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| SCOTT A. POTTER DIRECTOR | | 615 862-4591 | 07/10/2020 |
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