2020

CENTRAL WASTEWATER TREATMENT PLANT CSO - 019 - KERRIGAN

		î				
		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			0.04	1.00		
2			0.45	10.00		
3	16.00	1	0.43	4.00		Rain & Power Fail from Tornado, OF Duration = 19.75 hours
4	20.00					Rain & Power Fail from Tornado, OF Duration = 24.00 hours
5	7.00					Rain & Power Fail from Tornado, OF Duration = 8.50 hours
6						
7						
8						
9					1	
10					1	
11					1	
12						
13					1	
14					1	
15					1	
16					1	
17	9.00	1	1.10	7.00		Rain, Overflow Duration = 9.20 hours
18	5.00	1	0.76	5.00		Rain, Overflow Duration = 2.60 hours
19			0.12	5.00		
20	5.00	1	0.87	10.00		Rain, Overflow Duration = 2.30 hours
21						
22			0.35	7.00		
23	5.70	1	0.54	6.00		Rain, Overflow Duration = 2.93 hours
24	14.14	1	1.28	13.00		Rain, Overflow Duration = 4.10 hours
25						
26						
27						
28					1	
29					1	
30						
31					1	
		I			•	
TOTAL	81.84	6	5.94	68.00	10	
AVG	10.23	1	0.59	6.80	1	
MAX	20.00	1	1.28	13.00	1	
MIN	5.00	1	0.04	1.00	1	
	8.00	6	10	1.00	10	
COUNT	0.00	0	10	10	10	J

TN 372082206

NASHVILLE-CENTRAL STP

ADDRESS 1600 2ND AVENUE NORTH

NASHVILLE

FACILITY NASHVILLE-CENTRAL STP

LOCATION 1600 2ND AVENUE NORTH

NAME

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

MM/DD/YYYY 03/31/2020

TN0020575 019 G
DISCHARGE NUMBER
MONITORING PERIOD

03/01/2020 то

MM/DD/YYYY

FROM

DMR Mailing ZIP CODE: 372082206 MAJOR \$

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

NO DISCHARGE []

NASHVILLE TN 372082206 ATTN: MR. SCOTT POTTER

QUANTITY OR LOADING QUALITY OR CONCENTRATION PARAMETER NO. FREQUENCY SAMPLE TYPE EX OF ANALYSIS VALUE VALUE UNITS VALUE VALUE VALUE UNITS Rainfall duration SAMPLE 68.00 ***** ***** ***** ***** **** MEASUREMENT 00135 1 0 Reg. Mon. Daily When PERMIT Effluent Gross MO TOTAL ***** ***** ***** ***** **** Discharging CALCTD REQUIREMENT hr Rainfall SAMPLE 5.94 ***** ***** ***** ***** **** MEASUREMENT 46529 1 0 PERMIT Req. Mon. in Daily When ***** ***** ***** ***** **** Discharging CALCTD Effluent Gross REQUIREMENT MO TOTAL Flow, in conduit SAMPLE 20.000 10.230 ***** ****** ***** **** MEASUREMENT 50050 1 0 Req. Mon. Req. Mon. Mgal/d Daily When PERMIT Effluent Gross MO AVG DAILY MX ***** ***** ***** **** Discharging CONTIN REQUIREMENT Rainfall events with no discharge SAMPLE 10.00 ***** ***** ***** ***** **** MEASUREMENT 51407 1 0 Reg. Mon. occur/mo Daily When PERMIT ***** ***** ***** ***** **** MO TOTAL Effluent Gross REQUIREMENT Discharging CALCTD Discharge event observation SAMPLE 6.00 ***** ***** ***** ***** **** MEASUREMENT 84165 1 0 Reg. Mon. Y=1;N=0 Daily When PERMIT ***** **** Effluent Gross MO TOTAL ***** ***** ***** Discharging CALCTD REQUIREMENT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were			
	prepared under my direction or supervision in accordance with a system designed		TELEPHONE	DATE
SCOTT A. POTTER DIRECTOR	to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information sumbitted is, to the best of my knowledge and belief, true, accurate, and complete.		615 862-4591	04/10/2020
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 VIO	LATIONS (Reference all attachments here)			•

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Form Approved OMB NO. 2040-0004

2020

CENTRAL WASTEWATER TREATMENT PLANT CSO - 023 - BENEDICT & CRUTCHER

Eff	fluent	Number of	Rainfall	Rain Duration	Number of	
	fluent					
	_	Discharges	causing a	causing a	Rain Events	
	Flow	from	Discharge	Discharge	Not causing	December 1 and 1
DATE	MGD	Outfall	Inches	Hours	a Discharge	Reason for Bypassing
1		[I		1	
2					1	
3	0.153	1	0.73	4.00	_	Rain, Overflow Duration = 2.25 hours
4						
5						
6						
7						
8						
9						
10					1	
11					1	
12						
13					1	
14					1	
15					1	
16			0.01	1.00		
17	0.043	1	0.82	7.00		Rain, Overflow Duration = 4.25 hours
18	0.075	1	0.79	6.00		Rain, Overflow Duration = 3.00 hours
19			0.19	6.00		
20	0.029	1	1.00	10.00		Rain, Overflow Duration = 3.08 hours
21			0.10	0.00		
22	0.007		0.18	6.00		
23	0.037	1	0.55	7.00		Rain, Overflow Duration = 2.33 hours
24	0.108	1	1.37	10.00		Rain, Overflow Duration = 4.83 hours
25 26						
20						
27					1	
28					1	
30					1	
31					1	
<u> </u>						
TOTAL	0.445	6	5.64	57.00	10	
AVG	0.074	1	0.63	6.33	1	
MAX	0.153	1	1.37	10.00	1	
MIN	0.029	1	0.01	1.00	1	
COUNT	6	6	9	9	10	

NATIONAL POLLULTANT 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 FACILITY NASHVILLE-CENTRAL STP LOCATION 1600 2ND AVENUE NORTH					DMR Mailing ZIP CODE: 372082 MAJOR \$ (SUBR 04) BENEDICT & CRUTCHER 191.6 (External Outfall			CSO			
NASHVILLE TN 3	72082206	•	FROM	мм/dd/үүүү 03/01/2020 то	MM/DD/YYYY 03/31/2020					NO DISCHAR	GE[]
ATTN: MR. SCOTT POTTER			-			, 					
PARAMETER		QUA	ANTITY OR LO	OADING	QUALITY OR CONCENTRATION			NO.	NO. FREQUENCY	SAMPLE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Rainfall duration	SAMPLE	57.00	*****		*****	*****	*****	****			
00135 1 0 Effluent Gross	PERMIT	Req. Mon. MO TOTAL	*****	hr	*****	*****	*****	****		Daily When Discharging	CALCTD
Rainfall	SAMPLE	5.64	*****		****	*****	*****	****			
46529 1 0 Effluent Gross	PERMIT	Req. Mon. MO TOTAL	*****	in	****	*****	*****	****		Daily When Discharging	CALCTD
Flow, in conduit	SAMPLE		0.152		*****	*****	*****	****		Discharging	
50050 1 0	MEASUREMENT PERMIT	0.074 Req. Mon.	0.153 Req. Mon.	Mgal/d	*****	*****	*****	****		Daily When	
Effluent Gross Rainfall events with no discharge	REQUIREMENT SAMPLE	MO AVG	DAILY MX		*****	*****	*****	****		Discharging	
51407 1 0	MEASUREMENT PERMIT	10.00 Req. Mon.	*****	occur/mo	*****	*****	*****	****		Daily When	
Effluent Gross Discharge event observation	REQUIREMENT SAMPLE	MO TOTAL								Discharging	CALCTD
	MEASUREMENT	6.00	*****		*****	*****	*****	****			
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	Y=1;N=0	*****	*****	*****	****		Daily When Discharging	CALCTD

ME/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
COTT 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	04/10/2020
	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

EPA Form 3320-1 (Rev. 01/06) Previous editions may be used.

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2020

CENTRAL WASTEWATER TREATMENT PLANT CSO - 024 - WASHINGTON DC

	·	·				,,
		Number of	Rainfall	Rain Duration	Number of	
	Effluent	Discharges	causing a	causing a	Rain Events	
	Flow	from	Discharge	Discharge	Not causing	
DATE	MGD	Outfall	Inches	Hours	a Discharge	Reason for Bypassing
1					1	
2			0.74	9.00		
3	3.28	1	1.07	5.00		Rain, Overflow Duration = 2.23 hours
4						
5						
6						
7						
8						
9					1	
10					1	
11					1	
12						
13						
14					1	
15					1	
16			0.01	1.00		
17	0.28	1	0.80	8.00		Rain, Overflow Duration = 0.80 hours
18	2.25	1	0.83	6.00		Rain, Overflow Duration = 1.65 hours
19			0.22	6.00		
20	1.69	1	1.33	12.00		Rain, Overflow Duration = 2.53 hours
21						
22			0.13	4.00		
23	0.75	1	0.57	7.00		Rain, Overflow Duration = 0.87 hours
24	14.22	1	1.27	10.00		Rain, Overflow Duration = 6.53 hours
25	0.31					Rain, Overflow Duration = 0.57 hours
26						
27						
28					1	
29					1	
30						
31					1	
			l I			
TOTAL	22.780	6	6.97	68.00	9	1
AVG	3.254	1	0.70	6.80	1	
MAX	14.220	1	1.33	12.00	1	1
MIN	0.280	1	0.01	1.00	1	1
COUNT	7	6	10	10	9	1
300111	· · · ·	<u> </u>	.0	10		J

TN 372082206

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

TN0020575 024G PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY FROM 03/01/2020 TO 03/31/2020 QUANTITY OR LOADING QUAL

DMR Mailing ZIP CODE: 372082206 MAJOR \$

(SUBR 04) EMH WASHINGTON MI 190.4 CSO External Outfall

NO DISCHARGE []

NASHVILLE TN 372082206 ATTN: MR. SCOTT POTTER

NASHVILLE-CENTRAL STP

ADDRESS 1600 2ND AVENUE NORTH

NASHVILLE

FACILITY NASHVILLE-CENTRAL STP

LOCATION 1600 2ND AVENUE NORTH

NAME

.

QUALITY OR CONCENTRATION PARAMETER NO. FREQUENCY SAMPLE TYPE EΧ OF ANALYSIS VALUE VALUE UNITS VALUE VALUE VALUE UNITS Rainfall duration SAMPLE 68.00 ***** ***** ***** ***** **** MEASUREMENT 00135 1 0 Reg. Mon. hr Daily When PERMIT Effluent Gross MO TOTAL ***** ***** ***** ***** **** Discharging CALCTD REQUIREMENT Rainfall SAMPLE 6.97 ***** ***** ***** ***** **** MEASUREMENT 46529 1 0 Reg. Mon. Daily When PERMIT in ***** ***** ***** ***** **** Effluent Gross MO TOTAL Discharging CALCTD REQUIREMENT Flow, in conduit SAMPLE 3.254 14.220 ***** ***** ***** **** MEASUREMENT Mgal/d 50050 1 0 Reg. Mon. Req. Mon. Daily When PERMIT ***** ***** ***** **** MO AVG DAILY MX Discharging CONTIN Effluent Gross REQUIREMENT Rainfall events with no discharge SAMPLE 9 ***** ***** ***** ***** **** MEASUREMENT 51407 1 0 PERMIT Req. Mon. occur/mo Daily When ***** ***** ***** ***** **** Effluent Gross MO TOTAL Discharging CALCTD REQUIREMENT Discharge event observation SAMPLE 6 ***** ***** ***** ***** **** MEASUREMENT 84165 1 0 Req. Mon. Y=1:N=0 Daily When PERMIT ***** ***** ***** ***** **** Effluent Gross MO TOTAL Discharging CALCTD REQUIREMENT

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
o assure that qualified personnel property gather and evaluate the information			
submitted. Based on my inquiry of the person or persons who manage the system,			
or those persons directly responsible for gathering the information, the information		615 862-4591	04/10/2020
sumbitted is, to the best of my knowledge and belief, true, accurate, and complete.			
am aware that there are significant penalties for submitting false information,	SIGNATURE OF PRINCIPAL EXECUTIVE	AREA	
ncluding the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	CODE NUMBER	MM/DD/YYYY
DNS (Reference all attachments here)			
	assure that qualified personnel property gather and evaluate the information ubmitted. Based on my inquiry of the person or persons who manage the system, r those persons directly responsible for gathering the information, the information umbitted is, to the best of my knowledge and belief, true, accurate, and complete. am aware that there are significant penalties for submitting false information, cluding the possibility of fine and imprisonment for knowing violations.	repared under my direction or supervision in accordance with a system designed assure that qualified personnel property gather and evaluate the information ubmitted. Based on my inquiry of the person or persons who manage the system, r those persons directly responsible for gathering the information, unbitted is, to the best of my knowledge and belief, true, accurate, and complete. am aware that there are significant penalties for submitting false information, cluding the possibility of fine and imprisonment for knowing violations.	repared under my direction or supervision in accordance with a system designed assure that qualified personnel property gather and evaluate the information ubmitted. Based on my inquiry of the person or persons who manage the system, r those persons directly responsible for gathering the information, ubmitted is, to the best of my knowledge and belief, true, accurate, and complete. and ware that there are significant penalties for submitting false information, cluding the possibility of fine and imprisonment for knowing violations. Description: Des

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Form Approved OMB NO. 2040-0004

2020

CENTRAL WASTEWATER TREATMENT PLANT CSO - 033 - SCHRADER LANE

	·					· · · · · · · · · · · · · · · · · · ·
		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
4	т — т		I		4	,
1					1	
2	1 290	1	0.02	4.00	I	Dain Overflow Duration = 11.25 hours
3	1.380	1	0.82	4.00		Rain, Overflow Duration = 11.25 hours
4 5						
6						
7						
8						
9					1	
10					1	
11					1	
12						
13					1	
14					1	
15					1	
16			0.01	1.00	•	
17	0.097	1	0.90	9.00		Rain, Overflow Duration = 0.92 hours
18	0.495	1	0.94	6.00		Rain, Overflow Duration = 2.08 hours
19			0.15	4.00		
20	0.598	1	1.40	12.00		Rain, Overflow Duration = 2.00 hours
21						
22			0.16	6.00		
23	0.193	1	0.55	6.00		Rain, Overflow Duration = 1.17 hours
24	3.079	1	1.26	10.00		Rain, Overflow Duration = 7.50 hours
25	1.266					Rain, Overflow Duration = 5.58 hours
26						
27						
28					1	
29					1	
30						
31					1	
TOTAL	7.108	6	6.19	58.00	11	
AVG	1.015	1	0.69	6.44	1	
MAX	3.079	1	1.40	12.00	1	
MIN	0.097	1	0.01	1.00	1	
COUNT	7	6	9	9	11	
						-

TN 372082206

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

 TN0020575
 033 G

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 FROM
 03/01/2020

DMR Mailing ZIP CODE: 372082206

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

NO DISCHARGE []

NASHVILLE TN 372082206 ATTN: MR. SCOTT POTTER

NASHVILLE-CENTRAL STP

ADDRESS 1600 2ND AVENUE NORTH

NASHVILLE

FACILITY NASHVILLE-CENTRAL STP

LOCATION 1600 2ND AVENUE NORTH

NAME

.

QUANTITY OR LOADING QUALITY OR CONCENTRATION PARAMETER NO. FREQUENCY SAMPLE TYPE EX OF ANALYSIS VALUE VALUE UNITS VALUE VALUE VALUE UNITS Rainfall duration SAMPLE 58.00 ***** ***** ***** ***** **** MEASUREMENT 00135 1 0 Reg. Mon. hr Daily When PERMIT Effluent Gross MO TOTAL ***** ***** ***** ***** **** CALCTD Discharging REQUIREMENT Rainfall SAMPLE 6.19 ***** ***** ***** ***** **** MEASUREMENT 46529 1 0 Reg. Mon. Daily When PERMIT in ***** ***** ***** ***** **** Effluent Gross MO TOTAL Discharging CALCTD REQUIREMENT Flow, in conduit SAMPLE 1.015 3.079 ***** ***** ***** **** MEASUREMENT Mgal/d 50050 1 0 Reg. Mon. Req. Mon. Daily When PERMIT ***** ***** ***** **** MO AVG DAILY MX Discharging CONTIN Effluent Gross REQUIREMENT Rainfall events with no discharge SAMPLE ***** 11 ***** ***** ***** **** MEASUREMENT 51407 1 0 PERMIT Req. Mon. occur/mo Daily When ***** ***** ***** ***** **** Effluent Gross MO TOTAL Discharging CALCTD REQUIREMENT Discharge event observation SAMPLE 6 ***** ***** ***** ***** **** MEASUREMENT 84165 1 0 Req. Mon. Y=1:N=0 Daily When PERMIT ***** ***** ***** ***** **** Effluent Gross Discharging MO TOTAL CALCTD REQUIREMENT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed		TELEPHONE	DATE
SCOTT A. POTTER DIRECTOR	to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information		615 862-4591	04/10/2020
	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 VIOLAT	TIONS (Reference all attachments here)			•

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Form Approved OMB NO. 2040-0004

2020

CENTRAL WASTEWATER TREATMENT PLANT CSO - 035 - DRIFTWOOD

		Number of	Rainfall	Rain Duration	Number of	
	Effluent	Discharges	causing a	causing a	Rain Events	
	Flow	from	Discharge	Discharge	Not causing	
DATE	MGD	Outfall	Inches	Hours	a Discharge	Reason for Bypassing
1					1	
2					1	
3					1	
4						
5						
6						
7						
8						
9						
10					1	
11					1	
12						
13					1	
14					1	
15					1	NO DISCHARGE FOR THIS SITE FOR THIS MONTH
16					1	
17					1	
18					1	
19					1	
20					1	
21						
22					1	
23					1	
24					1	
25						
26						
27						
28					1	
29					1	
30					· ·	
31					1	
						<u>ا</u>
TOTAL	0.000	0	0.00	0.00	16	1
AVG	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	10	
MAX	0.000	0	0.00	0.00		
MIN	0.000	0	0.00	0.00	1	
COUNT	0.000		0.00	0.00	-	
COUNT	0	0	U 0	0	10	J

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

Form Approved OMB NO. 2040-0004

			DISCH	ARGE MONITORING R	EPORT (DMR)					OM	B NO. 2040-0004	
NAME NASHVILLE-CENTRAL S	TP						DMR Mailing	ZIP CODE: 3	720822	06		
ADDRESS 1600 2ND AVENUE NOR I	ſΗ	TN0020575					MAJOR \$					
NASHVILLE TN 372082206		PERMIT NUMBER DI		DISCHARGE NUMBI	ER	(SUBR 04)						
							DRIFTWOOD		C			
FACILITY NASHVILLE-CENTRAL S	TP			MONITORING PE	ERIOD		External Outfa	11				
LOCATION 1600 2ND AVENUE NOR	IH			MM/DD/YYYY	MM/DD/YYYY					NO DISCHARGE [X		
NASHVILLE TN 37	72082206		FROM	03/01/2020 то	03/31/2020							
ATTN: MR. SCOTT POTTER					-						<u> </u>	
		QUA	NTITY OR LO	DADING		QUALITY OR C	ONCENTRATIO	N				
PARAMETER					· · · · · · · · · · · · · · · · · · ·			NO.	FREQUENCY	SAMPLE		
									EX	OF ANALYSIS	TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
Rainfall duration	SAMPLE	0.00	*****									
	MEASUREMENT	0.00	*****		*****	*****	*****	****			<u> </u>	
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		0.000									
	MEASUREMENT	#DIV/0!	0.000	84	*****	*****	*****	****				
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	40										
	MEASUREMENT	16	*****		*****	*****	*****	****			<u> </u>	
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 sumbitted is, to the best of my knowledge and belief, true, accurate, and complete.		615 862-4591	04/10/2020
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 VIOLA	TIONS (Reference all attachments here)			
EPA Form 3320-1 (Rev. 01/06) Previous e	ditions may be used.		PAGE	1

2020

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
	r	T				
1			0.74	0.00	1	
2	0.409	1		9.00		Dain Quarflaw Duration = 0.75 hours
3	0.408	1	1.07	5.00		Rain, Overflow Duration = 0.75 hours
4 5						
5 6						
- 0 - 7						
8						
9					1	
9 10					1	
10					1	
12					I	
13						
14					1	
15					1	
16			0.01	1.00	•	
17	0.041	1	0.80	8.00		Rain, Overflow Duration = 0.58 hours
18	0.037	1	0.83	6.00		Rain, Overflow Duration = 0.92 hours
19	0.007		0.00	6.00		
20	0.106	1	1.33	12.00		Rain, Overflow Duration = 1.08 hours
21	0.100			12.00		
22			0.13	4.00		
23	0.020	1	0.57	7.00		Rain, Overflow Duration = 0.67 hours
24	0.283	1	1.27	10.00		Rain, Overflow Duration = 1.83 hours
25						
26						
27						
28					1	
29					1	
30						
31					1	
		· · · · ·				
TOTAL	0.895	6	6.97	68.00	9	1
AVG	0.149	1	0.70	6.80	1	
MAX	0.408	1	1.33	12.00	1	1
MIN	0.020	1	0.01	1.00	1	1
COUNT	6	6	10	10	9	1

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

Form Approved OMB NO. 2040-0004

			DISCH	ARGE MONITORING RE	EPORT (DINIR)						B NO. 2040-0004	
NAME NASHVILLE-CENTRAL S	•					DMR Mailing	ZIP CODE: 3	3720822	06			
ADDRESS 1600 2ND AVENUE NOF	•	TN0020575		047 G	047 G MAJOR \$		\$					
NASHVILLE TN 3	•	PERMIT NUMBER		DISCHARGE NUMBE	R	(SUBR 04)						
						_	BOSCOBEL N					
FACILITY NASHVILLE-CENTRAL STP		MONITORING PERIOD				External Outfall						
FACILITY NASHVILLE-CENTRAL STP LOCATION 1600 2ND AVENUE NORTH		MM/DD/YYYY			MM/DD/YYYY				NO DISCHARGE []			
NASHVILLE TN 372082206 ATTN: MR. SCOTT POTTER			FROM	03/01/2020 то	03/31/2020							
ATTN: MR. SCOTT POTTER		•	·		•	•						
		QUANTITY OR LOADING			QUALITY OR CONCENTRATION							
PARAMETER							NO.	FREQUENCY	SAMPLE			
									EX	OF ANALYSIS	TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
Rainfall duration	SAMPLE											
	MEASUREMENT	68.00	*****		*****	*****	*****	****				
00135 1 0	PERMIT	Reg. Mon.		hr						Daily When		
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD	
Rainfall	SAMPLE											
	MEASUREMENT	6.97	*****		*****	*****	*****	****				
46529 1 0	PERMIT	Reg. Mon.		in						Daily When		
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD	
Flow, in conduit	SAMPLE											
	MEASUREMENT	0.149	0.408		*****	*****	*****	****				
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	9	*****		*****	*****	*****	****				
51407 1 0	PERMIT	Req. Mon.		occur/mo						Daily When		
Effluent Gross	REQUIREMENT	MO TOTAL	*****		*****	*****	*****	****		Discharging	CALCTD	
Discharge event observation	SAMPLE											
	MEASUREMENT	6	*****		*****	*****	*****	****				
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		TELEPHONE	DATE
	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	04/10/2020	
	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 VIOLAT	IONS (Reference all attachments here)			

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

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