2021

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 |
| 4 | | | | | | |
| 1 2 | | | 0.09 | 4.00 | | |
| 2 | 30.00 | 1 | 0.09 | 4.00 | | Rain, Overflow Duration = 20.90 hours |
| | 5.00 | | 0.83 | 6.00 | | Rain, Overflow Duration = 20.90 hours |
| 4 5 | 10.00 | | 0.83 | 6.00 | | Rain, Overflow Duration = 7.45 hours |
| - 5 - 6 | 10.00 | | 0.33 | 0.00 | 1 | |
| 7 | | | | | 1 | |
| 8 | | | | | 1 | |
| 0 9 | 10.00 | 1 | 0.88 | 9.00 | | Rain, Overflow Duration = 8.43 hours |
| - 3 - 10 | 1.00 | 1 | 0.00 | 3.00 | | Rain, Overflow Duration = 0.45 hours |
| 11 | 1.00 | | | | | |
| 12 | | | | | 1 | |
| 13 | | | | | | |
| 10 | | | | | | |
| 15 | | | | | | J |
| 16 | | | | | 1 | |
| 17 | | | | | • | |
| 18 | | | | | | |
| 19 | | | | | | |
| 20 | | | | | | |
| 21 | | | | | | |
| 22 | | | | | | |
| 23 | | | | | | |
| 24 | | | | | | |
| 25 | | | | | | |
| 26 | | | | | 1 | |
| 27 | | | | | 1 | |
| 28 | 15.00 | 1 | 1.01 | 9.00 | | Rain, Overflow Duration = 3.97 hours |
| 29 | | | | | | |
| 30 | | | | | | |
| 31 | | | | | | |
| | | | | | | |
| TOTAL | 71.00 | 3 | 3.99 | 44.00 | 6 | |
| AVG | 11.83 | 1 | 0.67 | 7.33 | 1 | |
| MAX | 30.00 | 1 | 1.01 | 10.00 | 1 | |
| MIN | 1.00 | 1 | 0.09 | 4.00 | 1 | |
| COUNT | 6.00 | 3 | 6 | 6 | 6 | J |

NASHVILLE TN 372082206

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

TN0020575 019 G PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD 21

| | MM/DD/YYYY | | MM/DD/YYYY |
|------|------------|----|------------|
| FROM | 05/01/2021 | то | 05/31/202 |
| | | | |

DMR Mailing ZIP CODE: 372082206 MAJOR \$

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

NO DISCHARGE []

NASHVILLE TN 372082206 ATTN: MR. SCOTT POTTER

NASHVILLE-CENTRAL STP

ADDRESS 1600 2ND AVENUE NORTH

FACILITY NASHVILLE-CENTRAL STP

LOCATION 1600 2ND AVENUE NORTH

NAME

.....

| PARAMETER | | QUA | ANTITY OR LO | ADING | | QUALITY OR CO | NCENTRATION | l l | NO. | | |
|-----------------------------------|-------------|-----------|--------------|----------|----------|---------------|-------------|-------|-----|-------------|----------------|
| PARAMETER | | | , | | <u> </u> | | | | | FREQUENCY | SAMPLE TYPE |
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | ITPE |
| Rainfall duration | SAMPLE | | | | | | | | | | |
| | MEASUREMENT | 44.00 | ***** | | ***** | ***** | ***** | **** | | | |
| 00135 1 0 | PERMIT | Req. Mon. | | | | | | | | Daily When | |
| Effluent Gross | REQUIREMENT | MO TOTAL | ***** | hr | ***** | ***** | ***** | **** | | Discharging | CALCTD |
| Rainfall | SAMPLE | | | | | | | | | | |
| | MEASUREMENT | 3.99 | ***** | | ***** | ***** | ***** | **** | | | |
| 46529 1 0 | PERMIT | Req. Mon. | | in | | | | | 1 | Daily When | |
| Effluent Gross | REQUIREMENT | MO TOTAL | ***** | | ***** | ***** | ***** | **** | | Discharging | CALCTD |
| Flow, in conduit | SAMPLE | | | | | | | | | | |
| | MEASUREMENT | 11.833 | 30.000 | | ***** | ***** | ***** | **** | | | |
| 50050 1 0 | PERMIT | Req. Mon. | Req. Mon. | Mgal/d | | | | | 1 | Daily When | |
| Effluent Gross | REQUIREMENT | MO AVG | DAILY MX | | ***** | ***** | ***** | **** | | Discharging | CONTIN |
| Rainfall events with no discharge | SAMPLE | | | | | | | | | | |
| | MEASUREMENT | 6.00 | ***** | | ***** | ***** | ***** | **** | | | |
| 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 | 06/10/2021 | |
| | 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 | FIONS (Reference all attachments here) | | | |

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

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Form Approved OMB NO. 2040-0004

2021

CENTRAL WASTEWATER TREATMENT PLANT CSO - 023 - BENEDICT & CRUTCHER

| | | 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 | | | | | | |
| 2 | | | 0.10 | 3.00 | | |
| 3 | 0.009 | 1 | 0.70 | 10.00 | | Rain, Overflow Duration = 2.75 hours |
| 4 | 0.015 | 1 | 0.83 | 7.00 | | Rain, Overflow Duration = 1.67 hours |
| 5 | 0.001 | | 0.29 | 6.00 | | Rain, Overflow Duration = 0.92 hours |
| 6 | | | | | 1 | |
| 7 | | | | | 1 | |
| 8 | | | | | | |
| 9 | 0.020 | 1 | 0.91 | 8.00 | | Rain, Overflow Duration = 1.50 hours |
| 10 | | | | | | |
| 11 | | | | | | |
| 12 | | | | | | |
| 13 | | | | | | |
| 14 | | | | | | |
| 15 | | | | | | |
| 16 | | | | | | |
| 17 | | | | | | |
| 18 | | | | | | |
| 19 | | | | | | |
| 20 | | | | | | |
| 21 | | | | | | |
| 22 | | | | | | |
| 23 | | | | | | |
| 24 | | | | | | |
| 25 | | | | | | |
| 26 | | | | | 1 | |
| 27 | | | | | | |
| 28 | 0.179 | 1 | 1.03 | 10.00 | | Rain, Overflow Duration = 1.50 hours |
| 29 | | | | | | |
| 30 | | | | | | |
| 31 | | | | | | |
| | | | | | | ـــــــــــــــــــــــــــــــــــــ |
| TOTAL | 0.224 | 4 | 3.86 | 44.00 | 3 | 1 |
| AVG | 0.045 | 1 | 0.64 | 7.33 | 1 | |
| MAX | 0.179 | 1 | 1.03 | 10.00 | 1 | 4 |
| MAX | 0.001 | 1 | 0.10 | 3.00 | 1 | 4 |
| | 5 | | 6 | 6 | 3 | |
| COUNT | 5 | 4 | 0 | 0 | 5 | J |

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

Form Approved OMB NO. 2040-0004

| NAME NASHVILLE-CENTRAL S | STP | | | | | | | DMR Mailing ZIP CODE: 372082206 | | | | |
|-----------------------------------|-------------|-----------|-------------|---------------|-----------------|---------------|---------------------------------|---------------------------------|-----------|-------------|--------|--|
| ADDRESS 1600 2ND AVENUE NOR | | | | | | | | | | | | |
| NASHVILLE TN 3 | 372082206 | | PERMIT N | NUMBER | DISCHARGE NUMBE | R | (SUBR 04) | | | | | |
| FACILITY NASHVILLE-CENTRAL S | STP | | | MONITORING PE | RIOD | | BENEDICT & (External Outfal | | 191.6 CSO | | | |
| LOCATION 1600 2ND AVENUE NOP | RTH | | | MM/DD/YYYY | MM/DD/YYYY | | | | | NO DISCHAR | GE [] | |
| NASHVILLE TN 3 | 372082206 | | FROM | 05/01/2021 то | 05/31/2021 | | | | | | | |
| ATTN: MR. SCOTT POTTER | | • | | | | | | | | | | |
| | | QUA | NTITY OR LO | OADING | | QUALITY OR CC | NCENTRATION | N | | | | |
| PARAMETER | | | | | | | | | NO. | FREQUENCY | SAMPLE | |
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE | |
| Rainfall duration | SAMPLE | | | | | | | | | | | |
| | MEASUREMENT | 44.00 | ***** | | ***** | ***** | ***** | **** | | | | |
| 00135 1 0 | PERMIT | Req. Mon. | | hr | | | | 1 | | Daily When | | |
| Effluent Gross | REQUIREMENT | MO TOTAL | ***** | | ***** | ***** | ***** | **** | | Discharging | CALCTD | |
| Rainfall | SAMPLE | | | | | | | | | | | |
| | MEASUREMENT | 3.86 | ***** | | ***** | ***** | ***** | **** | | | | |
| 46529 1 0 | PERMIT | Req. Mon. | | in | | | | | | Daily When | | |
| Effluent Gross | REQUIREMENT | MO TOTAL | ***** | | ***** | ***** | ***** | **** | | Discharging | CALCTD | |
| Flow, in conduit | SAMPLE | | | | | | | | | | | |
| | MEASUREMENT | 0.045 | 0.179 | | ***** | ***** | ***** | **** | | | | |
| 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 | 3.00 | ***** | | ***** | ***** | ***** | **** | | | | |
| 51407 1 0 | PERMIT | Req. Mon. | | occur/mo | | | | | | Daily When | | |
| Effluent Gross | REQUIREMENT | MO TOTAL | ***** | | ***** | ***** | ***** | **** | | Discharging | CALCTD | |
| Discharge event observation | SAMPLE | | | | | | | | | | | |
| | MEASUREMENT | 4.00 | ***** | | ***** | ***** | ***** | **** | | | | |
| 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 | 06/10/2021 | | | | |
| | 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) | | | | | | | | |

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

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2021

CENTRAL WASTEWATER TREATMENT PLANT CSO - 024 - WASHINGTON DC

| | | | | | 1 | |
|-------|----------|------------|-----------|---------------|-------------|---|
| | | 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 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | 1 | |
| 8 | | | | | 1 | |
| 9 | | | | | 1 | |
| 10 | | | | | 1 | |
| 11 | | | | | 1 | |
| 12 | | | | | 1 | |
| 13 | | | | | | |
| 14 | | | | | 1 | |
| 15 | | | | | | NO DISCHARGE FOR THIS SITE FOR THIS MONTH |
| 16 | | | | | | |
| 17 | | | | | 1 | |
| 18 | | | | | | |
| 19 | | | | | | |
| 20 | | | | | | |
| 21 | | | | | 1 | |
| 22 | | | | | | |
| 23 | | | | | | |
| 24 | | | | | | |
| 25 | | | | | | |
| 26 | | | | | | |
| 27 | | | | | | |
| 28 | | | | | | |
| 29 | | | | | | |
| 30 | | | | | | |
| 31 | 1 | | | | 1 | |
| | I. | | | | 1 | <u>ا</u> ــــــــــــــــــــــــــــــــــــ |
| TOTAL | 0.000 | 0 | 0.00 | 9.00 | | |
| AVG | #DIV/0! | #DIV/0! | #DIV/0! | 0.00 | | |
| MAX | 0.000 | 0 | 0.00 | | | |
| MIN | 0.000 | 0 | 0.00 | | | |
| COUNT | 0.000 | | 0.00 | 0 | 10 | |
| 00001 | | | V | 0 | | J |

NASHVILLE TN 372082206

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

TN0020575 024G PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 05/01/2021 то 05/31/2021 FROM

| DMR Mailing | ZIP CODE: | 372082206 |
|-------------|-----------|-----------|
| MAJOR | \$ | |
| | | |

(SUBR 04) EMH WASHINGTON MI 190.4 CSO External Outfall

NO DISCHARGE [x]

LOCATION 1600 2ND AVENUE NORTH NASHVILLE TN 372082206

NASHVILLE-CENTRAL STP

ADDRESS 1600 2ND AVENUE NORTH

FACILITY NASHVILLE-CENTRAL STP

ATTN: MR. SCOTT POTTER

NAME

.....

| PARAMETER | | QUA | ANTITY OR LO | DADING | | QUALITY OR CO | NCENTRATION | | NO. | FREQUENCY OF ANALYSIS | SAMPLE |
|-----------------------------------|-------------|-----------|--------------|----------|-------|---------------|-------------|-------|-----|--------------------------|--------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | | TYPE |
| Rainfall duration | SAMPLE | | | | | | | | | | |
| | MEASUREMENT | 9.00 | ***** | | ***** | ***** | ***** | **** | | | |
| 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 | 10 | ***** | | ***** | ***** | ***** | **** | | | |
| 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 | 06/10/2021 | | | | | | | |
| | 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) | | | | | | | | | | |
| | | | | | | | | | | |

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Form Approved OMB NO. 2040-0004

2021

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 |
| | | | I | | | |
| 1 | | | | 1.00 | | |
| 2 | 0.000 | | 0.07 | 4.00 | | |
| 3 | 0.022 | 1 | 0.73 | 10.00 | | Rain, Overflow Duration = 0.42 hours |
| 4 | 0.059 | 1 | 0.84 | 7.00 | | Rain, Overflow Duration = 1.42 hours |
| 5 | 0.010 | | 0.31 | 7.00 | | Rain, Overflow Duration = 0.25 hours |
| 6 | 0.018 | 1 | 0.26 | 3.00 | | Rain, Overflow Duration = 0.42 hours |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | 0.418 | 1 | 0.96 | 8.00 | | Rain, Overflow Duration = 1.58 hours |
| 10 | | | | | 1 | |
| 11 | | | | | | |
| 12 | | | | | 1 | |
| 13 | | | | | | |
| 14 | | | | | | |
| 15 | | | | | | |
| 16 | | | | | | |
| 17 | | | | | | |
| 18 | | | | | | |
| 19 | | | | | | |
| 20 | | | | | | |
| 21 | | | | | | |
| 22 | | | | | | |
| 23 | | | | | | |
| 24 | | | | | | |
| 25 | | | | | | |
| 26 | | | | | 1 | |
| 27 | | | | | | |
| 28 | 0.298 | 1 | 0.76 | 11.00 | | Rain, Overflow Duration = 1.25 hours |
| 29 | | | | | | |
| 30 | | | | | | |
| 31 | | | | | | |
| | | r | 1 | | | |
| TOTAL | 0.825 | 5 | 3.93 | 50.00 | 3 | |
| AVG | 0.138 | 1 | 0.56 | 7.14 | 1 | |
| MAX | 0.418 | 1 | 0.96 | 11.00 | 1 | |
| MIN | 0.010 | 1 | 0.07 | 3.00 | 1 | |
| COUNT | 6 | 5 | 7 | 7 | 3 | J |

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
 05/01/2021

 TO
 05/31/2021

 ITY OR LOADING
 QUALITY

DMR Mailing ZIP CODE: 372082206

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

NO DISCHARGE []

NASHVILLE TN 372082206

NASHVILLE-CENTRAL STP

ADDRESS 1600 2ND AVENUE NORTH

NASHVILLE

FACILITY NASHVILLE-CENTRAL STP

LOCATION 1600 2ND AVENUE NORTH

NAME

.

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 50.00 ***** ***** ***** ***** **** MEASUREMENT 00135 1 0 Reg. Mon. hr Daily When PERMIT Effluent Gross MO TOTAL ***** ***** ***** ***** **** CALCTD Discharging REQUIREMENT Rainfall SAMPLE 3.93 ***** ***** ***** ***** **** MEASUREMENT 46529 1 0 Reg. Mon. Daily When PERMIT in ***** ***** ***** ***** **** Effluent Gross MO TOTAL Discharging CALCTD REQUIREMENT Flow, in conduit SAMPLE 0.138 0.418 ***** ***** ***** **** 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 3 ***** ***** ***** ***** **** MEASUREMENT 51407 1 0 PERMIT Req. Mon. occur/mo Daily When ***** ***** ***** ***** **** Effluent Gross MO TOTAL Discharging CALCTD REQUIREMENT Discharge event observation SAMPLE 5 ***** ***** ***** ***** **** 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 sumbitted is, to the best of my knowledge and belief, true, accurate, and complete. | | 615 862-4591 | 06/10/2021 |
| 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 editions may be used.

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Form Approved OMB NO. 2040-0004

2021

CENTRAL WASTEWATER TREATMENT PLANT CSO - 035 - DRIFTWOOD

| | 1 | | | | | |
|-------|----------|------------|-----------|---------------|-------------|---|
| | | 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 | | | | | | |
| 2 | | | | | 1 | |
| 3 | | | | | 1 | |
| 4 | | | | | 1 | |
| 5 | | | | | 1 | |
| 6 | | | | | 1 | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | 1 | |
| 10 | | | | | 1 | |
| 11 | | | | | | |
| 12 | | | | | | |
| 13 | | | | | | |
| 14 | | | | | | |
| 15 | | | | | | NO DISCHARGE FOR THIS SITE FOR THIS MONTH |
| 16 | | | | | 1 | |
| 17 | | | | | | |
| 18 | | | | | | |
| 19 | | | | | | |
| 20 | | | | | | |
| 21 | | | | | | |
| 22 | | | | | | |
| 23 | | | | | | |
| 24 | | | | | | |
| 25 | | | | | | |
| 26 | | | | | 1 | |
| 27 | | | | | | |
| 28 | | | | | 1 | |
| 29 | | | | | • | |
| 30 | | | | | | |
| 31 | | | | | | |
| | 1 | | | | | J |
| TOTAL | 0.000 | 0 | 0.00 | 0.00 | 7 | |
| AVG | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | , 1 | |
| MAX | 0.000 | | 0.00 | 0.00 | 1 | |
| MIN | 0.000 | 0 | 0.00 | 0.00 | 1 | |
| | 0.000 | | | 0.00 | | |
| COUNT | 0 | 0 | 0 | 0 | 1 | J |

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

Form Approved OMB NO. 2040-0004

| | | | DISCH | ARGE MONITORING R | EPORT (DMR) | | | | | | B NO. 2040-0004 | |
|-----------------------------------|-------------------|-----------------------|------------------|-------------------|-------------|--------------|-------------|-------------|---------|---------------------------|-----------------|--|
| NAME NASHVILLE-CENTRAL S | TP | | | | | | DMR Mailing | ZIP CODE: 3 | 3720822 | 06 | | |
| ADDRESS 1600 2ND AVENUE NORTH | | TN0020575 | | 035 G | | MAJOR \$ | | | | | | |
| NASHVILLE TN 37 | PERMIT NUMBER DIS | | DISCHARGE NUMBER | | (SUBR 04) | | | | | | | |
| | | | | | | 1 | DRIFTWOOD | | C | | | |
| FACILITY NASHVILLE-CENTRAL S | | MONITORING PERIC | | | | | | | | | | |
| LOCATION 1600 2ND AVENUE NOR | П | • | | | MM/DD/YYYY | | | | | NO DISCHARGE [X] | | |
| NASHVILLE TN 37 | 72082206 | | FROM | 05/01/2021 то | 05/31/2021 | J | | | | | | |
| NASHVILLE TN 37 | | | | | | | | | | | | |
| | | QU/ | ANTITY OR LO | DADING | | QUALITY OR C | ONCENTRATIO | N | | | | |
| PARAMETER | | | | | | · | | | NO. | FREQUENCY | SAMPLE | |
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE | |
| Rainfall duration | SAMPLE | VALUE | VALUE | | VALUE | VALUE | VALUE | UNITS | | | | |
| | - | 0.00 | ***** | | ***** | ***** | ***** | **** | | | | |
| 00105 1 0 | MEASUREMENT | | | hr | | | | | | Deile M/h au | | |
| 00135 1 0 Effluent Gross | PERMIT | Req. Mon. MO TOTAL | ***** | 111 | ***** | ***** | ***** | **** | | Daily When | CALCTD | |
| Rainfall | | MOTOTAL | | | | | | | | Discharging | | |
| Railliai | SAMPLE | 0.00 | ***** | | ***** | ***** | ***** | **** | | | | |
| 40500 4 0 | MEASUREMENT | 0.00 | ***** | | ***** | ****** | ***** | **** | | 5 11 14/1 | | |
| 46529 1 0 | PERMIT | Req. Mon. | ***** | in | ***** | ***** | ***** | **** | | Daily When | | |
| Effluent Gross | REQUIREMENT | MO TOTAL | | | | | | | | Discharging | CALCTD | |
| Flow, in conduit | SAMPLE | #DIV/0! | 0.000 | | ***** | ***** | ***** | **** | | | | |
| 50050 4 0 | MEASUREMENT | | | Maal/d | ***** | | ***** | | | D. 1. M/L | | |
| 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 | 7 | ***** | | ***** | ***** | ***** | **** | | | | |
| 54407 4 0 | MEASUREMENT | 1 | | | | | | | | Deile M/h au | + | |
| 51407 1 0 Effluent Gross | PERMIT | Req. Mon. MO TOTAL | ***** | occur/mo | ***** | ***** | ***** | **** | | Daily When Discharging | CALCTD | |
| Discharge event observation | | IVIOTOTAL | | | | | | | | Discharging | | |
| | SAMPLE | 0 | ***** | | ***** | ***** | ***** | **** | | | | |
| 84465 4 0 | MEASUREMENT | - | | | | | 000000 | | | | | |
| 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 | 06/10/2021 |
| 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 | ATIONS (Reference all attachments here) | | | · |
| EPA Form 3320-1 (Rev. 01/06) Previous | editions may be used. | | PAGE | 1 |

2021

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 |
| | | | I | | | |
| 1 | | | 0.00 | F 00 | | |
| 2 | 0.054 | - 1 | 0.08 | 5.00 | | Dain Quarflau Duratian - 0.50 hauna |
| 3 | 0.054 | 1 | 0.71 | 10.00 | | Rain, Overflow Duration = 0.50 hours |
| 4 | 0.088 | 1 | 0.80 | 8.00 | | Rain, Overflow Duration = 0.92 hours |
| 5 | 0.003 | | 0.28 | 6.00 | | Rain, Overflow Duration = 0.25 hours |
| 6 | 0.017 | 1 | 0.28 | 3.00 | | Rain, Overflow Duration = 0.33 hours |
| 7 | | | 0.01 | 1.00 | | |
| 8 | 0.100 | | 0.70 | 0.00 | | |
| 9 | 0.100 | 1 | 0.76 | 8.00 | | Rain, Overflow Duration = 0.92 hours |
| 10 | | | | | | |
| 11 | | | | | | |
| 12 | | | | | 1 | |
| 13 | | | | | | |
| 14 | | | | | | |
| 15 | | | | | | |
| 16 | | | | | 1 | |
| 17 | | | | | | |
| 18 | | | | | | |
| 19 | | | | | | |
| 20 | | | | | | |
| 21 | | | | | | |
| 22 | | | | | | |
| 23 | | | | | | |
| 24 | | | | | | |
| 25 | | | | | | |
| 26 | | | | | 1 | |
| 27 | | | | | 1 | |
| 28 | 0.092 | 1 | 0.63 | 9.00 | | Rain, Overflow Duration = 0.58 hours |
| 29 | | | | | | |
| 30 | | | | | | |
| 31 | | | | | | |
| | | | | | | |
| TOTAL | 0.354 | 5 | 3.55 | 50.00 | 4 | |
| AVG | 0.059 | 1 | 0.44 | 6.25 | 1 | |
| MAX | 0.100 | 1 | 0.80 | 10.00 | 1 | |
| MIN | 0.003 | 1 | 0.01 | 1.00 | 1 | |
| COUNT | 6 | 5 | 8 | 8 | 4 | J |

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

Form Approved OMB NO. 2040-0004

| NAME NASHVILLE-CENTRAL S ADDRESS 1600 2ND AVENUE NOR NASHVILLE TN 37 FACILITY NASHVILLE-CENTRAL S LOCATION 1600 2ND AVENUE NOR NASHVILLE TN 37 ATTN: MR. SCOTT POTTER | ґН '2082206 ГР ТН | QUA | FROM | MONITORING PEI MM/DD/YYYY 05/01/2021 To | мм/dd/үүүү 05/31/2021 | | DMR Mailing 2 MAJOR (SUBR 04) BOSCOBEL M External Outfa | \$ 1I 192.6 CSO II | | 06 NO DISCHAR | GE [] |
|---|----------------------------|-----------------------|-----------------------|---|--------------------------|-------|---|--------------------------|-----------|---------------------------|----------------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
| Rainfall duration | SAMPLE | 50.00 | ***** | | ***** | ***** | ***** | **** | | | |
| 00135 1 0 Effluent Gross | PERMIT | Req. Mon. MO TOTAL | ***** | hr | ***** | ***** | ***** | **** | | Daily When Discharging | CALCTD |
| Rainfall | SAMPLE | 3.55 | ***** | | ***** | ***** | ***** | **** | | | |
| 46529 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO TOTAL | **** | in | ***** | ***** | **** | **** | | Daily When Discharging | CALCTD |
| Flow, in conduit | SAMPLE MEASUREMENT | 0.059 | 0.100 | | **** | ***** | ***** | **** | | | |
| 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 | 5 | ***** | | **** | ***** | **** | **** | | | |
| 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 | | 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 | 06/10/2021 |
| | 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) | | | |

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

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