



Tennessee Valley Authority, Post Office Box 2000, Spring City, Tennessee 37381-2000

September 12, 2001

Tennessee Department of Environment & Conservation  
Division of Water Pollution Control  
Compliance Review Section  
Sixth Floor, L & C Annex  
401 Church Street  
Nashville, Tennessee 37243-1534

Dear Sir:

WATTS BAR NUCLEAR PLANT (WBN) - NATIONAL POLLUTANT DISCHARGE  
ELIMINATION SYSTEM (NPDES) PERMIT NO. TN0020168 - DISCHARGE  
MONITORING REPORT (DMR) FOR AUGUST, 2001

Enclosed are two copies of the Discharge Monitoring Report for the month of August 2001.

If you should have any questions or need additional information, please contact me at (423) 365-8005 at Watts Bar.

*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.*

Sincerely,

Robert J. Crawford  
Environmental Supervisor

Enclosures

cc: Mr. L. Mark Padovan, Senior Project Manager  
U. S. Nuclear Regulatory Commission  
MS 08G9  
One White Flint North  
11555 Rockville Pike  
Rockville, Maryland 20852

JE 25

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
 Name **TVA - WATTS BAR NUCLEAR PLANT**  
 Address **P.O. BOX 2000**  
 (INTEROFFICE MTL1E)  
**SPRING CITY, TN 37381**  
 Facility **TVA - WATTS BAR NUCLEAR PLANT**  
 Location **RHEA COUNTY**

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

MAJOR SUBR 01  
 F - FINAL  
 DIFFUSER DISCHARGE  
 EFFLUENT

Form Approved.  
 OMB No. 2040-0004

<b>TN0020168</b>	<b>101 G</b>
PERMIT NUMBER	DISCHARGE NUMBER

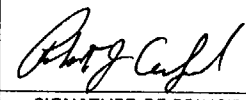
MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
01	08	01	To	01	08	31

Attn: Robert J. Crawford, Environmental Supervisor

\*\*\* NO DISCHARGE  \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
<b>TEMPERATURE, WATER DEG. CENTIGRADE</b>	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	30	(04)	0	31 / 31	RCORDR
00010 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	<b>35 DAILY MX</b>	DEG. C.		CONTIN- OUS	RCORDR
<b>PH</b>	SAMPLE MEASUREMENT	*****	*****	**	8.4	*****	8.6	(12)	0	4 / 31	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	<b>6.0 MINIMUM</b>	*****	<b>9.0 MAXIMUM</b>	SU		WEEKLY	GRAB
<b>SOLIDS, TOTAL SUSPENDED</b>	SAMPLE MEASUREMENT	*****	*****	**	*****	6	8	(19)	0	5 / 31	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	<b>30 MO AVG</b>	<b>100 DAILY MX</b>	MG/L		WEEKLY	GRAB
<b>OIL AND GREASE</b>	SAMPLE MEASUREMENT	*****	*****	**	*****	<5	<5	(19)	0	5 / 31	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	<b>15 MO AVG</b>	<b>20 DAILY MX</b>	MG/L		WEEKLY	GRAB
<b>FLOW, IN CONDUIT OR THRU TREATMENT PLANT</b>	SAMPLE MEASUREMENT	30.835	48.935	(03)	*****	*****	*****	**	0	31 / 31	RCORDR
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	<b>REPORT MO AVG</b>	<b>REPORT DAILY MX</b>	MGD	*****	*****	*****	***		CONTIN- OUS	RCORDR
<b>CHLORINE, TOTAL RESIDUAL</b>	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	0.04	(19)	0	21 / 31	GRAB
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	<b>0.10 DAILY MX</b>	MG/L		WEEK- DAYS	GRAB
<b>DISCHARGE EVENT OBSERVATION</b>	SAMPLE MEASUREMENT	*****	YES	(94)	*****	*****	*****	**	0	1 / 31	OPRCRD
84165 1 0 0 Instream Flo > 3500 CFS	PERMIT REQUIREMENT	*****	<b>REPORT YES/NO</b>	Y=1;N=0	*****	*****	*****	***		ONCE/ MONTH	OPRCRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>W. R. Lagergren</b> SITE VICE PRESIDENT TYPED OR PRINTED	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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			423	365-8767	01	09	13
			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 Instream flow of > 3500 cfs present as required by permit

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
 Name **TVA - WATTS BAR NUCLEAR PLANT**  
 Address **P.O. BOX 2000**  
 (INTEROFFICE MTL1E)  
**SPRING CITY, TN 37381**  
 Facility **TVA - WATTS BAR NUCLEAR PLANT**  
 Locatio **RHEA COUNTY**

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

MAJOR SUBR 01  
 F - FINAL  
 YD HLDING POND EMERG OVERFLW WEIR  
 EFFLUENT

Form Approved.  
 OMB No. 2040-0004

**TN0020168**  
 PERMIT NUMBER

**102 G**  
 DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
01	08	01	01	08	31

From To

Attn: Robert J. Crawford, Environmental Supervisor

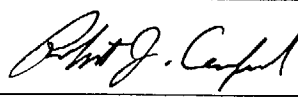
\*\*\* NO DISCHARGE  \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
TEMPERATURE, WATER DEG. CENTIGRADE	SAMPLE MEASUREMENT	*****	*****	**	*****	*****		(04)		
00010 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	<b>40 DAILY MX</b>	DEG. C.	DAILY	GRAB
PH	SAMPLE MEASUREMENT	*****	*****	**	*****	*****		(12)		
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	<b>6.0 MINIMUM</b>	*****	<b>9.0 MAXIMUM</b>	SU	WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	**	*****	*****		(19)		
00530 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	<b>30 MO AVG</b>	<b>100 DAILY MX</b>	MG/L	WEEKLY	GRAB
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	**	*****	*****		(19)		
00556 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	<b>15 MO AVG</b>	<b>20 DAILY MX</b>	MG/L	WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			(03)	*****	*****	*****	**		
50050 1 0 0	PERMIT REQUIREMENT	<b>REPORT MO AVG</b>	<b>REPORT DAILY MX</b>	MGD	*****	*****	*****	****	DAILY	INSTAN
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****	**	*****	*****		(19)		
50060 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	<b>0.10 DAILY MX</b>	MG/L	WEEK-DAYS	GRAB
DISCHARGE EVENT OBSERVATION	SAMPLE MEASUREMENT	*****		(94)	*****	*****	*****	**		
84165 1 0 0	PERMIT REQUIREMENT	*****	<b>REPORT YES/NO</b>	Y=1;N=0	*****	*****	*****	****	ONCE/MONTH	OPRCRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
**W. R. Lagergren**  
 SITE VICE PRESIDENT  
 TYPED OR PRINTED

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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
423	365-8767	01	09	13
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 No Discharge this Period

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
 Name **TVA - WATTS BAR NUCLEAR PLANT**  
 Address **P.O. BOX 2000**  
 (INTEROFFICE MAIL)  
**SPRING CITY, TN 37381**  
 Facility **TVA - WATTS BAR NUCLEAR PLANT**  
 Location **RHEA COUNTY**

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

MAJOR SUBR 01  
 F - FINAL  
 LOW VOL. WASTE TREATMENT POND  
 EFFLUENT

Form Approved.  
 OMB No. 2040-0004

**TN0020168** **103 G**  
 PERMIT NUMBER DISCHARGE NUMBER

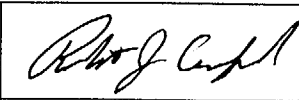
MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
01	08	01	To	01	08	31

Attn: Robert J. Crawford, Environmental Supervisor

\*\*\* NO DISCHARGE  \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
PH	SAMPLE MEASUREMENT	*****	*****	**	8.5	*****	8.6	(12)	0	2 / 31	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	<b>6.0</b> MINIMUM	*****	<b>9.0</b> MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	93	196	(26)	*****	12	23	(19)	0	3 / 31	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	<b>250</b> MO AVG	<b>834</b> DAILY MX	LBS/DAY	*****	<b>30</b> MO AVG	<b>100</b> DAILY MX	MG/L		WEEKLY	GRAB
OIL AND GREASE	SAMPLE MEASUREMENT	<26	<43	(26)	*****	<5	<5	(19)	0	3 / 31	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	<b>125</b> MO AVG	<b>167</b> DAILY MX	LBS/DAY	*****	<b>15</b> MO AVG	<b>20</b> DAILY MX	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.641	1.019	(03)	*****	*****	*****	**	0	10 / 31	RCORDR
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	<b>REPORT</b> MO AVG	<b>REPORT</b> DAILY MX	MGD	*****	*****	*****	****		CONTIN- OUS	RCORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  W. R. Lagergren  SITE VICE PRESIDENT  TYPED OR PRINTED	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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			423	365-8767	01	09	13
			AREA CODE	NUMBER	YEAR	MO	DAY

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

Discharged Low Volume Waste Treatment Pond 10 days in August.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
 Name **TVA - WATTS BAR NUCLEAR PLANT**  
 Address **P.O. BOX 2000**  
 (INTEROFFICE MTL1E)  
**SPRING CITY, TN 37381**  
 Facility **TVA - WATTS BAR NUCLEAR PLANT**  
 Location **RHEA COUNTY**

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

MAJOR SUBR 01  
 F - FINAL  
 METAL CLEANING WASTE POND  
 EFFLUENT

Form Approved  
 OMB No. 2040-0004

TN0020168 107 G  
 PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD  
 From 01 08 01 To 01 08 31

Attn: Robert J. Crawford, Environmental Supervisor

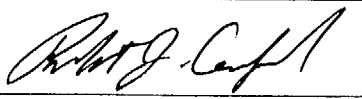
\*\*\* NO DISCHARGE  \*\*\*

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PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	**		*****				
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	<b>6.0 MINIMUM</b>	*****	<b>9.0 MAXIMUM</b>	SU	DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****		(26)	*****	*****		(19)		
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	<b>250.2 DAILY MX</b>	LBS/DAY	*****	*****	<b>30 DAILY MX</b>	MG/L	DAILY	COMPOS
OIL AND GREASE	SAMPLE MEASUREMENT	*****		(26)	*****	*****		(19)		
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	<b>125.1 DAILY MX</b>	LBS/DAY	*****	*****	<b>15 DAILY MX</b>	MG/L	DAILY	GRAB
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****	**	*****			(19)		
00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**	*****	<b>1.0 MO AVG</b>	<b>1.0 DAILY MX</b>	MG/L	DAILY	COMPOS
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT			(26)	*****			(19)		
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	<b>8.34 MO AVG</b>	<b>8.34 DAILY MX</b>	LBS/DAY	*****	<b>1.0 MO AVG</b>	<b>1.0 DAILY MX</b>	MG/L	DAILY	COMPOS
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT			(26)	*****			(19)		
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	<b>8.34 MO AVG</b>	<b>8.34 DAILY MX</b>	LBS/DAY	*****	<b>1.0 MO AVG</b>	<b>1.0 DAILY MX</b>	MG/L	DAILY	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			(03)	*****	*****	*****	**		
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	<b>REPORT MO AVG</b>	<b>REPORT DAILY MX</b>	MGD	*****	*****	*****	***	DAILY	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 W. R. Lagergren  
 SITE VICE PRESIDENT  
 TYPED OR PRINTED

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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE  
 423 365-8767 01 09 13  
 AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 No Discharge this Period

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
 Name **TVA - WATTS BAR NUCLEAR PLANT**  
 Address **P.O. BOX 2000**  
 (INTEROFFICE MTL1E)  
**SPRING CITY, TN 37381**  
 Facility **TVA - WATTS BAR NUCLEAR PLANT**  
 Location **RHEA COUNTY**

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

MAJOR SUBR 01  
 F - FINAL  
 COMBINED SEWAGE TREATMENT PLANTS  
 EFFLUENT

Form Approved.  
 OMB No. 2040-0004

**TN0020168** **111 G**  
 PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	08	01	01	08	31

From To

\*\*\* NO DISCHARGE  \*\*\*

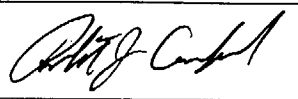
NOTE: Read instructions before completing this form.

Attn: Robert J. Crawford, Environmental Supervisor

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
<b>BOD, 5-DAY (20 DEG. C)</b> 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	**	*****	<2	<2	(19)	0	5 / 31	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	<b>30 MO AVG</b>	<b>45 DAILY MX</b>	MG/L		WEEKLY	GRAB
<b>SOLIDS, TOTAL SUSPENDED</b> 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	**	*****	3	8	(19)	0	5 / 31	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	<b>30 MO AVG</b>	<b>45 DAILY MX</b>	MG/L		WEEKLY	GRAB
<b>SOLIDS, SETTLEABLE</b> 00545 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	<0.1	(25)	0	23 / 31	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	<b>1.0 DAILY MX</b>	ML/L		TWICE/ WEEK	GRAB
<b>COLIFORM, FECAL MF, M-FC BROTH, 44.5C</b> 31616 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	**	*****	<9	17	(13)	0	5 / 31	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	<b>200 MO AVG</b>	<b>1000 DAILY MX</b>	#/100 ML		WEEKLY	GRAB
<b>FLOW, IN CONDUIT OR THRU TREATMENT PLANT</b> 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.011	0.023	(03)	*****	*****	*****	**	0	31 / 31	RCORDR
	PERMIT REQUIREMENT	<b>REPORT MO AVG</b>	<b>REPORT DAILY MX</b>	MGD	*****	*****	*****	***		CONTIN- OUS	RCORDR
<b>CHLORINE, TOTAL RESIDUAL</b> 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	Not Chlorinating	(19)			
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	<b>2.0 DAILY MX</b>	MG/L		WEEK- DAYS	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
**W. R. Lagergren**  
 SITE VICE PRESIDENT  
 TYPED OR PRINTED

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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
423	365-8767	01	09	13
AREA CODE	NUMBER	YEAR	MO	DAY

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
 Name **TVA - WATTS BAR NUCLEAR PLANT**  
 Address **P.O. BOX 2000**  
 (INTEROFFICE MTL1E)  
**SPRING CITY, TN 37381**  
 Facility **TVA - WATTS BAR NUCLEAR PLANT**  
 Locatio **RHEA COUNTY**

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

MAJOR SUBR 01  
 F - FINAL  
 RUNOFF HOLDING POND  
 EFFLUENT

Form Approved.  
 OMB No. 2040-0004

**TN0020168** **112 G**  
 PERMIT NUMBER DISCHARGE NUMBER


MONITORING PERIOD  
 From **01 08 01** To **01 08 31**

Attn: Robert J. Crawford, Environmental Supervisor

\*\*\* NO DISCHARGE  \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
<b>OXYGEN, DISSOLVED (DO)</b>	SAMPLE MEASUREMENT	*****	*****	**	6.1	*****	*****	(19)	0	4 / 31	GRAB
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	<b>5.0 DAILY MN</b>	*****	*****	MG/L		WEEKLY	GRAB
<b>PH</b>	SAMPLE MEASUREMENT	*****	*****	**	7.9	*****	9.3	(12)	0	4 / 31	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	<b>6.0 MINIMUM</b>	*****	<b>9.5 MAXIMUM</b>	SU		WEEKLY	GRAB
<b>SOLIDS, TOTAL SUSPENDED</b>	SAMPLE MEASUREMENT	*****	*****	**	*****	18	20	(19)	0	4 / 31	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	<b>30 MO AVG</b>	<b>100 DAILY MX</b>	MG/L		WEEKLY	GRAB
<b>NITROGEN, AMMONIA TOTAL (AS N)</b>	SAMPLE MEASUREMENT	*****	*****	**	*****	0.17	0.23	(19)	0	4 / 31	GRAB
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	<b>1.46 MO AVG</b>	<b>2.42 DAILY MX</b>	MG/L		WEEKLY	GRAB
<b>FLOW, IN CONDUIT OR THRU TREATMENT PLANT</b>	SAMPLE MEASUREMENT	0.057	0.190	(03)	*****	*****	*****	**	0	4 / 31	INSTAN
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	<b>REPORT MO AVG</b>	<b>REPORT DAILY MX</b>	MGD	*****	*****	*****	***		WEEKLY	INSTAN
<b>CHLORINE, TOTAL RESIDUAL</b>	SAMPLE MEASUREMENT	*****	*****	**	*****	<0.02	<0.02	(19)	0	4 / 31	GRAB
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	<b>.011 MO AVG</b>	<b>.019 DAILY MX</b>	MG/L		WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>W. R. Lagergren</b> SITE VICE PRESIDENT TYPED OR PRINTED	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		
			423	365-8767	01	09	13
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
 Name **TVA - WATTS BAR NUCLEAR PLANT**  
 Address **P.O. BOX 2000**  
 (INTEROFFICE MTL1E)  
**SPRING CITY, TN 37381**  
 Facility **TVA - WATTS BAR NUCLEAR PLANT**  
 Location **RHEA COUNTY**

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

MAJOR SUBR 01  
 F - FINAL  
 SCCW DISCHARGE  
 EFFLUENT

Form Approved.  
 OMB No. 2040-0004

**TN0020168** **113 G**  
 PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD  
 From 

YEAR	MO	DAY
01	08	01

 To 

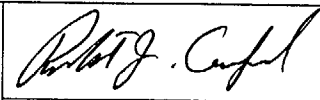
YEAR	MO	DAY
01	08	31

\*\*\* NO DISCHARGE  \*\*\*

NOTE: Read instructions before completing this form.

Attn: Robert J. Crawford, Environmental Supervisor

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
<b>TEMPERATURE, WATER DEG. CENTIGRADE</b> 00010 P 0 0 Temp, Receiving Stream Btm	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	28.3	(04)	0	31 / 31	RCORDR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	<b>33.5 DAILY MX</b>	DEG. C.		HOURLY	RCORDR
<b>TEMPERATURE, WATER DEG. CENTIGRADE</b> 00010 Z 0 0 Instream Edge of Mixing Zone	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	27.9	(04)	0	31 / 31	RCORDR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	<b>30.5 DAILY MX</b>	DEG. C.		HOURLY	RCORDR
<b>TEMPERATURE, WATER DEG. CENTIGRADE</b> 00010 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	33	(04)	0	31 / 31	RCORDR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	<b>REPORT DAILY MX</b>	DEG. C.		CONTINUOUS	RCORDR
<b>TEMP. DIFF. BETWEEN SAMP. &amp; UPSTRM DEG.C</b> 00016 Z 0 0 Temp, Rise UpStrm to DnStrm	SAMPLE MEASUREMENT	*****	*****	(04)	*****	*****	2	(04)	0	31 / 31	CALCTD
	PERMIT REQUIREMENT	*****	*****	DEG. C.	*****	*****	<b>3 DAILY MX</b>	DEG. C.		HOURLY	CALCTD
<b>OXYGEN, DISSOLVED (DO)</b> 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	**	7.0	*****	*****	(19)	0	1 / 31	GRAB
	PERMIT REQUIREMENT	*****	*****	****	<b>REPORT DAILY MN</b>	*****	*****	MG/L		ONCE / MONTH	GRAB
<b>PH</b> 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	**	8.2	*****	8.2	(12)	0	1 / 31	GRAB
	PERMIT REQUIREMENT	*****	*****	****	<b>6.0 MINIMUM</b>	*****	<b>9.0 MAXIMUM</b>	SU		ONCE / MONTH	GRAB
<b>SOLIDS, TOTAL SUSPENDED</b> 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	**	*****	3	3	(19)	0	1 / 31	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	<b>REPORT MO AVG</b>	<b>REPORT DAILY MX</b>	MG/L		ONCE / MONTH	GRAB

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			423	365-8767	01	09	13
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 Instream flow of > 3500 cfs present as required by the permit. 00010Z = Instream temp. at edge of the Mixing Zone. 00010P = Instream temp. at Receiving Stream bottom. Stream Flow direction indicates maximum daily percentage of time flow was upstream.



PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
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 Address **P.O. BOX 2000**  
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**SPRING CITY, TN 37381**  
 Facility **TVA - WATTS BAR NUCLEAR PLANT**  
 Location **RHEA COUNTY**

NATIONAL POLLUTANT DISCHARGE MONITORING REPORT (NPDES) (DMR)

MAJOR SUBR 01  
 F - FINAL  
 SCCW DISCHARGE  
 EFFLUENT

Form Approved.  
 OMB No. 2040-0004

TN0020168 113 G  
 PERMIT NUMBER DISCHARGE NUMBER

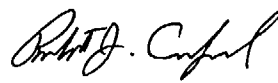
MONITORING PERIOD  
 From 01 08 01 To 01 08 31

Attn: Robert J. Crawford, Environmental Supervisor

\*\*\* NO DISCHARGE  \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0	SAMPLE MEASUREMENT	187.827	195.720	(03)	*****	*****	*****	**	0	31 / 31	RCORDR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		CONTIN- OUS	RCORDR
CHLORINE, TOTAL RESIDUAL 50060 1 0 0	SAMPLE MEASUREMENT	*****	*****	**	*****	0.020	0.020	(19)	0	1 / 31	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.092 MO AVG	0.158 DAILY MX	MG/L		ONCE/ MONTH	GRAB
TEMPERATURE - C, RATE OF CHANGE 82234 Z 0 0	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	1	(04)	0	31 / 31	CALCTD
Temp, Rate of Chng DnStm	PERMIT REQUIREMENT	*****	*****	****	*****	*****	2 DAILY MX	DEG. C.		HOURLY	CALCTD
DISCHARGE EVENT OBSERVATION 84165 1 0 0	SAMPLE MEASUREMENT	*****	YES	(94)	*****	*****	*****	**	0	1 / 31	OPRCRD
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT YES/NO	Y=1;N=0	*****	*****	*****	****		MONTHLY	OPRCRD
STREAM FLOW DIRECTION RECORDING 50052 1 0 0	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	44		0	31 / 31	RCORDR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Flo Upstrm DAILY MX	% TIME		DAILY	RCORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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			423 365-8767	01 09 13	AREA CODE	NUMBER	YEAR

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