



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

TN0020168	101 G
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

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

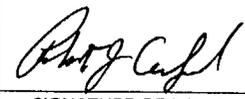
From To

Attn: Robert J. Crawford, Environmental Supervisor

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

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

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

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 **102 G**
 PERMIT NUMBER DISCHARGE NUMBER

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

Attn: Robert J. Crawford, Environmental Supervisor

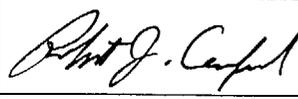
*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

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

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)
 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

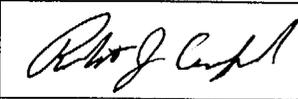
MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
01	08	01	To	01	08	31

Attn: Robert J. Crawford, Environmental Supervisor

*** NO DISCHARGE ***

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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	*****	*****	***	6.0 MINIMUM	*****	9.0 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	250 MO AVG	834 DAILY MX	LBS/DAY	*****	30 MO AVG	100 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	125 MO AVG	167 DAILY MX	LBS/DAY	*****	15 MO AVG	20 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	REPORT MO AVG	REPORT 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.		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)
 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
 PERMIT NUMBER

107 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			
PH		*****	*****	**		*****				
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	6.0 MINIMUM	*****	9.0 MAXIMUM	SU	DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****		(26)	*****	*****		(19)		
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	250.2 DAILY MX	LBS/DAY	*****	*****	30 DAILY MX	MG/L	DAILY	COMPOS
OIL AND GREASE	SAMPLE MEASUREMENT	*****		(26)	*****	*****		(19)		
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	125.1 DAILY MX	LBS/DAY	*****	*****	15 DAILY MX	MG/L	DAILY	GRAB
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****	**	*****			(19)		
00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**	*****	1.0 MO AVG	1.0 DAILY MX	MG/L	DAILY	COMPOS
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT			(26)	*****			(19)		
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	8.34 MO AVG	8.34 DAILY MX	LBS/DAY	*****	1.0 MO AVG	1.0 DAILY MX	MG/L	DAILY	COMPOS
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT			(26)	*****			(19)		
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	8.34 MO AVG	8.34 DAILY MX	LBS/DAY	*****	1.0 MO AVG	1.0 DAILY MX	MG/L	DAILY	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			(03)	*****	*****	*****	**		
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	***	DAILY	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.
W. R. Lagergren	
SITE VICE PRESIDENT	
TYPED OR PRINTED	

 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
 PERMIT NUMBER

111 G
 DISCHARGE NUMBER

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

Attn: Robert J. Crawford, Environmental Supervisor

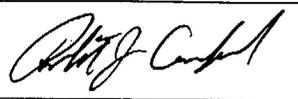
*** NO DISCHARGE ***

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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
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	**	*****	<2	<2	(19)	0	5 / 31	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	30 MO AVG	45 DAILY MX	MG/L		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	**	*****	3	8	(19)	0	5 / 31	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	30 MO AVG	45 DAILY MX	MG/L		WEEKLY	GRAB
SOLIDS, SETTLEABLE 00545 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	<0.1	(25)	0	23 / 31	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	1.0 DAILY MX	ML/L		TWICE/ WEEK	GRAB
COLIFORM, FECAL MF, M-FC BROTH, 44.5C 31616 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	**	*****	<9	17	(13)	0	5 / 31	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	200 MO AVG	1000 DAILY MX	#/100 ML		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.011	0.023	(03)	*****	*****	*****	**	0	31 / 31	RCORDR
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		CONTIN- OUS	RCORDR
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	Not Chlorinating	(19)			
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	2.0 DAILY MX	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)
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 Address **P.O. BOX 2000**
 (INTEROFFICE MTL1E)
SPRING CITY, TN 37381
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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 ***

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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
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****	**	6.1	*****	*****	(19)	0	4 / 31	GRAB
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	5.0 DAILY MN	*****	*****	MG/L		WEEKLY	GRAB
PH	SAMPLE MEASUREMENT	*****	*****	**	7.9	*****	9.3	(12)	0	4 / 31	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	6.0 MINIMUM	*****	9.5 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	**	*****	18	20	(19)	0	4 / 31	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	30 MO AVG	100 DAILY MX	MG/L		WEEKLY	GRAB
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****	**	*****	0.17	0.23	(19)	0	4 / 31	GRAB
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	1.46 MO AVG	2.42 DAILY MX	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.057	0.190	(03)	*****	*****	*****	**	0	4 / 31	INSTAN
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		WEEKLY	INSTAN
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****	**	*****	<0.02	<0.02	(19)	0	4 / 31	GRAB
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	.011 MO AVG	.019 DAILY MX	MG/L		WEEKLY	GRAB
	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.		TELEPHONE		DATE		
			423	365-8767	01	09	13
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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

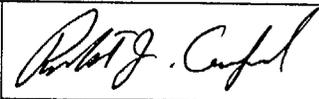
YEAR	MO	DAY
01	08	31

*** NO DISCHARGE ***

Attn: Robert J. Crawford, Environmental Supervisor

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
TEMPERATURE, WATER DEG. CENTIGRADE 00010 P 0 0 Temp, Receiving Stream Btm	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	28.3	(04)	0	31 / 31	RCORDR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	33.5 DAILY MX	DEG. C.		HOURLY	RCORDR
TEMPERATURE, WATER DEG. CENTIGRADE 00010 Z 0 0 Instream Edge of Mixing Zone	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	27.9	(04)	0	31 / 31	RCORDR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	30.5 DAILY MX	DEG. C.		HOURLY	RCORDR
TEMPERATURE, WATER DEG. CENTIGRADE 00010 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	33	(04)	0	31 / 31	RCORDR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	DEG. C.		CONTINUOUS	RCORDR
TEMP. DIFF. BETWEEN SAMP. & UPSTRM DEG.C 00016 Z 0 0 Temp, Rise UpStrm to DnStrm	SAMPLE MEASUREMENT	*****	*****	(04)	*****	*****	2	(04)	0	31 / 31	CALCTD
	PERMIT REQUIREMENT	*****	*****	DEG. C.	*****	*****	3 DAILY MX	DEG. C.		HOURLY	CALCTD
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	**	7.0	*****	*****	(19)	0	1 / 31	GRAB
	PERMIT REQUIREMENT	*****	*****	****	REPORT DAILY MN	*****	*****	MG/L		ONCE / MONTH	GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	**	8.2	*****	8.2	(12)	0	1 / 31	GRAB
	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		ONCE / MONTH	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	**	*****	3	3	(19)	0	1 / 31	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		ONCE / MONTH	GRAB

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.		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)
 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)
 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 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

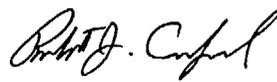
MONITORING PERIOD
 From 01 08 01 To 01 08 31

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	MO	DAY

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

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