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

William R Lagergren, Jr.
Site Vice President, Watts Bar Nuclear Plant

August 5, 2002

Mr. Christopher S. Moran, Manager
Tennessee Department of Environment & Conservation
Division of Water Pollution Control
Enforcement & Compliance Section
Sixth Floor, L & C Annex
401 Church Street
Nashville, Tennessee 37243-0455

Dear Sir:

WATTS BAR NUCLEAR PLANT (WBN) - NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) PERMIT NO TN0020168 - RESPONSE TO NOTICE OF VIOLATION

This letter is in response to a Notice of Violation letter dated July 19, 2002, see attached letter. A written explanation of the Outfall 112 violation was submitted with the June 2001 DMR. Please find enclosed a copy of the Notice of Noncompliance that was submitted with that DMR. WBN records indicate that the December 2001 DMR was received by TDEC's Nashville mailroom on January 14, 2002. Attached is a copy of the U.S. Postal Service Certified Mail Receipt and a copy of the December 2001 DMR.

If you should have any questions or need additional information, please contact Robert J. Crawford 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,

William R. Lagergren

Enclosures
cc: (See Page 2)

IE23
IE25

cc (Enclosures):

U. S. Nuclear Regulatory Commission
Attn: Document Control Desk
Washington, D. C. 20555

Tennessee Department of Environment & Conservation
Division of Water Pollution Control
Chattanooga Environmental Assistance Center
540 McCallie Avenue, Suite 550
Chattanooga, Tennessee 37402

Ms. Evelyn Haskin
Tennessee Department of Environment & Conservation
Division of Water Pollution Control
Enforcement & Compliance Section
Sixth Floor, L & C Annex
401 Church Street
Nashville, Tennessee 37243-0455

XC-EOMS 7-30-02
T00 020730 160

DIVISION OF WATER POLLUTION CONTROL
ENFORCEMENT AND COMPLIANCE SECTION
401 CHURCH STREET, 6TH FLOOR, ANNEX
NASHVILLE, TN 37243-0455

July 19, 2002

CERTIFIED MAIL

Mr. William R. Lagergren, WBN Site Vice President
TVA - Watts Bar Nuclear Plant
P.O. Box 2000
Spring City, TN 37381 2000

Re: **Notice of Violation**
NPDES Permit #TN0020168
TVA - Watts Bar Nuclear Plant
Rhea County, Tennessee

Dear Mr. Lagergren:

This letter serves as a Notice of Violation. The Division of Water Pollution Control has reviewed the Discharge Monitoring Reports (DMRs) for TVA - Watts Bar Nuclear Plant and found the violation(s) of permit terms, shown on the attached report.

The Division of Water Pollution Control requires a written explanation of the violation(s) summarized on the attached report within 30 days, if you did not submit an explanation with the DMR. The explanation must include the reason for the violation(s) and the corrective action taken to avoid future violation(s). The explanation should be sent to the attention of Ms. Evelyn Haskin at the address shown in the letterhead.

Your facility is subject to enforcement action due to non-compliance with permit terms. However, your explanation will be considered prior to further action from this Division. If you have questions or concerns regarding this correspondence, contact Ms. Evelyn Haskin at (615) 532-0676.

Sincerely,

Mark Hogsdon
for

Christopher S. Moran, Section Manager

cc: Chattanooga Environmental Assistance Center
Compliance File

NPDES Permit #TN0020168
TVA - Watts Bar Nuclear Plant
Rhea County, Tennessee

July 22, 2002
Facility Type: Major Industrial
WPC Staff: Evelyn Haskin

SUMMARY OF VIOLATIONS

Discharge Monitoring Reports (DMRs) for 01/01/2001 through 06/30/2001.

Outfall	Parameter		Reported Value		Permit Limit	Unit Code	Statistical Base	Violation Type
112	IC25 Statre 7day Chr pimephales		24		100	Percent	Minimum	Numeric Violation

Discharge Monitoring Reports (DMRs) for 12/01/2001 through 12/31/2001.

Outfall	Parameter		Reported Value		Permit Limit	Unit Code	Statistical Base	Violation Type
101								DMR Overdue
102								DMR Overdue
103								DMR Overdue
107								DMR Overdue
111								DMR Overdue
113								DMR Overdue

NOTICE OF NONCOMPLIANCE WITH EFFLUENT LIMITATION
NPDES PERMIT TN0020168
WATTS BAR NUCLEAR PLANT

APRIL 21, 2001

Outfall Serial Number (OSN) 112: Runoff Holding Pond

Description of the Noncompliance:

On April 17-21, 2001, semi-annual toxicity testing of OSN 112 demonstrated a statistical, chronic reproductive effect for fathead minnows (*Pimephales promelas*). The IC_{25} was calculated to be 23.8%, which did not meet the permit limit of ≥100%. This pattern has been observed previously in WBN OSN 112. There were no toxic effects seen in Daphnids (*Ceriodaphnia dubia*).

Retesting of fathead minnows on May 7-11, 2001, showed no statistical chronic effect. The calculated IC25 was >100% which met the permit limit. All other discharge parameters remain well within permit limitations.

Cause and Period of the Noncompliance:

The noncompliance was discovered after the toxicity testing period of April 17-21, 2001. The period of noncompliance ended on May 11, 2001 when the retest demonstrated that a statistical chronic effect was no longer occurring.

Steps Taken To Reduce, Eliminate, and Prevent Recurrence of the Noncompliance:

The preliminary results of a special study performed by TVA support the hypothesis that the observed toxicity was due to a naturally occurring fish pathogen present in ambient water. See attached May 25, 2001 letter.

TVA

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

TN Dept. of Environment & Conservation
Division of Water Pollution Control
Compliance Review Section
Sixth Floor, L&C Annex
401 Church St.
Nashville, TN 37243-1534

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
TN Dept. of Env. & Cons.
Div. of Water Pollution Contro
Compliance Review Section
Sixth Floor, L & C Annex
401 Church St.
Nashville, TN 37243-1534

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
JAN 1 4 2002

C. Signature
X [signature] ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label) 7000 0600 0022 8937 6871

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL

7000 0600 0022 8937 6871

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $ 7.77

TEN MILE TN 37880
Postmark
JAN 11 2002
USPS

Name (Please Print Clearly) (to be completed by mailer)
TN Dept. of Env & Cons.
Street, Apt. No.; or PO Box No.
401 Church St.
City, State, ZIP+4
Nashville, TN 37243-1534

See Reverse for Instructions

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

January 10, 2002

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 DECEMBER 2001

Enclosed are two copies of the Discharge Monitoring Report for the month of December 2001. Also, enclosed are two copies of each biotoxicity test performed during this reporting period.

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 the 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

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

Attn: Robert J. Crawford, Environmental Supervisor

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

TN0020168	101 G
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
From	01	12	01	To	01	12	31

MAJOR
SUBR 01
F - FINAL
DIFFUSER DISCHARGE
EFFLUENT
*** NO DISCHARGE ☐ ***

Form Approved.
OMB No. 2040-0004

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER DEG. CENTIGRADE	SAMPLE MEASUREMENT	********	********	**	********	********	22	(04)	0	31 / 31	RCORDR
00010 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	********	********	****	********	********	35 DAILY MX	DEG. C.		CONTIN-OUS	RCORDR
PH	SAMPLE MEASUREMENT	********	********	**	8.0	********	8.1	(12)	0	4 / 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	********	********	**	********	6	8	(19)	0	4 / 31	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	********	********	****	********	30 MO AVG	100 DAILY MX	MG/L		WEEKLY	GRAB
OIL AND GREASE	SAMPLE MEASUREMENT	********	********	**	********	<5	<5	(19)	0	4 / 31	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	********	********	****	********	15 MO AVG	20 DAILY MX	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	25.215	40.158	(03)	********	********	********	**	0	31 / 31	RCORDR
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	********	********	********	****		CONTIN-OUS	RCORDR
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	********	********	**	********	********	0.06	(19)	0	21 / 31	GRAB
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	********	********	****	********	********	0.10 DAILY MX	MG/L		WEEK-DAYS	GRAB
DISCHARGE EVENT OBSERVATION	SAMPLE MEASUREMENT	********	YES	(94)	********	********	********	**	0	1 / 31	OPRCRD
84165 1 0 0 Instream Flo > 3500 CFS	PERMIT REQUIREMENT	******** CERT.	REPORT YES/NO	Y=1;N=0	********	********	********	****		ONCE/MONTH	OPRCRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
W. R. Lagergren SITE VICE PRESIDENT	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.	423	365-8767	02	01	10
TYPED OR PRINTED	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 permit

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

Name TVA - WATTS BAR NUCLEAR PLANT
Address P.O. BOX 2000
(INTEROFFICE MAILER)
SPRING CITY, TN 37381
Facility TVA - WATTS BAR NUCLEAR PLANT
Location RHEA COUNTY

Attn: Robert J. Crawford, Environmental Supervisor

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

MAJOR
SUBR 01
F - FINAL
BI YEARLY BIOMONITORING
EFFLUENT

Form Approved
OMB No. 2040-0004

TN0020168	101 T
PERMIT NUMBER	DISCHARGE NUMBER

*** NO DISCHARGE ☐ ***

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
From	01	07	01	To	01	12	31

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
IC25 STATRE 7DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	********	********	**	>13.2	********	********	(23)	0	1/180	COMPOS
TRP3B 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	********	********	****	3.3 MINIMUM	********	********	PERCENT		SEMI-ANNUAL	COMPOS
IC25 STATRE 7DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	********	********	**	>13.2	********	********	(23)	0	1/180	COMPOS
TRP6C 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	********	********	****	3.3 MINIMUM	********	********	PERCENT		SEMI-ANNUAL	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
W. R. Lagergren SITE VICE PRESIDENT	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.	423	365-8767	02	01	10
TYPED OR PRINTED	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 70 cfs present as required by the permit.

Name TVA - WATTS BAR NUCLEAR PLANT
Address P.O. BOX 2000
(INTEROFFICE MAILER)
SPRING CITY, TN 37381
Facility TVA - WATTS BAR NUCLEAR PLANT
Location RHEA COUNTY

Attn: Robert J. Crawford, Environmental Supervisor

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

SUBR 01

F - FINAL

YD HLDING POND EMERG OVERFLW WEIR

EFFLUENT

*** NO DISCHARGE [XX] ***

TN0020168	102 G
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
From	01	12	01	To	01	12	31

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER DEG. CENTIGRADE	SAMPLE MEASUREMENT	********	********	**	********	********		(04)			
00010 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	********	********	****	********	********	40 DAILY MX	DEG. C.		DAILY	GRAB
PH	SAMPLE MEASUREMENT	********	********	**		********		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	********	********	****	6.0 MINIMUM	********	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	********	********	**	********			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	********	********	****	********	30 MO AVG	100 DAILY MX	MG/L		WEEKLY	GRAB
OIL AND GREASE	SAMPLE MEASUREMENT	********	********	**	********			(19)			
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	********	********	****	********	15 MO AVG	20 DAILY MX	MG/L		WEEKLY	GRAB
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	INSTAN
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	********	********	**	********	********		(19)			
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	********	********	****	********	********	0.10 DAILY MX	MG/L		WEEK DAYS	GRAB
DISCHARGE EVENT OBSERVATION	SAMPLE MEASUREMENT	********		(94)	********	********	********	**			
84165 1 0 0 Instrm Flo > 3500 CFS	PERMIT REQUIREMENT	******** CERT.	REPORT YES/NO	Y=1;N=0	********	********	********	****		ONCE/ MONTH	OPRCRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
W. R. Lagergren SITE VICE PRESIDENT	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.	423	365-8767	02	01	10
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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

Attn: Robert J. Crawford, Environmental Supervisor

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

MAJOR

SUBR 01

F - FINAL

BI YEARLY BIOMONITORING

EFFLUENT

Form Approved
OMB No. 2040-0004

TN0020168	102 T
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
From	01	07	01	To	01	12	31

*** NO DISCHARGE XX ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
IC25 STATRE 7DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	********	********	**		********	********	(23)			
TRP3B 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	********	********	****	3.3 MINIMUM	********	********	PERCENT		SEMI-ANNUAL	COMPOS
IC25 STATRE 7DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	********	********	**		********	********	(23)			
TRP6C 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	********	********	****	3.3 MINIMUM	********	********	PERCENT		SEMI-ANNUAL	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
W. R. Lagergren SITE VICE PRESIDENT	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.	423	365-8767	02	01	10
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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

Attn: Robert J. Crawford, Environmental Supervisor

DISCHARGE MONITORING REPORT (DMR)

TN0020168	103 G
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
From	01	12	01	To	01	12	31

SUBR 01
F - FINAL
LOW VOL. WASTE TREATMENT POND
EFFLUENT
*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PH	SAMPLE MEASUREMENT	********	********	**	7.4	********	8.5	(12)	0	4 / 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	41	54	(26)	********	7	8	(19)	0	4 / 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	<29	<34	(26)	********	<5	<5	(19)	0	4 / 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	0.651	0.937	(03)	********	********	********	**	0	17 / 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		TELEPHONE		DATE		
W. R. Lagergren SITE VICE PRESIDENT	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.	423	365-8767	02	01	10
TYPED OR PRINTED	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 17 days in December.

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

Attn: Robert J. Crawford, Environmental Supervisor

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

	YEAR	MO	DAY		YEAR	MO	DAY
From	01	12	01	To	01	12	31

••• NO DISCHARGE [XX] •••

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PH	SAMPLE MEASUREMENT	********	********	**		********		(12)			
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 24HR
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 24HR
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 24HR
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 24HR
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		TELEPHONE		DATE		
W. R. Lagergren SITE VICE PRESIDENT	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	423 365-8767	02	01	10
TYPED OR PRINTED			AREA CODE NUMBER	YEAR	MO	DAY

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

No Discharge this Period

DISCHARGE MONITORING REPORT (DMR)

OMB No 2040-0004

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

Attn: Robert J. Crawford, Environmental Supervisor

TN0020168	111 G
PERMIT NUMBER	DISCHARGE NUMBER

SUBR 01
F - FINAL
COMBINED SEWAGE TREATMENT PLANTS
EFFLUENT
*** NO DISCHARGE ☐ ***

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
From	01	12	01	To	01	12	31

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	********	********	**	********	<2	<2	(19)	0	4 / 31	GRAB
00310 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	********	********	****	********	30 MO AVG	45 DAILY MX	MG/L		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	********	********	**	********	3	5	(19)	0	4 / 31	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	********	********	****	********	30 MO AVG	45 DAILY MX	MG/L		WEEKLY	GRAB
SOLIDS, SETTLEABLE	SAMPLE MEASUREMENT	********	********	**	********	********	<0.1	(25)	0	23 / 31	GRAB
00545 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	********	********	****	********	********	1.0 DAILY MX	ML/L		TWICE/ WEEK	GRAB
COLIFORM, FECAL MF, M-FC BROTH, 44.5C	SAMPLE MEASUREMENT	********	********	**	********	<7	17	(13)	0	4 / 31	GRAB
31616 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	********	********	****	********	200 MO AVG	1000 DAILY MX	#/100 ML		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.023	0.091	(03)	********	********	********	**	0	31 / 31	RCORDR
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	********	********	********	****		CONTIN-UOUS	RCORDR
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	********	********	**	********	********	Not Chlorinating	(19)			
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	********	********	****	********	********	2.0 DAILY MX	MG/L		WEEK-DAYS	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
W. R. Lagergren SITE VICE PRESIDENT	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	423 365-8767	02	01	10
TYPED OR PRINTED			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 MAIL)
SPRING CITY, TN. 37381
Facility TVA - WATTS BAR NUCLEAR PLANT
Location RHEA COUNTY

Attn: Robert J. Crawford, Environmental Supervisor

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

	YEAR	MO	DAY		YEAR	MO	DAY
From	01	12	01	To	01	12	31

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		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	********	********	**	7.5	********	********	(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	********	********	**	7.3	********	8.4	(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	********	********	**	********	13	17	(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	********	********	**	********	0.24	0.31	(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	0.250	0.653	(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		TELEPHONE		DATE		
W. R. Lagergren SITE VICE PRESIDENT	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.	423	365-8767	02	01	10
TYPED OR PRINTED	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 MAIL)
SPRING CITY, TN 37381
Facility TVA - WATTS BAR NUCLEAR PLANT
Location RHEA COUNTY

Attn: Robert J. Crawford, Environmental Supervisor

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

TN0020168	112 T	SUBR 01
PERMIT NUMBER	DISCHARGE NUMBER	F - FINAL
		BI YEARLY BIOMONITORING
		EFFLUENT

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
From	01	07	01	To	01	12	31

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
IC25 STATRE 7DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	********	********	**	>100	********	********	(23)	0	1/180	COMPOS
TRP3B 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	********	********	****	100 MINIMUM	********	********	PERCENT		SEMI-ANNUAL	COMPOS
IC25 STATRE 7DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	********	********	**	>100	********	********	(23)	0	1/180	COMPOS
TRP6C 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	********	********	****	100 MINIMUM	********	********	PERCENT		SEMI-ANNUAL	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT 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 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		
W. R. Lagergren		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	423	365-8767	02	01	10
SITE VICE PRESIDENT			AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED							

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 MAIL)
SPRING CITY, TN 37381
Facility TVA - WATTS BAR NUCLEAR PLANT
Location RHEA COUNTY

Attn: Robert J. Crawford, Environmental Supervisor

NATIONAL POLLUTANT DISCHARGE 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

	YEAR	MO	DAY		YEAR	MO	DAY
From	01	12	01	To	01	12	31

*** NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER DEG. CENTIGRADE	SAMPLE MEASUREMENT	********	********	**	********	********	17.9	(04)	0	31 / 31	RCORDR
00010 P 0 0 Temp, Receiving Stream Btm	PERMIT REQUIREMENT	********	********	****	********	********	33.5 DAILY MX	DEG. C.		HOURLY	RCORDR
TEMPERATURE, WATER DEG. CENTIGRADE	SAMPLE MEASUREMENT	********	********	**	********	********	14.8	(04)	0	31 / 31	RCORDR
00010 Z 0 0 Instream Edge of Mixing Zone	PERMIT REQUIREMENT	********	********	****	********	********	30.5 DAILY MX	DEG. C.		HOURLY	RCORDR
TEMPERATURE, WATER DEG. CENTIGRADE	SAMPLE MEASUREMENT	********	********	**	********	********	26	(04)	0	31 / 31	RCORDR
00010 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	********	********	****	********	********	REPORT DAILY MX	DEG. C.		CONTIN-UOUS	RCORDR
TEMP. DIFF. BETWEEN SAMP. & UPSTRM DEG.C	SAMPLE MEASUREMENT	********	********	(04)	********	********	1	(04)	0	31 / 31	CALCTD
00016 Z 0 0 Temp, Rise UpStrm to DnStrm	PERMIT REQUIREMENT	********	********	DEG. C.	********	********	3 DAILY MX	DEG. C.		HOURLY	CALCTD
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	********	********	**	8.5	********	********	(19)	0	1 / 31	GRAB
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	********	********	****	REPORT DAILY MN	********	********	MG/L		ONCE/ MONTH	GRAB
PH	SAMPLE MEASUREMENT	********	********	**	8.6	********	8.6	(12)	0	1 / 31	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	********	********	****	6.0 MINIMUM	********	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	********	********	**	********	3	3	(19)	0	1 / 31	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	********	********	****	********	REPORT MO AVG	REPORT DAILY MX	MG/L		ONCE/ MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
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TYPED OR PRINTED	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 [illegible]00 cfs present as required by the permit. 00010Z = Instream temp. at edge of the [illegible]ng Zone. 00010P = Instream temp. at Receiving Stream bottom. Stream Flow dir[illegible]tion indicates maxi[illegible]ly percentage of time flow was upstream.

Name TVA - WATTS BAR NUCLEAR PLANT 1
Address P.O. BOX 2000
(INTEROFFICE MAIL)
SPRING CITY, TN 37381
Facility TVA - WATTS BAR NUCLEAR PLANT
Location RHEA COUNTY

Attn: Robert J. Crawford, Environmental Supervisor

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
TN0020168	113 G

SUBR 01
F - FINAL
SCCW DISCHARGE
EFFLUENT

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
From	01	12	01	To	01	12	31

*** NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form.

PARAMETER		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	SAMPLE MEASUREMENT	170.487	186.944	(03)	********	********	********	**	0	31 / 31	RCORDR
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	********	********	********	****		CONTINUOUS	RCORDR
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	********	********	**	********	<0.020	<0.020	(19)	0	1 / 31	GRAB
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	********	********	****	********	0.092 MO AVG	0.158 DAILY MX	MG/L		ONCE/ MONTH	GRAB
TEMPERATURE - C, RATE OF CHANGE	SAMPLE MEASUREMENT	********	********	**	********	********	1	(04)	0	31 / 31	CALCTD
82234 Z 0 0 Temp, Rate of Chng DnStrm	PERMIT REQUIREMENT	********	********	****	********	********	2 DAILY MX	DEG. C.		HOURLY	CALCTD
DISCHARGE EVENT OBSERVATION	SAMPLE MEASUREMENT	********	YES	(94)	********	********	********	**	0	1 / 31	OPRCRD
84165 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******** CERT.	REPORT YES/NO	Y=1;N=0	********	********	********	****		MONTHLY	OPRCRD
STREAM FLOW DIRECTION RECORDING	SAMPLE MEASUREMENT	********	********	**	********	********	29		0	31 / 31	RCORDR
50052 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	********	********	****	********	********	Flo Upstrm DAILY MX	% TIME		DAILY	RCORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
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TYPED OR PRINTED	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 maxir ily 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 MAIL)
SPRING CITY, TN 37381
Facility TVA - WATTS BAR NUCLEAR PLANT
Location RHEA COUNTY

Attn: Robert J. Crawford, Environmental Supervisor

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

TN0020168	113 T
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
From	01	07	01	To	01	12	31

MAJOR
SUBR 01
F - FINAL
BIOMONITORING
EFFLUENT

*** NO DISCHARGE ☐ ***

Form Approved
OMB No. 2040-0004

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
IC25 STATRE 7DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	********	********	**	>41.2	********	********	(23)	0	1/180	COMPOS
TRP3B 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	********	********	****	10.3 MINIMUM	********	********	PERCENT	*****	SEMI-ANNUAL	COMPOS
IC25 STATRE 7DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	********	********	**	>41.2	********	********	(23)	0	1/180	COMPOS
TRP6C 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	********	********	****	10.2 MINIMUM	********	********	PERCENT	*****	SEMI-ANNUAL	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
W. R. Lagergren SITE VICE PRESIDENT	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.	423	365-8767	02	01	10
TYPED OR PRINTED	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 0 cfs present as required by the permit. 00010Z = Instream temp. at edge of the n zone. 00010P = Instream temp. at Receiving Stream bottom. Stream Flow dir n indicates maximum daily age of time was upstream.