

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

March 13, 2003

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

Dear Sır.

WATTS BAR NUCLEAR PLANT (WBN) - NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) PERMIT NO. TN0020168 - DISCHARGE MONITORING REPORT (DMR) FOR FEBRUARY 2003 & NOTICE OF UPSET

Enclosed are two copies of the Discharge Monitoring Report for the month of February 2003. Also enclosed is a Notice of Upset that occurred at the Sewage Treatment Plant Effluent.

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



Nome TVA - WATTS BAR NUCLEAR	PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) Nome TVA - WATTS BAR NUCLEAR PLANT Address P.0. BOX 2000			JTANT DISCHA CHARGE MOI	MAJOR SUBR 01			Form Approved OMB No 2040-0004			
Address P.0. BOX 2000			TNO	020168		101 G	F - FINAL				
				IT NUMBER	DISCHAR	GE NUMBER	DIFFUSER DISCHAI	RGE			
FOCILITYTVA - WATTS BAR NUCLEAR PLA							EFFLUENT				
Location_RHEA COUNTY						MO DAY					
			From 03	_MO _DAY 02 01		02 28	*** NO DISCHAR	GE	***		
Attn: Robert J. Crawford, Environmer	ntal Supervisor			02 01		02 20	NOTE Read instr	uctions before	compt	eting this form	n.
PARAMETER		QUAI	NTITY OR LOADING			QUALITY OR CO	ONCENTRATION		NO. EX	FREQUENCY	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS]	ANALYSIS	
TEMPERATURE, WATER DEG. CENTIGRADE	SAMPLE MEASUREMENT	******	******	**	*****	******	17	(04)	0	27 / 28	RCORDR
00010 1 0 0	PERMIT	******	******	****	******	*******	35	DEG. C.		CONTIN-	RCORDR
EFFLUENT GROSS VALUE	REQUIREMENT						DAILY MX			ous	
РН	SAMPLE MEASUREMENT	******	******	**	8.2	******	8.3	(12)	0	4 / 28	GRAB
00400 1 0 0	PERMIT	******	*****	****	6.0	******	9.0	su		WEEKLY	GRAB
EFFLUENT GROSS VALUE	REQUIREMENT				MINIMUM		MAXIMUM				
SOLIDS, TOTAL SUSPENDED	SAMPLE	*****	******		*******	9	18		0	4/28	GRAB
SOLIDS, TOTAL SOSPENDED	MEASUREMENT			##				(19)		.,	
00530 1 0 0	PERMIT	******	******	****	******	30	100	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE	REQUIREMENT					MOAVG	1				
OIL AND GREASE	SAMPLE	******	******		******	<5	<5		0	4/28	GRAB
OIL AND GREASE	MEASUREMENT							(19)	Ŭ		
00556 1 0 0	PERMIT	******	******	****	******	15	20	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE	REQUIREMENT					MO AVG					
FLOW, IN CONDUIT OR THRU	SAMPLE	36.421	70.546		******	*******	******	••	0	28/28	RCORDR
TREATMENT PLANT	MEASUREMENT	30.421	10.040	(03)					ľ		
50050 1 0 0	PERMIT	REPORT	REPORT	MGD	*****	******	*****	****		CONTIN-	RCORDR
	REQUIREMENT		1							ous	,
EFFLUENT GROSS VALUE	CAMPLE	<u>MO AVG</u>	DAILY MX		*****	******				22/28	GRAB
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******		**			0.08	(19)	0		
50060 1 0 0	PERMIT	******	******	****	******	******	0.10	MG/L		WEEK-	GRAB
EFFLUENT GROSS VALUE	REQUIREMENT						DAILY MX			DAYS	
DISCHARGE EVENT OBSERVATION	SAMPLE MEASUREMENT	*****	YES	(94)	*****	******	*****	••	0	1 / 28	OPRCRD
84165 1 0 0	PERMIT	******	REPORT	Y=1;N=0	******	******	******	****		ONCE/	OPRCRD
Instream Flo > 3500 CFS	REQUIREMENT	CERT.	YES/NO							MONTH	· /
							1	L	I		لا

	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	1	TE	LEPHONE		DATE	
W. R. Lagergren	property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete 1 am aware that there are significant penalties for submitting false information,	AntHall	423	365-8767	03	03	12
	including the possibility of fine and imprisonment for knowing violations	OFFICER OR AUTHORIZED AGENT	AREA	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED			CODE			=	

Instream flow of > 3500 cfs present as required by permit

2

1

2

PERMITTEE NAME/ADDRESS (Include Facility Name/Location of Different) Nome TVA - WATTS BAR NUCLEAR PLANT Address P.0. BOX 2000			NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) MAJOR DISCHARGE MONITORING REPORT (DMR) SUBR 01						Form Approved OMB No 2040-0004			
AddressP.0. BOX 2000 				020168 T NUMBER	DISCHAR	101 T GE NUMBER	F - FINAL BIOMONITORING F	OR OUTFAI	LL 101			
FocilityTVA - WATTS BAR NUCLEAR LocationRHEA COUNTY	<u>PLANT</u>			MO DA		MO DAY 02 28	EFFLUENT	GE	***			
Attn: Robert J. Crawford, Environm	mental Supervisor		From 03	02 01	10 03	02 20	NOTE. Read instr	uctions before				
PARAMETER	$\overline{\mathbf{N}}$	QUA	NTITY OR LOADING			QUALITY OR CO	ONCENTRATION		NO. EX	FREQUENCY	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
IC25 STATRE 7DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	****	******	**	Monitoring Not Required	*****	*******	(23)				
TRP3B 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	******	****	3.3 MINIMUM	******	****	PERCENT	 	SEMI- ANNUAL	COMPOS	
IC25 STATRE 7DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	*****	******	**	Monitoring Not Required	******	******	(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				<u> </u>							
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT								 			
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	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	1	TE	LEPHONE		DATE	
W. R. Lagergren	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, rue, accurate, and complete. I am aware that there are significant penalties for submitting false information,	MITTH /	423	365-8767	03	03	12
	including the possibility of fine and imprisonment for knowing violations	OFFICER OR AUTHORIZED AGENT	AREA	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED			CODE		I		L

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

Instream flow of > 3500 cfs present as required by permit.

PERMITTEE NAME/ADDRESS (Include Fac NomeTVA - WATTS BAR NUCLEAR		Different)		(STEM (NPDES) [(DMR)	2DES) MAJOR Form Approved. SUBR 01 OMB No 2040-000						
Address P.0 BOX 2000			TNO	020168		102 G	F - FINAL				
				T NUMBER		GENUMBER	YD HLDING POND B	EMERG OV	ERFL	N WEIR	
						······					
Location_RHEA COUNTY					IORING PERIOD		EFFLUENT				
			YEAR			MO DAY	*** NO DISCHAR	GE XX	***		
Attn: Robert J. Crawford, Environmen	tal Supervisor		From 03	02 01	To 03	02 28	NOTE' Read instr	uctions before	comple	eting this form	ı
PARAMETER		QUAN	TITY OR LOADING			QUALITY OR CO	ONCENTRATION			FREQUENCY	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS	
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	່ຽບ		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

	I Certify under penalty of law that this document and all attachments were prepared under my	a contraction of the second se	TE	LEPHONE		DATE	
W. R. Lagergren	direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is , to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalities for submitting false information,	Am Ton	423	365-8767	03	03	12
	including the possibility of fine and imprisonment for knowing violations	OFFICER OR AUTHORIZED AGENT	AREA	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED							لصحبه

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NomeTVA - WATTS BAR NUCLEAR PLANT		NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)			SUBR 01			Form Approved OMB No. 2040-0004			
				020168 It number	DISCHAR	102 T IGE NUMBER	F - FINAL BIOMONITORING	FOR OUTFA	LL 102		
FocilityTVA - WAITS BAR NUCLEAR P LocationRHEA COUNTY	<u>'LANT</u>		YEAR	MO DA		MO DAY	EFFLUENT	GE XX	•••		
Attn Robert J. Crawford, Environm	nental Supervisor		From 03	02 01	To 03	02 28	NOTE. Read ins	tructions before	e comple	eting this form	n
PARAMETER		QUA	NTITY OR LOADING			QUALITY OR C	ONCENTRATION		NO. EX	FREQUENCY OF	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS	
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										
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	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE O	FFICER I Certify under per	alty of law that this d	ocument and all attachmer	its were prepar	ed under my		$2 \int d$	TELEPHO	ONE		DATE

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I Certify under penalty of law that this document and all attachments were prepared under my		TE	LEPHONE		DATE	
W. R. Lagergren	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,	hant to all	423	365-8767	03	03	12
	including the possibility of fine and imprisonment for knowing violations	OFFICER OR AUTHORIZED AGENT	AREA	NUMBER	YEAR	мо	DAY
TYPED OR PRINTED			CODE				

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

PERMITTEE NAME/ADDRESS (Include F NomeTVA - WATTS BAR NUCLEA		f Different) -	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)				SUBR 01			Form Approved OMB No 2040-0004		
Address P0 BOX 2000		•	TN	0020168		103 G	F - FINAL					
		•				RGE NUMBER	LOW VOL. WASTE	TREAT	MENT P	OND		
FocilityTVA - WATTS BAR NUCLEAR PL	ANT	•	لتلذاط الـــــــــــــــــــــــــــــــــــ			······	TEEL HENT					
Location_RHEA COUNTY		-	ļ		IORING_PERIOD		EFFLUENT	_				
			YEAR			MO DAY	*** NO DISCHAF	RGE	***			
Attn: Robert J. Crawford, Environme	ental Supervisor		From 03	02 01	To <u></u>	02 28	NOTE Read ins	· · ·	efore con	npleting this for	m	
PARAMETER	~ ~ ~		TITY OR LOADING	[QUALITY OR C	ONCENTRATION		NC			
PARAMEIER		QUAI:							Ð	(OF	TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNI	rs	ANALYSIS		
РН	SAMPLE MEASUREMENT	****	******	**	7.8	******	8.1	(12	2) 0	2/28	GRAB	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	******	****	6.0 MINIMUM	******	9.0 MAXIMUM	່ ຣເ	י	WEEKLY	GRAB	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	50	65	(26)	*****	7	8	(15	») C	2/28	GRAB	
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	250 MO AVG	834 DAILY MX	LBS/DAY	*****	30 MO AV0	100 DAILY MX	MG	/L	WEEKLY	GRAB	
OIL AND GREASE	SAMPLE MEASUREMENT	<46	<50	(26)	****	<5	<5	(19	») C	2/28	GRAB	
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	125 MO AVG	167 DAILY MX	LBS/DAY	******	15 MO AV0	20 DAILY MX	MG	/L	WEEKLY	GRAB	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.871	1.487	(03)	*****	*******	*****		C	10 / 28	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 OFF	FICER I Certify under p	penalty of law that this doc ervision in accordance wit	sument and all attachment	nts were prepared	t under my	$\overline{1}$	C(I)	TEL	EPHONE		DATE	
W. R Lagergren SITE VICE PRESIDENT	property gather persons who mains the	and evaluate the informat anage the system, or thos information submitted is .	tion submitted. Based on a persons directly respondent to the best of my knowledge	i my inquiry of the nsible for gatherii edge and belief, t	e person or ng the rue, accurate	MAT T	enfl	423	365-87	67 03	03 12	
SHE VICE PRESIDENT	and complete 1	am aware that there are sossibility of fine and impris	significant penalties for s connent for knowing viol	ations			NČIPAL EXECUTIVE HORIZED AGENT	AREA	NUMBI	ER YEAR	MO DAY	
TYPED OR PRINTED		•	-				nometo Aguni	CODE				

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) Discharged Low Volume Waste Treatment Pond 10 days in February. .

I LINNI I LE INVIENDO LOS MICINO I		Unicidia	DIS	CHARGE MOI	NITORING REPORT	(DMR)	WAJUK SUBR 01			ла Арріонса ИВ No 2040-	
				000400		407.0	F - FINAL				
				020168		107 G					
EQCILITY			LPERM	IT NUMBER		GE NUMBER	METAL CLEANING V	VASTEPU	IND		
					IORING PERIOD		EFFLUENT				
						MO DAY	*** NO DISCHARG	E XX	***		
Attn: Robert J. Crawford, Environme	ental Supervisor		From 03	02 01	To	02 28	NOTE Read instru	ictions before	e comple	eting this form	n
PARAMETER		QUAN	VIITY OR LOADING			QUALITY OR CO	DNCENTRATION		NO. EX	FREQUENCY	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS	
РН	SAMPLE MEASUREMENT	******	*****	**		*******		(12)			
00400 1 0 0	PERMIT	*****	******	****	6.0	******	9.0	SU		DAILY	GRAB
EFFLUENT GROSS VALUE	REQUIREMENT				MINIMUM_		MAXIMUM				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******		(26)	*****	*******		(19)			
00530 1 0 0	PERMIT	******	250.2	LBS/DAY	******	******	30	MG/L		DAILY	COMPOS
EFFLUENT GROSS VALUE	REQUIREMENT		DAILY MX				DAILY MX				
OIL AND GREASE	SAMPLE MEASUREMENT	******		(26)	*****	******		(19)			
00556 1 0 0	PERMIT	******	125.1	LBS/DAY	******	*****	15	MG/L		DAILY	GRAB
EFFLUENT GROSS VALUE	REQUIREMENT		DAILY MX				DAILY MX				
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	******	**	******			(19)			
00665 1 0 0	PERMIT	******	******		******	1.0	1.0	MG/L		DAILY	COMPOS
EFFLUENT GROSS VALUE	REQUIREMENT					MO AVG	DAILY MX				
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT			(26)	******			(19)			
01042 1 0 0	PERMIT	8.34	8.34	LBS/DAY	******	1.0	1.0	MG/L		DAILY	COMPOS
EFFLUENT GROSS VALUE	REQUIREMENT	MO AVG	DAILY MX				DAILY MX				
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT			(26)	*****			(19)			
01045 1 0 0	PERMIT	8.34	8.34	LBS/DAY	******	1.0	1.0	MG/L		DAILY	COMPOS
EFFLUENT GROSS VALUE	REQUIREMENT	MO AVG	DAILY MX			MO AVG					
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			(03)	****	******	******	••			
50050 1 0 0	PERMIT	REPORT	REPORT	MGD	******	******	*****	****		DAILY	CALCTD
EFFLUENT GROSS VALUE	REQUIREMENT	MO AVG	DAILY MX								<u> </u>

	I Certify under penalty of law that this document and all attachments were prepared under my	1 0.1	TE	LEPHONE		DATE	
W. R. Lagergren SITE VICE PRESIDENT	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,	Mont H and	423	365-8767	03	03	12
	including the possibility of fine and imprisonment for knowing violations	OFFICER OR AUTHORIZED AGENT	AREA	NUMBER	YEAR	мо	DAY
TYPED OR PRINTED		OFFICER OR AUTHORIZED AGENT	CODE	NONDER		1010	

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

EPA Form 3320-1 (REV 3/99)

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PERMITTEE NAME/ADDRESS (Include F Nome VA - WATTS BAR NUCLEA	Different)	NATIONAL POLLU	ES) MAJOR Form Approved SUBR 01 OMB No 2040-								
AddressP_0_BQX_2000				020168 T NUMBER		111 G RGE NUMBER	F - FINAL COMBINED SEWAG	SE TREATM	ENTI	PLANTS	
			YEAR	MO DAY		MO DAY	EFFLUENT	GE	***		
Attn Robert J. Crawford, Environm	ental Supervisor		From 03	02 01	To 03	02 28	NOTE Read instr	uctions before	compl	eting this form	n
PARAMETER		QUA	VITITY OR LOADING			QUALITY OR CO	ONCENTRATION		NO. EX	FREQUENCY	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS	
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	******	*****	**	***	<5	15	(19)	0	4 / 28	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	******	******	**	******	26	66	(19)	1	4 / 28	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	20 / 28	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	******	****	**	******	<1	<1	(13)	0	4 / 28	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	0.060	0.236	(03)	******	*******	******		0	28 / 28	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	******	*****	**	******	******	Not Chlorinating	(19)			
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	******	****	******	******	2.0 DAILY MX	MG/L		WEEK- DAYS	GRAB
	SAMPLE MEASUREMENT				<u>_</u>						
	PERMIT REQUIREMENT		,								
NAME/TITLE PRINCIPAL EXECUTIVE OF	FICER I Certify under pe	nalty of law that this do	J current and all attachmen th a system designed to a	ts were prepared	i under my			TELEPHO	ONE		DATE

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I Certify under penalty of law that this document and all attachments were prepared under my		TE	LEPHONE		DATE	
W. R. Lagergren	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 penalities for submitting false information,	that I what	423	365-8767	03	03	12
	including the possibility of fine and imprisonment for knowing violations	OFFICER OR AUTHORIZED AGENT	AREA	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED			CODE.				

There was an upset to the system on February 16, 2003 due to heavy rain occurring over the weekend causing a high daily maximum TSS value. See attached Notice of Upset

Nome TVA - WATTS BAR NUCLEAR	ERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) Come TVA - WATTS BAR NUCLEAR PLANT Coddress P 0 BOX 2000		DISCHARGE MONITORING REPORT (DMR)			S) MAJOR Form Approved SUBR 01 OMB No 2040-4					
Address P 0 BOX 2000			TNO	020168		112 G	F - FINAL				
			PERMI	T NUMBER	DISCHAR	GE NUMBER	RUNOFF HOLDING POND				
FacilityTVA - WATTS BAR NUCLEAR PLA	NL		F	MON	ITORING PERIOD		EFFLUENT				
			YEAR			MO DAY	*** NO DISCHARG		***		
Attn: Robert J. Crawford, Environmer	ntal Supervisor		From 03	02 01	To 03	02 28	NOTE Read instru	لمستسبيها		aluan thua farm	_
PARAMETER		01141	NTITY OR LOADING		I		ONCENTRATION	ICTIONS DEIDIN	NO.	FREQUENCY	SAMPLE
PARAMETER		QUAI				SOALIT OR CO			EX	OF	TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS	
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	******	*****	**	13.9	******	*****	(19)	0	4 / 28	GRAB
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	*****	****	5.0 DAILY MN	******	******	MG/L		WEEKLY	GRAB
РН	SAMPLE MEASUREMENT	******	******	**	7.1	******	7.7	(12)	0	4 / 28	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	******	****	6.0 MINIMUM_	******	9.5 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******	**	******	5	7	(19)	0	4 / 28	GRAB
00530 1 0 0	PERMIT	******	******	****	******	30	100	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE	REQUIREMENT					MO AVG	DAILY MX			ļ	1
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	******	******	**	*****	0.02	0.03	(19)	0	4 / 28	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	0.566	0.654	(03)	******	******	*****	••	0	4 / 28	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 / 28	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	I Certify under penalty of law that this document and all attachments were prepared under my	1 1	TE	LEPHONE		DATE	
W. R. Lagergren	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, the, accurate, and complete 1 am eware that there are significant penalties for submitting false information,	(http://	423	365-8767	03	03	12
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations	OFFICER OR AUTHORIZED AGENT	AREA	NUMBER	YEAR	MO	DAY

PERMITTEE NAME/ADDRESS (Include Fa		Different)			ARGE ELIMINATION SY		MAJOR SUBR 01			rm Approved MB No. 2040-	
Address P.0 BOX 2000			TNO	020168		112 T	F - FINAL				
				T NUMBER		GE NUMBER	BIOMONITORING I	FOR OUTFAI	LL 112	1	
FocilityIVA - WAITS BAR NUCLEAR PLA							EFFLUENT				
Location_RHEA COUNTY					ITORING PERIOD		EFFLUENT				
			From 03	<u>MO</u> DA 02 01		MO DAY 02 28	*** NO DISCHAR	RGE	***		
Attn: Robert J. Crawford, Environme	ntal Supervisor			02 01		02 20	NOTE Read inst	tructions before	comple	eting this form	n
PARAMETER		QUA	QUANTITY OR LOADING			QUALITY OR C	CONCENTRATION		NO. EX	FREQUENCY OF	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS	
IC25 STATRE 7DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	******	*****	**	Monitoring Not Required	******	******	(23)			
TRP3B 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	******	******	PERCENT		SEMI- ANNUAL	COMPOS
IC25 STATRE 7DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	*****	******	**	Monitoring Not Required	******	*****	(23)			
TRP6C 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	******	*****	PERCENT		SEMI- ANNUAL	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	·····									
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT							7		i.	
	SAMPLE MEASUREMENT	<u></u>									
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFIC	CER I Certify under per	naity of law that this do	-J cument and all attachment ith a system designed to a	ts were prepare	d under my fied personnet	n n	- 11	TELEPHC	NE		DATE

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I Certify under penalty of law that this document and all attachments were prepared under my		TE	LEPHONE	1	DATE	
W. R. Lagergren SITE VICE PRESIDENT	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 1 am aware that there are significant penalties for submitting false information,	(how Cant	423	365-8767	03	03	12
	including the possibility of fine and imprisonment for knowing violations	OFFICER OR AUTHORIZED AGENT	AREA	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED		OFFICER OR ADIHORIZED AGENT	CODE	NOMIDER		1110	

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Nome TVA - WATTS BAR NUCLEAR			DISCHARGE MONITORING REPORT (DMR)			MAJOR Form Approved SUBR 01 OMB No 2040-0004					
Address P.0 BOX 2000			TNO	020168		113 G	F - FINAL				
SPRING CITY TN 37381			PERMI	T NUMBER	DISCHAR	GE NUMBER	SCCW DISCHARGE				
FacilityTVA - WATTS BAR NUCLEAR PU	<u></u>			MON	TORING PERIOD		EFFLUENT				
			YEAR	MO DAY	YEAR	MO DAY	*** NO DISCHARO	SE	***		
Attn Robert J. Crawford, Environme	ental Supervisor		From 03	02 01	To	02 28	NOTE Read instru	uctions before	compl	eting this form	ı
PARAMETER		QUA	NTITY OR LOADING		···	QUALITY OR C	ONCENTRATION		NO. EX	FREQUENCY	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS	
TEMPERATURE, WATER DEG. CENTIGRADE	SAMPLE MEASUREMENT	******	*****	**	******	******	8.2	(04)	0	28 / 28	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	*****	******	**	******	******	8.2	(04)	0	22 / 28	RCORDR
00010 Z 0 0 Instream Edge of Mixing Zone	PERMIT REQUIREMENT	****	*****	****	******	******	30.5 DAILY MX	DEG. C.			RCORDR
TEMPERATURE, WATER DEG. CENTIGRADE	SAMPLE MEASUREMENT	*****	******	**	******	******	27	(04)	0	28 / 28	RCORDR
00010 1 0 0	PERMIT	******	******	•••••	******	******	REPORT	DEG. C.		CONTIN- OUS	RCORDR
EFFLUENT GROSS VALUE	SAMPLE	*****	******		****	******	DAILY MX		0	22/28	CALCTD
TEMP. DIFF. BETWEEN SAMP. & UPSTRM DEG.C	MEASUREMENT	*******		(04)			0	(04)		22720	
00016 Z 0 0	PERMIT	******	******	DEG. C.	******	*******	3	DEG. C.		HOURLY	CALCTD
Temp, Rise UpStrm to DnStrm	REQUIREMENT						DAILY MX	ļ			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	******	*****	**	10.2	*******	******	(19)	0	1/28	GRAB
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	****	REPORT DAILY MN	******	******	MG/L		ONCE / MONTH	GRAB
РН	SAMPLE MEASUREMENT	******	*****	**	7.5	******	7.5	(12)	0	1/28	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	******	****	6.0 MINIMUM	******	9.0 MAXIMUM	ຣບ		ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	*****	**	*******	3	3	(19)	0	1/28	GRAB
00530 1 0 0	PERMIT	******	******	****	******	REPORT	1	MG/L		ONCE/ MONTH	GRAB
EFFLUENT GROSS VALUE			<u> </u>			MO AVO	DAILY MX	L	1		

NAME/TITLE PRINCIP	AL EXECUTIVE OFFICER	I Certify under penalty of law that this document and all attachments were prepared under my	1.0010	T	ELEPHONE		DATE	
	agergren	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, the, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Kort tank	423	365-8767	03	03	12
		including the possibility of fine and imprisonment for knowing violations	OFFICER OR AUTHORIZED AGENT	AREA	NUMBER	YEAR	MO	DAY
TYPED C	R PRINTED			CODE				I

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. The downstream temperature instrumentation was out of service Feb 22-27 due to heavy debris snagging the sensor.

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PERMITTEE NAME/ADDRESS (Include Fac NomeTVA - WATTS BAR NUCLEAR		Different)			ITORING REPORT	• •	MAJOR SUBR 01			orm Approved MB No 2040-	
Address P.0 BOX 2000				020168 It NUMBER		113 G GE NUMBER	F - FINAL SCCW DISCHARGE	1			
Facility	NI		YFAR		ORING PERIOD	MO DAY	EFFLUENT	25	***		
Attn: Robert J. Crawford, Environmer	ntal Supervisor		From 03	02 01	To 03	02 28	NOTE [,] Read instr			eting this form	n
PARAMETER		QUAI	VIITY OR LOADING			QUALITY OR CO			NO. EX	FREQUENCY	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	143.274	180.557	(03)	******	******	******	••	0	28 / 28	RCORDR
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	****		CONTIN- 0US	RCORDR
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******	**	******	<0.020	<0.020	(19)	0	1 / 28	GRAB
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	****	******	0.092 MO AVG	0.158 DAILY MX	MG/L		0NCE/ MONTH	GRAB
TEMPERATURE - C, RATE OF CHANGE	SAMPLE MEASUREMENT	******	******	**	******	*******	0	(04)	0	22 / 28	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 / 28	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	****	*****	**	******	******	4		0	28 / 28	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										

	I Certify under penalty of law that this document and all attachments were prepared under my	1	TE	LEPHONE		DATE	
W. R. Lagergren SITE VICE PRESIDENT	direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my incury 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,	Month &	423	365-8767	03	03	12
	including the possibility of fine and imprisonment for knowing violations	OFFICER OR AUTHORIZED AGENT	AREA	NUMBER	YEAR	мо	DAY
TYPED OR PRINTED		Officer or Authorized Adent	CODE	NONDER		1110	0,11

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. The downstream temperature instrumentation was out of service Feb 22-27 due to heavy debris snagging the sensor.

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	TVA - WATTS BAR NUCLEAR PLANT		DISCHARGE MONITORING REPORT (DMR)							orm Approved	•	
Address P.0 BOX 2000							SUBR 01 OMB No 2040-0004				-0004	
				0020168		113 T	F - FINAL					
			PERM		DISCHAR	GE NUMBER	BIOMONITORING	FOR OUTFA	LL 113	3		
FocilityTVA - WATTS BAR NUCLEA							EFFLUENT					
Location_RHEA COUNTY			YEAR		NIIORING_PERIOD	MO_DAY						
Attn: Robert J. Crawford, Enviror	amental Supervisor		From 03	02 0		02 28	*** NO DISCHAF	RGE	***			
						02 20	NOTE: Read inst	tructions before	e compl	eting this form	n.	
PARAMETER		QUA	QUANTITY OR LOADING		QUALITY OR CC		CONCENTRATION		NO. EX	FREQUENCY		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS	ITPE	
IC25 STATRE 7DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	*****	*****	**	Monitoring Not Required	*****	******	(23)				
TRP3B 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	****	10.3 MINIMUM	******	******	PERCENT		SEMI- ANNUAL	COMPOS	
IC25 STATRE 7DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	*****	******	**	Monitoring Not Required	******	*****	(23)				
TRP6C 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	****	10.3 MINIMUM	******	*****	PERCENT		SEMI- ANNUAL	COMPOS	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							-		· · · · · · · · · · · · · · · · · · ·		
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	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	PERMIT REQUIREMENT	ity of law that this doo	ument and all attachment									

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	1 - 11	TI	ELEPHONE		DATE	
W. R. Lagergren	property gather and evaluate the information submitted. Based on my inquiry of the person or	11/1 +0+ 11					ľ
SITE VICE PRESIDENT	information, the information submitted is , to the best of my knowledge and belief, true, accurate, and complete 1 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	423	365-8767	03	03	12
TYPED OR PRINTED		OFFICER OR AUTHORIZED AGENT	AREA	NUMBER	YEAR	МО	DAY

Instream flow of > 3500 cfs as required by 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.

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NOTICE OF UPSET NPDES PERMIT TN0020168 WATTS BAR NUCLEAR PLANT

February 16, 2003

Outfall 111: Treated Sanitary Wastewater

According to the criteria found in NPDES permit No. TN0020168 Part II C 4, an upset occurred at the Sewage Treatment Plant on February 16, 2003 due to heavy rain and flooding conditions. According to operator logs, rain totaled approximately 7 inches over the February 14th weekend and flooding conditions occurred at Plants A & B but no "washout" occurred. The heavy rains also caused flooding conditions for the Construction Runoff Holding Pond, OSN 112. Flood waters backed up into the Sewage Treatment Plant effluent box. During the time of the upset, the facility was operated in a prudent and workman-like manner and was in compliance with proper operation and maintenance procedures. Conversations with the licensed operator indicate that this was beyond the reasonable control of WBN and no actions could have been taken to stop the flooding of the effluent box.

The upset lead directly to a high Total Suspended Solids (TSS) concentration for the sample collected on February 19, 2003 at 09:50 a.m. Sample results revealed a Total Suspended Solids (TSS) concentration of 66 mg/L. The daily maximum permit limitation is 45 mg/L. Another sample was collected on February 25 at 07:20. The result of that analysis showed TSS was back within permit limits with a result of 3.9 mg/L. All other discharge and operating parameters during that time frame were well within permit limitations. This was an isolated event due to the heavy flooding conditions at WBN and not caused by operational error, improperly designed treatment facilities, inadequate treatment facilities, lack of preventive maintenance, or careless or improper operation.

A phone call was made to the Tennessee Department of Environment and Conservation, Chattanooga Field Office about the high TSS value and plant conditions the working day after WBN became aware the plant upset. A follow up letter was mailed within 5 days to the Chattanooga field office.