



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 Sir,

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,

A handwritten signature in black ink, appearing to read 'Robert J. Crawford'.

Robert J. Crawford
Environmental Supervisor

Enclosures

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

IE25

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

Name **TVA - WATTS BAR NUCLEAR PLANT**
 Address **P.O. BOX 2000**
(INTEROFFICE MOBILE)
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

From **03 02 01** To **03 02 28**

*** NO DISCHARGE ☐ ***

NOTE Read instructions before completing this form.

Attn: Robert J. Crawford, Environmental Supervisor

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	(04)	0	27 / 28	RCORDR
00010 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	35	DEG. C.		CONTIN- OUS	RCORDR
EFFLUENT GROSS VALUE							DAILY MX				
PH	SAMPLE MEASUREMENT	*****	*****	**	8.2	*****	8.3	(12)	0	4 / 28	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0	SU		WEEKLY	GRAB
EFFLUENT GROSS VALUE					MINIMUM		MAXIMUM				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	**	*****	9	18	(19)	0	4 / 28	GRAB
00530 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	30	100	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE						MO AVG	DAILY MX				
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	**	*****	<5	<5	(19)	0	4 / 28	GRAB
00556 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	15	20	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE						MO AVG	DAILY MX				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	36.421	70.546	(03)	*****	*****	*****	**	0	28 / 28	RCORDR
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	****		CONTIN- OUS	RCORDR
EFFLUENT GROSS VALUE		MO AVG	DAILY MX								
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	0.08	(19)	0	22 / 28	GRAB
50060 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.10	MG/L		WEEK- DAYS	GRAB
EFFLUENT GROSS VALUE							DAILY MX				
DISCHARGE EVENT OBSERVATION	SAMPLE MEASUREMENT	*****	YES	(94)	*****	*****	*****	**	0	1 / 28	OPRCRD
84165 1 0 0	PERMIT REQUIREMENT	*****	REPORT	Y=1;N=0	*****	*****	*****	****		ONCE/ MONTH	OPRCRD
Instream Flo > 3500 CFS		CERT.	YES/NO								

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		423	365-8767	03	03	12
SITE VICE PRESIDENT		AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				

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 MOBILE)
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

BIOMONITORING FOR OUTFALL 101

EFFLUENT

Form Approved

OMB No 2040-0004

TN0020168 101 T
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
From YEAR MO DAY To YEAR MO DAY
03 02 01 03 02 28

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

Attn: Robert J. Crawford, Environmental Supervisor

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	*****	*****	**	Monitoring Not Required	*****	*****	(23)			
TRP3B 1 0 0	PERMIT REQUIREMENT	*****	*****	***	3.3 MINIMUM	*****	*****	PERCENT		SEMI-ANNUAL	COMPOS
IC25 STATRE 7DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	*****	*****	**	Monitoring Not Required	*****	*****	(23)			
TRP6C 1 0 0	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										

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W. R. Lagergren		423	365-8767	03	03	12
SITE VICE PRESIDENT		AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

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 MOBILE)
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

YD HLDING POND EMERG OVERFLW WEIR

EFFLUENT

Form Approved.

OMB No 2040-0004

TN0020168			102 G		
PERMIT NUMBER			DISCHARGE NUMBER		
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
03	02	01	03	02	28

From


To

*** NO DISCHARGE ☒ ***

NOTE: Read instructions before completing this form

Attn: Robert J. Crawford, Environmental Supervisor

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	PERMIT REQUIREMENT	*****	*****	***	*****	*****	40	DEG. C.		DAILY	GRAB
EFFLUENT GROSS VALUE							DAILY MX				
PH	SAMPLE MEASUREMENT	*****	*****	**		*****		(12)			
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	***	6.0	*****	9.0	SU		WEEKLY	GRAB
EFFLUENT GROSS VALUE					MINIMUM		MAXIMUM				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	**	*****			(19)			
00530 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	30	100	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE						MO AVG	DAILY MX				
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	**	*****			(19)			
00556 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	15	20	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE						MO AVG	DAILY MX				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			(03)	*****	*****	*****	**			
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	***		DAILY	INSTAN
EFFLUENT GROSS VALUE		MO AVG	DAILY MX								
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****	**	*****	*****		(19)			
50060 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.10	MG/L		WEEK-DAYS	GRAB
EFFLUENT GROSS VALUE							DAILY MX				
DISCHARGE EVENT OBSERVATION	SAMPLE MEASUREMENT	*****		(94)	*****	*****	*****	**			
84165 1 0 0	PERMIT REQUIREMENT	*****	REPORT	Y=1;N=0	*****	*****	*****	***		ONCE/MONTH	OPRCRD
Instrm Flo > 3500 CFS		CERT.	YES/NO								

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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
W. R. Lagergren			423	365-8767	03	03	12
SITE VICE PRESIDENT			AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED							

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 MOBILE)
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

Form Approved

OMB No. 2040-0004

TN0020168

102 T

PERMIT NUMBER

DISCHARGE NUMBER

F - FINAL

BIOMONITORING FOR OUTFALL 102

EFFLUENT

*** NO DISCHARGE ☒ ***

From

YEAR	MO	DAY
03	02	01

 To

YEAR	MO	DAY
03	02	28

NOTE: Read instructions before completing this form

Attn: Robert J. Crawford, Environmental Supervisor

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	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		423	365-8767	03	03	12
SITE VICE PRESIDENT		AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				

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 MOBILE)
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

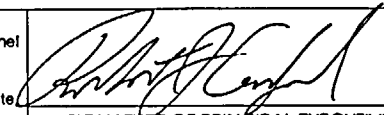
MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 From **03 02 01** To **03 02 28**

*** NO DISCHARGE ☐ ***

NOTE Read instructions before completing this form

Attn: Robert J. Crawford, Environmental Supervisor

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****	**	7.8	*****	8.1	(12)	0	2 / 28	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	50	65	(26)	*****	7	8	(19)	0	2 / 28	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	<46	<50	(26)	*****	<5	<5	(19)	0	2 / 28	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	0.871	1.487	(03)	*****	*****	*****	..	0	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 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	03	03	12
			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 February.

NAME **TVA - WATTS BAR NUCLEAR PLANT**
ADDRESS **P.O. BOX 2000**
(INTEROFFICE MOBILE)
SPRING CITY, TN 37381
FACILITY **TVA - WATTS BAR NUCLEAR PLANT**
LOCATION **RHEA COUNTY**

DISCHARGE MONITORING REPORT (DMR)

SUBR 01

OMB No 2040-0004

TN0020168	107 G
PERMIT NUMBER	DISCHARGE NUMBER

F - FINAL
METAL CLEANING WASTE POND
EFFLUENT

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
03	02	01	03	02	28

*** NO DISCHARGE ☒ ***

NOTE Read instructions before completing this form

Attn: Robert J. Crawford, Environmental Supervisor

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
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
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.	TELEPHONE		DATE		
W. R. Lagergren		423	365-8767	03	03	12
SITE VICE PRESIDENT				YEAR	MO	DAY
TYPED OR PRINTED		AREA CODE	NUMBER			

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 MOBILE
SPRING CITY TN 37381

 Facility **TVA - WATTS BAR NUCLEAR PLANT**

 Location **RHEA COUNTY**

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

MAJOR

SUBR 01

F - FINAL

COMBINED SEWAGE TREATMENT PLANTS

EFFLUENT

Form Approved.

OMB No 2040-0004

TN0020168

111 G

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

 From

YEAR	MO	DAY
03	02	01

 To

YEAR	MO	DAY
03	02	28

 *** NO DISCHARGE ☐ ***

NOTE Read instructions before completing this form

Attn: Robert J. Crawford, Environmental Supervisor

PARAMETER		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)	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										
	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		423	365-8767	03	03	12
SITE VICE PRESIDENT		AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				

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

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

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

Name **TVA - WATTS BAR NUCLEAR PLANT**
 Address **P.O. BOX 2000**
(INTEROFFICE MOBILE)
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

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
03	02	01	03	02	28

 *** NO DISCHARGE ☐ ***

NOTE Read instructions before completing this form

Attn: Robert J. Crawford, Environmental Supervisor

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	*****	*****	**	13.9	*****	*****	(19)	0	4 / 28	GRAB
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	5.0 DAILY MN	*****	*****	MG/L		WEEKLY	GRAB
PH	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 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MO AVG	100 DAILY MX	MG/L		WEEKLY	GRAB
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										

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W. R. Lagergren		423	365-8767	03	03	12
SITE VICE PRESIDENT		AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				

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**
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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

BIOMONITORING FOR OUTFALL 112

EFFLUENT

Form Approved

OMB No. 2040-0004

TN0020168 **112 T**
 PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
 From **03 02 01** To **03 02 28**

*** 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	*****	*****	**	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										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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W. R. Lagergren		423	365-8767	03	03	12	
SITE VICE PRESIDENT		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO
TYPED OR PRINTED							

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

Name TVA - WATTS BAR NUCLEAR PLANT

 Address P.O. BOX 2000
(INTEROFFICE MOBIT)
SPRING CITY, TN 37381

 Facility TVA - WATTS BAR NUCLEAR PLANT

 Location RHEA COUNTY

Attn: Robert J. Crawford, Environmental Supervisor

SUBR 01

F - FINAL

SCCW DISCHARGE

EFFLUENT

 *** 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	*****	*****	**	*****	*****	8.2	(04)	0	28 / 28	RCORDR
00010 P 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	33.5	DEG. C.		HOURLY	RCORDR
Temp, Receiving Stream Btm							DAILY MX				
TEMPERATURE, WATER DEG. CENTIGRADE	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	8.2	(04)	0	22 / 28	RCORDR
00010 Z 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	30.5	DEG. C.		HOURLY	RCORDR
Instream Edge of Mixing Zone							DAILY MX				
TEMPERATURE, WATER DEG. CENTIGRADE	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	27	(04)	0	28 / 28	RCORDR
00010 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT	DEG. C.		CONTIN-	RCORDR
EFFLUENT GROSS VALUE							DAILY MX			OUS	
TEMP. DIFF. BETWEEN SAMP. & UPSTRM DEG.C	SAMPLE MEASUREMENT	*****	*****	(04)	*****	*****	0	(04)	0	22 / 28	CALCTD
00016 Z 0 0	PERMIT REQUIREMENT	*****	*****	DEG. C.	*****	*****	3	DEG. C.		HOURLY	CALCTD
Temp, Rise UpStrm to DnStrm							DAILY MX				
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****	**	10.2	*****	*****	(19)	0	1 / 28	GRAB
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	***	REPORT	*****	*****	MG/L		ONCE /	GRAB
EFFLUENT GROSS VALUE					DAILY MN					MONTH	
PH	SAMPLE MEASUREMENT	*****	*****	**	7.5	*****	7.5	(12)	0	1 / 28	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	***	6.0	*****	9.0	SU		ONCE/	GRAB
EFFLUENT GROSS VALUE					MINIMUM		MAXIMUM			MONTH	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	**	*****	3	3	(19)	0	1 / 28	GRAB
00530 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT	REPORT	MG/L		ONCE/	GRAB
EFFLUENT GROSS VALUE						MO AVG	DAILY MX			MONTH	

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W. R Lagergren		423	365-8767	03	03	12	
SITE VICE PRESIDENT		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO
TYPED OR PRINTED							

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

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Address **P.O. BOX 2000**
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SPRING CITY, TN 37381
Facility **TVA - WATTS BAR NUCLEAR PLANT**
Location **RHEA COUNTY**

NATIONAL POLLUTANT DISCHARGE 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 03 02 01 To 03 02 28

Attn: Robert J. Crawford, Environmental Supervisor

*** 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 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	143.274	180.557	(03)	*****	*****	*****	..	0	28 / 28	RCORDR
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		CONTINUOUS	RCORDR
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	**	*****	<0.020	<0.020	(19)	0	1 / 28	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	0.092 MO AVG	0.158 DAILY MX	MG/L		ONCE/MONTH	GRAB
TEMPERATURE - C, RATE OF CHANGE 82234 Z 0 0 Temp, Rate of Chng DnStrm	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	0	(04)	0	22 / 28	CALCTD
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	2 DAILY MX	DEG. C.		HOURLY	CALCTD
DISCHARGE EVENT OBSERVATION 84165 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	YES	(94)	*****	*****	*****	..	0	1 / 28	OPRCRD
	PERMIT REQUIREMENT	***** CERT.	REPORT YES/NO	Y=1;N=0	*****	*****	*****	****		MONTHLY	OPRCRD
STREAM FLOW DIRECTION RECORDING 50052 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	4		0	28 / 28	RCORDR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Flo Upstrm DAILY MX	% TIME		DAILY	RCORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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		423	365-8767	03	03	12
		AREA CODE	NUMBER	YEAR	MO	DAY
W. R. Lagergren SITE VICE PRESIDENT TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				

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

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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

BIOMONITORING FOR OUTFALL 113

EFFLUENT

Form Approved
OMB No 2040-0004

TN0020168
113 T
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
YEAR MO DAY
From 03 02 01 To 03 02 28

Attn: Robert J. Crawford, Environmental Supervisor

*** 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	*****	*****	**	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										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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W. R. Lagergren		423	365-8767	03	03	12
SITE VICE PRESIDENT		AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

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

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.

**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.