



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

October 14, 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 SEPTEMBER 2003, NOTICE OF BYPASS/OVERFLOW, & NOTICE  
OF NONCOMPLIANCE**

Enclosed are two copies of the Discharge Monitoring Report for the month of September 2003. Also enclosed is a Notice of Bypass/Overflow and Notice of Noncompliance that occurred in the month of September.

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 (Enclosures):

Mr. William M. Kelley  
Tennessee Department of Environment & Conservation  
Division of Water Pollution Control  
Environmental Assistance Center  
540 McCallie Avenue, Suite 550  
Chattanooga, Tennessee 37402-2013

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

JE25

**NOTICE OF BYPASS/OVERFLOW  
NPDES PERMIT TN0020168  
WATTS BAR NUCLEAR PLANT**

**September 27, 2003**

**Outfall 112: Construction Runoff Holding Pond**

According to the criteria found in NPDES permit No. TN0020168, a "Bypass/Overflow" occurred over the September 26<sup>th</sup> weekend at a sewer manhole located near WBN's Sewage Treatment Plant (STP). There was an obstruction in the piping just below the manhole about 280 ft. from the STP. The leak was observed on Saturday around 1630 after there was an unexplained reduction in flow at the Sewage Treatment Plant (STP). WBN had been looking for the source of the problem since Friday, September 26. The flow was approximately 1 to 1 ¼ inches in diameter and was being ejected approximately 24 inches above the manhole cover. The sewer water was being contained in a puddle/pond roughly 30 X 50 ft. adjacent to the manhole on the west side. WBN believes approximately 10,000 gallons of sewer water leaked onto the ground. Any sewer water that was not absorbed into the ground would eventually lead to Outfall 112, Construction Runoff Holding Pond. Due to the heavy rain that occurred on Saturday, WBN believes several thousand gallons of sewage washed away into the Construction Runoff Holding Pond.

All once/week NPDES samples were collected prior to the bypass/overflow at Outfall 112. An additional Total Suspended Solids (TSS) sample was collected on September 28. Another TSS sample and a fecal coliform sample was collected per your request on September 29. Sample results revealed a TSS value of 33.33 ppm on 9/28/03 and 19.4 ppm on 9/29/03. Both remained within the NPDES permit limits. These results are included in the September Discharge Monitoring Report (DMR) with the corresponding flows. Fecal coliform results revealed 757 colonies/100 mL on 9/29/03. WBN believes this level of bacteria is due to the heavy rainfall that occurred on 9/27/03 and the many sources of wildlife that congregate to this area. On 9/27/03, there was 1.15 inches of rainfall that occurred. The Construction Runoff Holding Pond consists mostly of storm water runoff and is the home of several different types of water fowl. Additional fecal coliform samples were collected on 10/1/03, 10/2/03, and 10/3/03 to determine characteristic levels of coliform in this pond. Results revealed 22.2 colonies/100 mL, 11 colonies/100 mL, and <1 colonies/100 mL, respectively. These samples were collected during dry weather. Fecal samples have not been collected during heavy rainfall events to determine characteristic levels of fecal coliform.

The cause of the bypass/overflow was due to an unforeseen obstruction in the sewer line north of the STP. This is the first sewer line pluggage in the gravity drained side that WBN is aware of. Past tests and inspections have never shown a problem or a need of repairs in this area. WBN is currently in an outage and increased personnel have a direct impact on the flow to the sewer system. Actions taken include removing the obstruction from the line on September 28 at 10:00. Once the obstruction was removed, no additional release occurred from the manhole. Several thousand gallons of sewage was backed up in the collection system making it impossible to identify the source of the problem. A walk down of the area was conducted to determine if additional cleanup was needed and if there was any evidence of tree roots plugging the line. An evaluation revealed no evidence of roots plugging the sewer line from the outside. Lime was added to a standing puddle southwest of the manhole. The area directly around the manhole was only damp earth with no odor. Problem Evaluation Report (PER) 03-016731-000 was written to evaluate and implement a plan for any improvements that might reduce the chance for recurrence of the problem with the sewer collection system. This was an unintentional release and not due to operational error or lack of preventive maintenance of the collection system.

A phone call was made to the Tennessee Department of Environment and Conservation, Chattanooga Field Office about the release on 9/28/2003. A follow-up letter was mailed within 5 working days to the Chattanooga Field Office.

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

**September 24, 2003**

**Outfall Serial Number (OSN) 101: Diffuser Discharge Effluent**

Description of the Noncompliance:

Failure of the continuous temperature recorder on September 24, 2003. A grab temperature measurement was not performed on September 24, 2003 due to the failure as required by the permit. Due to the plant outage, it is unlikely that permit limitations were exceeded. See Table 1 below for temperature values before and after the lost data.

Cause and Period of the Noncompliance:

The noncompliance occurred and ended on September 24, 2003. The temperature sensor was out of service on 9/23/2003 at 22:30 through 9/25/2003 at 23:45, however, temperature was recorded for 9/23/2003 and 9/25/2003. The cause of the Noncompliance was due to a circuit breaker outage and failure to notify Environmental to take compensatory measures to collect a grab sample.

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

Corrective actions include determining what caused the event. Problem Evaluation Report (PER) 03-017359-000 was written to evaluate what measures can be put in place to prevent recurrence of the event.

<b>DATE</b>	<b>INTAKE AVG TEMP (°C)</b>	<b>DIFFUSER DISCHARGE AVG TEMP (°C)</b>
9/22/03	24.4	25.8
9/23/03	24.7	25.4
9/24/03	24.4	No Data
9/25/03	24.4	25.3
9/26/03	24.4	25.2

**Table 1. Average Intake and Diffuser Discharge Temperatures**

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

Name **TVA - WATTS BAR NUCLEAR PLANT**  
 Address **P.O. BOX 2000**  
**(INTEROFFICE MOB1T)**  
**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 09 01** To **03 09 30**

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

NOTE: Read instructions before completing this form.

Attn: Robert J. Crawford, Environmental Supervisor

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER DEG. CENTIGRADE	SAMPLE MEASUREMENT	*****	*****	..	*****	*****	29	04	1	29 / 30	RCORDR
00010 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	35	DEG. C.		CONTIN- OUS	RCORDR
EFFLUENT GROSS VALUE							DAILY MX				
PH	SAMPLE MEASUREMENT	*****	*****	..	7.7	*****	8.5	12	0	4 / 30	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	***	6.0	*****	9.0	SU		WEEKLY	GRAB
EFFLUENT GROSS VALUE					MINIMUM		MAXIMUM				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	..	*****	8	10	19	0	4 / 30	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 / 30	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	37.951	83.271	03	*****	*****	*****	..	0	30 / 30	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	*****	*****	..	*****	*****	0.06	19	0	23 / 30	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 / 30	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	10	14
SITE VICE PRESIDENT						
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. Temp. sensor was out of service on 9/24/03 due to maintenance activities. A grab sample was not collected. See attached Notice of Noncompliance. An additional TRC was collected on 9/11/03 due to bromination not being in service for an hour.

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

Name TVA - WATTS BAR NUCLEAR PLANT  
 Address P.O. BOX 2000  
 (INTEROFFICE MOBILITY)  
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  
 PERMIT NUMBER

101 T  
 DISCHARGE NUMBER

F - FINAL  
 BIOMONITORING FOR OUTFALL 101  
 EFFLUENT

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
03	09	01	To	03	09	30

From

To

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

NOTE: Read instructions before completing this form.

Attn: Robert J. Crawford, Environmental Supervisor

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  W. R. Lagergren  SITE VICE PRESIDENT  TYPED OR PRINTED	I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE		
		423	365-8767	03	10	14
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 MOBILITY)**  
**SPRING CITY, TN 37381**  
 Facility **TVA - WATTS BAR NUCLEAR PLANT**  
 Location **BHEA 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	09	01	03	09	30

From

To

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

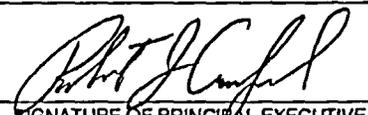
NOTE: Read instructions before completing this form.

Attn: Robert J. Crawford, Environmental Supervisor

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER DEG. CENTIGRADE 00010 1 0 0	SAMPLE MEASUREMENT	*****	*****	..	*****	*****		04			
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	40 DAILY MX	DEG. C.		DAILY	GRAB
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	..	*****	*****		12			
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0	SAMPLE MEASUREMENT	*****	*****	..	*****	*****		19			
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MO AVG	100 DAILY MX	MG/L		WEEKLY	GRAB
OIL AND GREASE 00556 1 0 0	SAMPLE MEASUREMENT	*****	*****	..	*****	*****		19			
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15 MO AVG	20 DAILY MX	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0	SAMPLE MEASUREMENT			03	*****	*****	*****	..			
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		DAILY	INSTAN
CHLORINE, TOTAL RESIDUAL 50060 1 0 0	SAMPLE MEASUREMENT	*****	*****	..	*****	*****		19			
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.10 DAILY MX	MG/L		WEEK-DAYS	GRAB
DISCHARGE EVENT OBSERVATION 84165 1 0 0	SAMPLE MEASUREMENT	*****		94	*****	*****	*****	..			
Instm Flo > 3500 CFS	PERMIT REQUIREMENT	*****	REPORT YES/NO	Y=1;N=0	*****	*****	*****	****		ONCE/MONTH	OPRCRD

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

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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
423	365-8767	03	10	14
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 MOB17)  
SPRING CITY, TN 37381  
 Facility TVA - WATTS BAR NUCLEAR PLANT  
 Location BHEA COUNTY

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

MAJOR

SUBR 01

F - FINAL

BIOMONITORING FOR OUTFALL 102

EFFLUENT

Form Approved.

OMB No. 2040-0004

TN0020168  
 PERMIT NUMBER

102 T  
 DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
03	09	01	03	09	30

From

To

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

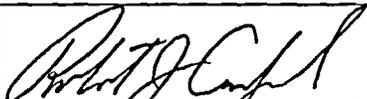
NOTE: Read instructions before completing this form.

Attn: Robert J. Crawford, Environmental Supervisor

PARAMETER	SAMPLE MEASUREMENT	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  
 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	10	14
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 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	103 G
PERMIT NUMBER	DISCHARGE NUMBER

F - FINAL  
 LOW VOL. WASTE TREATMENT POND  
 EFFLUENT

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
03	09	01	03	09	30

From

To

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

NOTE: Read instructions before completing this form.

Attn: Robert J. Crawford, Environmental Supervisor

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****	**	8.0	*****	8.2	12	0	3/30	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	37	53	26	*****	6	6	19	0	3/30	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	<33	<47	26	*****	<5	<5	19	0	3/30	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	0.760	1.135	03	*****	*****	*****	**	0	16/30	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

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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
423	365-8767	03	10	14
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 Discharged Low Volume Waste Treatment Pond 16 days in September.

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

Name TVA - WATTS BAR NUCLEAR PLANT  
 Address P.O. BOX 2000  
(INTEROFFICE MOB1T)  
SPRING CITY, TN. 37391  
 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	107 G
PERMIT NUMBER	DISCHARGE NUMBER

F - FINAL  
 METAL CLEANING WASTE POND  
 EFFLUENT

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
03	09	01	03	09	30

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

Attn: Robert J. Crawford, Environmental Supervisor

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****	**		*****		12			
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	**		*****		SU		DAILY	GRAB
	PERMIT REQUIREMENT	*****	*****	***	6.0 MINIMUM	*****	9.0 MAXIMUM				
SOLIDS, TOTAL SUSPENDED		*****		26	*****	*****		19			
00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****		LBS/DAY	*****	*****	30 DAILY MX	MG/L		DAILY	COMPOS
	PERMIT REQUIREMENT	*****	250.2 DAILY MX		*****	*****					
OIL AND GREASE		*****		26	*****	*****		19			
00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****		LBS/DAY	*****	*****	15 DAILY MX	MG/L		DAILY	GRAB
	PERMIT REQUIREMENT	*****	125.1 DAILY MX		*****	*****					
PHOSPHORUS, TOTAL (AS P)		*****	*****	**	*****			19			
00665 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	**	*****	1.0 MO AVG	1.0 DAILY MX	MG/L		DAILY	COMPOS
	PERMIT REQUIREMENT	*****	*****		*****						
COPPER, TOTAL (AS CU)		*****		26	*****			19			
01042 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	8.34 MO AVG	8.34 DAILY MX	LBS/DAY	*****	1.0 MO AVG	1.0 DAILY MX	MG/L		DAILY	COMPOS
	PERMIT REQUIREMENT	*****	*****		*****						
IRON, TOTAL (AS FE)		*****		26	*****			19			
01045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	8.34 MO AVG	8.34 DAILY MX	LBS/DAY	*****	1.0 MO AVG	1.0 DAILY MX	MG/L		DAILY	COMPOS
	PERMIT REQUIREMENT	*****	*****		*****						
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		*****		03	*****	*****	*****	**			
50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	MGD	*****	*****	*****	***		DAILY	CALCTD
	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	10	14
			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 MOB1T)  
SPRING CITY, TN 37381  
 Facility TVA - WATTS BAR NUCLEAR PLANT  
 Location BHEA 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	09	01

 To 

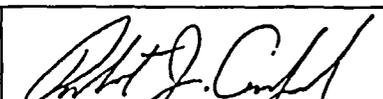
YEAR	MO	DAY
03	09	30

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

NOTE: Read instructions before completing this form.

Attn: Robert J. Crawford, Environmental Supervisor

PARAMETER	X	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	*****	*****	..	*****	<3	5	19	0	4 / 30	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	4	19	0	4 / 30	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	22 / 30	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	*****	*****	..	*****	<2	7	13	0	4 / 30	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	0.026	0.074	03	*****	*****	*****	..	0	30 / 30	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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
W. R. Lagergren			423	365-8767	03	10	14
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 MOB11)  
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 112 G  
 PERMIT NUMBER DISCHARGE NUMBER

F - FINAL  
 RUNOFF HOLDING POND  
 EFFLUENT

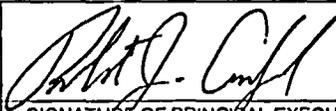
MONITORING PERIOD  
 YEAR MO DAY YEAR MO DAY  
 From 03 09 01 To 03 09 30

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

Attn: Robert J. Crawford, Environmental Supervisor

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****	**	5.4	*****	*****	19	0	4/30	GRAB
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	5.0 DAILY MN	*****	*****	MG/L		WEEKLY	GRAB
PH	SAMPLE MEASUREMENT	*****	*****	**	7.2	*****	8.6	12	0	4/30	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.5 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	**	*****	17	33	19	0	6/30	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	*****	*****	**	*****	0.34	0.43	19	0	4/30	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	0.336	0.654	03	*****	*****	*****	**	0	6/30	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	4/30	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 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	10	14
SITE VICE PRESIDENT			AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED							

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 There were no flow conditions 9/1/03 - 9/3/03. A bypass/overflow occurred over the Sept. 26th weekend at a sewer manhole located near WBN's Sewage Treatment Plant. Two add. TSS samples were collected with corresponding flows after the bypass. TSS analyses resulted in 33.33 mg/L & 19.4 mg/L. Fecal coliform was collected resulting in 757 colonies/100 mL. See Notice of Bypass/Overflow.

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

Name TVA - WATTS BAR NUCLEAR PLANT  
 Address P.O. BOX 2000  
(INTEROFFICE MOB1T)  
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 112 T  
 PERMIT NUMBER DISCHARGE NUMBER

F - FINAL  
 BIOMONITORING FOR OUTFALL 112

MONITORING PERIOD  
 YEAR MO DAY YEAR MO DAY  
 From 03 09 01 To 03 09 30

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

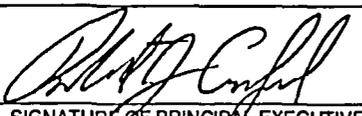
Attn: Robert J. Crawford, Environmental Supervisor

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
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										

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  
 423 365-8767  
 AREA CODE NUMBER  
 DATE  
 03 10 14  
 YEAR MO DAY

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

Name TVA - WATTS BAR NUCLEAR PLANT  
 Address P.O. BOX 2000  
(INTEROFFICE MOB1T)  
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

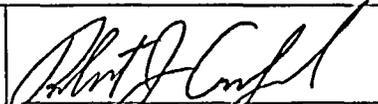
MONITORING PERIOD  
 From 03 09 01 To 03 09 30

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

NOTE: Read instructions before completing this form.

Attn: Robert J. Crawford, Environmental Supervisor

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER DEG. CENTIGRADE 00010 P 0 0 Temp, Receiving Stream Btm	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	27.9	04	0	30 / 30	RCORDR
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	33.5 DAILY MX	DEG. C.		HOURLY	RCORDR
TEMPERATURE, WATER DEG. CENTIGRADE 00010 Z 0 0 Instream Edge of Mixing Zone	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	27.2	04	0	30 / 30	RCORDR
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	30.5 DAILY MX	DEG. C.		HOURLY	RCORDR
TEMPERATURE, WATER DEG. CENTIGRADE 00010 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	32	04	0	30 / 30	RCORDR
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT DAILY MX	DEG. C.		CONTIN- OUS	RCORDR
TEMP. DIFF. BETWEEN SAMP. & UPSTRM DEG.C 00016 Z 0 0 Temp, Rise UpStrm to DnStrm	SAMPLE MEASUREMENT	*****	*****	04	*****	*****	0	04	0	30 / 30	CALCTD
	PERMIT REQUIREMENT	*****	*****	DEG. C.	*****	*****	3 DAILY MX	DEG. C.		HOURLY	CALCTD
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	**	6.1	*****	*****	19	0	1 / 30	GRAB
	PERMIT REQUIREMENT	*****	*****	***	REPORT DAILY MN	*****	*****	MG/L		ONCE / MONTH	GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	**	7.6	*****	7.6	12	0	1 / 30	GRAB
	PERMIT REQUIREMENT	*****	*****	***	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	**	*****	<1	<1	19	0	1 / 30	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		ONCE/ MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER W. R. Lagergren SITE VICE PRESIDENT TYPED OR PRINTED	I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 423 365-8767 AREA CODE NUMBER	DATE 03 10 14 YEAR MO DAY
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Instream flow of > 3500 cfs present as required by the permit. 00010Z = Instream temp. at edge of the Mixing Zone. 00010P = Instream temp. at Receiving Stream bottom. Stream Flow direction indicates maximum daily percentage of time flow was upstream.

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

Name **TVA - WATTS BAR NUCLEAR PLANT**  
 Address **P.O. BOX 2000**  
 (INTEROFFICE MOB17)  
**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

... NO DISCHARGE  ...

Form Approved.  
 OMB No. 2040-0004

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

MONITORING PERIOD  
 From 

YEAR	MO	DAY
03	09	01

 To 

YEAR	MO	DAY
03	09	30

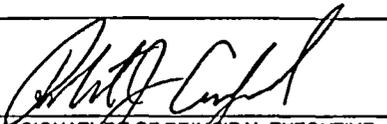
Attn: Robert J. Crawford, Environmental Supervisor

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0	SAMPLE MEASUREMENT	56.860	189.516	03	*****	*****	*****	**	0	30 / 30	RCORDR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		CONTIN- OUS	RCORDR
CHLORINE, TOTAL RESIDUAL 50060 1 0 0	SAMPLE MEASUREMENT	*****	*****	**	*****	<0.02	<0.02	19	0	1 / 30	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.092 MO AVG	0.158 DAILY MX	MG/L		ONCE/ MONTH	GRAB
TEMPERATURE - C, RATE OF CHANGE 82234 Z 0 0	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	0	04	0	30 / 30	CALCTD
Temp, Rate of Chng DnStrm	PERMIT REQUIREMENT	*****	*****	****	*****	*****	2 DAILY MX	DEG. C.		HOURLY	CALCTD
DISCHARGE EVENT OBSERVATION 84165 1 0 0	SAMPLE MEASUREMENT	*****	YES	94	*****	*****	*****	**	0	1 / 30	OPRCRD
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	***** CERT.	REPORT YES/NO	Y=1;N=0	*****	*****	*****	****		MONTHLY	OPRCRD
STREAM FLOW DIRECTION RECORDING 50052 1 0 0	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	55		0	30 / 30	RCORDR
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  
**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	10	14
AREA CODE	NUMBER	YEAR	MO	DAY

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

Instream flow of > 3500 cfs present as required by the permit. 00010Z = Instream temp. at edge of the Mixing Zone. 00010P = Instream temp. at Receiving Stream bottom. Stream Flow direction indicates maximum daily percentage of time flow was upstream. SCCW was in bypass mode 9/10/03 thru 9/30/03 due to the plant outage.

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

Name TVA - WATTS BAR NUCLEAR PLANT  
 Address P.O. BOX 2000  
(INTEROFFICE MOB11)  
SPRING CITY, TN 37391  
 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

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

Form Approved.  
 OMB No. 2040-0004

TN0020168 113 T  
 PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD  
 From 

YEAR	MO	DAY
03	09	01

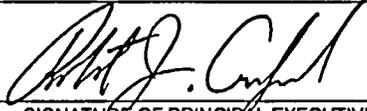
 To 

YEAR	MO	DAY
03	09	30

Attn: Robert J. Crawford, Environmental Supervisor

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
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										

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 10 14	AREA CODE	NUMBER	YEAR

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 percentage of time flow was upstream.