



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

November 13, 2003

Mr. R. E. Martin, Senior Project Manager  
U. S. Nuclear Regulatory Commission  
One White Flint North  
11555 Rockville Pike  
Rockville, Maryland 20852

Dear Sir:

WATTS BAR NUCLEAR PLANT (WBN) - NATIONAL POLLUTANT DISCHARGE  
ELIMINATION SYSTEM (NPDES) PERMIT NO. TN0020168- DISCHARGE  
MONITORING REPORT (DMR) FOR OCTOBER 2003

Enclosed are two copies of the Discharge Monitoring Report for the month of October  
2003.

If you should have any questions or need additional information, please contact me at  
(423) 365-8252 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,

Edward R. Robinson  
RadWaste & Environmental Superintendent

Enclosures

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

JE25

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

Name TVA - WATTS BAR NUCLEAR PLANT  
 Address P.O. BOX 2000  
(INTERFACE 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	101 G
PERMIT NUMBER	DISCHARGE NUMBER

F - FINAL  
 DIFFUSER DISCHARGE  
 EFFLUENT

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
03	10	01	To	03	10	31

... 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			
TEMPERATURE, WATER DEG. CENTIGRADE	SAMPLE MEASUREMENT	*****	*****	..	*****	*****	23	04	0	31 / 31	RCORDR
00010 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	35 DAILY MX	DEG. C.		CONTIN- OUS	RCORDR
EFFLUENT GROSS VALUE											
PH	SAMPLE MEASUREMENT	*****	*****	..	7.6	*****	8.6	12	0	5 / 31	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	***	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
EFFLUENT GROSS VALUE											
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	..	*****	7	9	19	0	5 / 31	GRAB
00530 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	30 MO AVG	100 DAILY MX	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE											
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	..	*****	<5	<5	19	0	5 / 31	GRAB
00556 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	15 MO AVG	20 DAILY MX	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE											
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	35.553	62.024	03	*****	*****	*****	..	0	31 / 31	RCORDR
50050 1 0 0	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		CONTIN- OUS	RCORDR
EFFLUENT GROSS VALUE											
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****	..	*****	*****	0.09	19	0	22 / 31	GRAB
50060 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.10 DAILY MX	MG/L		WEEK- DAYS	GRAB
EFFLUENT GROSS VALUE											
DISCHARGE EVENT OBSERVATION	SAMPLE MEASUREMENT	*****	YES	94	*****	*****	*****	..	0	1 / 31	OPRCRD
84165 1 0 0	PERMIT REQUIREMENT	*****	REPORT YES/NO	Y=1;N=0	*****	*****	*****	***		ONCE/ MONTH	OPRCRD
Instream Flo > 3500 CFS		CERT.									

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	11	13
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 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 101

EFFLUENT

Form Approved.

OMB No. 2040-0004

TN0020168	101 T
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
03	10	01	03	10	31

\*\*\* 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			
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										
	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	11	13
			AREA CODE	NUMBER	YEAR	MO	DAY

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

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

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

Form Approved.  
 OMB No. 2040-0004

TN0020168  
 PERMIT NUMBER

102 G  
 DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
03	10	01	03	10	31

From To

YD HLDING POND EMERG OVERFLW WEIR  
 EFFLUENT

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

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	11	13
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 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

Form Approved.  
 OMB No. 2040-0004

TN0020168	102 T
PERMIT NUMBER	DISCHARGE NUMBER

F - FINAL  
 BIOMONITORING FOR OUTFALL 102  
 EFFLUENT

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
03	10	01	03	10	31

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

Attn: Robert J. Crawford, Environmental Supervisor

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
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	11	13
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)  
 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 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

Form Approved.  
 OMB No. 2040-0004

**TN0020168**      **103 G**  
 PERMIT NUMBER      DISCHARGE NUMBER

F - FINAL  
 LOW VOL. WASTE TREATMENT POND  
 EFFLUENT

MONITORING PERIOD  
 From 

YEAR	MO	DAY
03	10	01

 To 

YEAR	MO	DAY
03	10	31

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

Attn: Robert J. Crawford, Environmental Supervisor

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****	..	7.3	*****	8.0	12	0	3/31	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	21	34	26	*****	4	8	19	0	3/31	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	250 MO AVG	834 DAILY MX	LBS/DAY	*****	30 MO AVG	100 DAILY MX	MG/L		WEEKLY	GRAB
OIL AND GREASE	SAMPLE MEASUREMENT	<28	<38	26	*****	<5	<5	19	0	3/31	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	125 MO AVG	167 DAILY MX	LBS/DAY	*****	15 MO AVG	20 DAILY MX	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.419	1.299	03	*****	*****	*****	..	0	12/31	RCORDR
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		CONTIN- OUS	RCORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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	11	13
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)

Discharged Low Volume Waste Treatment Pond 12 days in October.

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

Name TVA - WATTS BAR NUCLEAR PLANT  
 Address P.O. BOX 2000  
(INTEROFFICE MO81T)  
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 107 G  
 PERMIT NUMBER DISCHARGE NUMBER

F - FINAL  
 METAL CLEANING WASTE POND  
 EFFLUENT

MONITORING PERIOD  
 YEAR MO DAY YEAR MO DAY  
 From 03 10 01 To 03 10 31

\*\*\* 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	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	11	13	
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)

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 03 MO 10 DAY 01 To YEAR 03 MO 10 DAY 31

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

NOTE: Read instructions before completing this form.

Attn: Robert J. Crawford, Environmental Supervisor

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	*****	*****	..	*****	<5	10	19	0	5 / 31	GRAB
00310 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MO AVG	45 DAILY MX	MG/L		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	..	*****	<2	3	19	0	5 / 31	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MO AVG	45 DAILY MX	MG/L		WEEKLY	GRAB
SOLIDS, SETTLEABLE	SAMPLE MEASUREMENT	*****	*****	..	*****	*****	<0.1	25	0	23 / 31	GRAB
00545 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	1.0 DAILY MX	ML/L		TWICE/ WEEK	GRAB
COLIFORM, FECAL MF, M-FC BROTH, 44.5C	SAMPLE MEASUREMENT	*****	*****	..	*****	<1	1	13	0	5 / 31	GRAB
31616 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	200 MO AVG	1000 DAILY MX	#/100 ML		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.027	0.037	03	*****	*****	*****	..	0	31 / 31	RCORDR
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		CONTIN- OUS	RCORDR
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****	..	*****	*****	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	11	13	
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)

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  
 RUNOFF HOLDING POND  
 EFFLUENT

Form Approved.  
 OMB No. 2040-0004

TN0020168 112 G  
 PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD  
 From YEAR 03 MO 10 DAY 01 To YEAR 03 MO 10 DAY 31

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

Attn: Robert J. Crawford, Environmental Supervisor

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****	..	5.8	*****	*****	19	0	5 / 31	GRAB
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	5.0 DAILY MN	*****	*****	MG/L		WEEKLY	GRAB
PH	SAMPLE MEASUREMENT	*****	*****	..	8.3	*****	9.0	12	0	5 / 31	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.5 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	..	*****	12	31	19	0	5 / 31	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MO AVG	100 DAILY MX	MG/L		WEEKLY	GRAB
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****	..	*****	0.16	0.37	19	0	5 / 31	GRAB
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	1.46 MO AVG	2.42 DAILY MX	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.068	0.111	03	*****	*****	*****	..	0	6 / 31	INSTAN
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	INSTAN
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****	..	*****	<0.02	<0.02	19	0	5 / 31	GRAB
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	.011 MO AVG	.019 DAILY MX	MG/L		WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  W. R. Lagergren  SITE VICE PRESIDENT  TYPED OR PRINTED	I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			423	365-8767	03	11	13
			AREA CODE	NUMBER	YEAR	MO	DAY

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

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

Name TVA - WATTS BAR NUCLEAR PLANT  
 Address P.O. BOX 2000  
(INTEROFFICE MOB1)  
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  
 PERMIT NUMBER

112 T  
 DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
03	10	01	03	10	31

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			
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	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	11	13
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

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

Name TVA - WATTS BAR NUCLEAR PLANT  
 Address P.O. BOX 2000  
(INTEROFFICE MO81T)  
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 10 01 To 03 10 31

\*\*\* 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 P 0 0 Temp, Receiving Stream Btm	SAMPLE MEASUREMENT	*****	*****	..	*****	*****	23.4	04	0	31/31	RCORDR
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	33.5 DAILY MX	DEG. C.		HOURLY	RCORDR
TEMPERATURE, WATER DEG. CENTIGRADE 00010 Z 0 0 Instream Edge of Mixing Zone	SAMPLE MEASUREMENT	*****	*****	..	*****	*****	23.2	04	0	31/31	RCORDR
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	30.5 DAILY MX	DEG. C.		HOURLY	RCORDR
TEMPERATURE, WATER DEG. CENTIGRADE 00010 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	..	*****	*****	26	04	0	31/31	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	31/31	CALCTD
	PERMIT REQUIREMENT	*****	*****	DEG. C.	*****	*****	3 DAILY MX	DEG. C.		HOURLY	CALCTD
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	..	5.3	*****	*****	19	0	1/31	GRAB
	PERMIT REQUIREMENT	*****	*****	***	REPORT DAILY MN	*****	*****	MG/L		ONCE/ MONTH	GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	..	7.8	*****	7.8	12	0	1/31	GRAB
	PERMIT REQUIREMENT	*****	*****	***	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	..	*****	1	1	19	0	1/31	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		ONCE/ MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER W. R. Lagergren SITE VICE PRESIDENT TYPED OR PRINTED	I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE 423 365-8767 AREA CODE NUMBER	DATE 03 11 13 YEAR MO DAY
--	---	---	---	---------------------------------

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 Instream flow of > 3500 cfs present as required by the permit. 00010Z = Instream temp. at edge of the Mixing Zone. 00010P = Instream temp. at Receiving Stream bottom. Stream Flow direction indicates maximum daily percentage of time flow was upstream.

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

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

Form Approved.  
 OMB No. 2040-0004

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

MONITORING PERIOD  
 From 

YEAR	MO	DAY
03	10	01

 To 

YEAR	MO	DAY
03	10	31

... 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			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	18.400	190.702	03	*****	*****	*****	..	0	31 / 31	RCORDR
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		CONTINUOUS	RCORDR
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****	..	*****	<0.02	<0.02	19	0	1 / 31	GRAB
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.092 MO AVG	0.158 DAILY MX	MG/L		ONCE/MONTH	GRAB
TEMPERATURE - C, RATE OF CHANGE	SAMPLE MEASUREMENT	*****	*****	..	*****	*****	0	04	0	31 / 31	CALCTD
82234 Z 0 0 Temp, Rate of Chng DnStrm	PERMIT REQUIREMENT	*****	*****	****	*****	*****	2 DAILY MX	DEG. C.		HOURLY	CALCTD
DISCHARGE EVENT OBSERVATION	SAMPLE MEASUREMENT	*****	YES	94	*****	*****	*****	..	0	1 / 31	OPRCRD
84165 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	***** CERT.	REPORT YES/NO	Y=1;N=0	*****	*****	*****	****		MONTHLY	OPRCRD
STREAM FLOW DIRECTION RECORDING	SAMPLE MEASUREMENT	*****	*****	..	*****	*****	31		0	31 / 31	RCORDR
50052 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Flo Upstrm DAILY MX	% TIME		DAILY	RCORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  W. R. Lagergren  SITE VICE PRESIDENT  TYPED OR PRINTED	I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			AREA CODE	NUMBER	YEAR	MO	DAY
			423	365-8767	03	11	13

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 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**      **113 T**  
 PERMIT NUMBER      DISCHARGE NUMBER

F - FINAL  
 BIOMONITORING FOR OUTFALL 113  
 EFFLUENT

MONITORING PERIOD  
 From 

YEAR	MO	DAY
03	10	01

 To 

YEAR	MO	DAY
03	10	31

\*\*\* 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			
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		
			AREA CODE	NUMBER	YEAR	MO	DAY
			423	365-8767	03	11	13

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 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  
 F - FINAL  
 DIFFUSER DISCHARGE  
 EFFLUENT

Form Approved.  
 OMB No. 2040-0004

TN0020168 101 G  
 PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD  
 From 03 10 01 To 03 10 31

\*\*\* 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	SAMPLE MEASUREMENT	*****	*****	..	*****	*****	23	04	0	31 / 31	RCORDR
00010 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	35 DAILY MX	DEG. C.		CONTIN- OUS	RCORDR
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	..	7.6	*****	8.6	12	0	5 / 31	GRAB
PH	PERMIT REQUIREMENT	*****	*****	***	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	..	*****	7	9	19	0	5 / 31	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	30 MO AVG	100 DAILY MX	MG/L		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	..	*****	<5	<5	19	0	5 / 31	GRAB
00530 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	15 MO AVG	20 DAILY MX	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	..	*****	*****	*****	..	0	31 / 31	RCORDR
OIL AND GREASE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	***		CONTIN- OUS	RCORDR
00556 1 0 0	SAMPLE MEASUREMENT	*****	*****	..	*****	*****	0.09	19	0	22 / 31	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.10 DAILY MX	MG/L		WEEK- DAYS	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	35.553	62.024	03	*****	*****	*****	..	0	1 / 31	OPRCRD
50050 1 0 0	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		ONCE/ MONTH	OPRCRD
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	..	*****	*****	*****	..	0	1 / 31	OPRCRD
CHLORINE, TOTAL RESIDUAL	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	***		ONCE/ MONTH	OPRCRD
50060 1 0 0	SAMPLE MEASUREMENT	*****	YES	94	*****	*****	*****	..	0	1 / 31	OPRCRD
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT YES/NO	Y=1;N=0	*****	*****	*****	***		ONCE/ MONTH	OPRCRD
DISCHARGE EVENT OBSERVATION	SAMPLE MEASUREMENT	*****	YES	94	*****	*****	*****	..	0	1 / 31	OPRCRD
84165 1 0 0	PERMIT REQUIREMENT	*****	REPORT YES/NO	Y=1;N=0	*****	*****	*****	***		ONCE/ MONTH	OPRCRD
Instream Flo > 3500 CFS	SAMPLE MEASUREMENT	*****	YES	94	*****	*****	*****	..	0	1 / 31	OPRCRD
Instream Flo > 3500 CFS	PERMIT REQUIREMENT	*****	REPORT YES/NO	Y=1;N=0	*****	*****	*****	***		ONCE/ MONTH	OPRCRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER W. R. Lagergren SITE VICE PRESIDENT TYPED OR PRINTED	I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE		
		423 365-8767	03 11 13	AREA CODE	NUMBER	YEAR

*[Signature]*  
 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 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

Form Approved.  
 OMB No. 2040-0004

TN0020168 101 T  
 PERMIT NUMBER DISCHARGE NUMBER

F - FINAL  
 BIOMONITORING FOR OUTFALL 101  
 EFFLUENT

MONITORING PERIOD  
 YEAR MO DAY YEAR MO DAY  
 From 03 10 01 To 03 10 31

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

Attn: Robert J. Crawford, Environmental Supervisor

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
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										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  W. R. Lagergren  SITE VICE PRESIDENT	I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			423 365-8767	03	11	13	
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

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

Name **TVA - WATTS BAR NUCLEAR PLANT**  
 Address **P.O. BOX 2000**  
**(INTEROFFICE 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  
 YD HLDING POND EMERG OVERFLW WEIR  
 EFFLUENT

Form Approved.  
 OMB No. 2040-0004

**TN0020168**      **102 G**  
 PERMIT NUMBER      DISCHARGE NUMBER

MONITORING PERIOD  
 From 

YEAR	MO	DAY
03	10	01

 To 

YEAR	MO	DAY
03	10	31

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

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

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 MOB11)  
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

Form Approved.  
 OMB No. 2040-0004

TN0020168 102 T  
 PERMIT NUMBER DISCHARGE NUMBER

F - FINAL  
 BIOMONITORING FOR OUTFALL 102  
 EFFLUENT

MONITORING PERIOD  
 From 

YEAR	MO	DAY
03	10	01

 To 

YEAR	MO	DAY
03	10	31

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

NOTE: Read instructions before completing this form.

Attn: Robert J. Crawford, Environmental Supervisor

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			
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										

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	11	13
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 MOB1)  
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  
 From 

YEAR	MO	DAY
03	10	01

 To 

YEAR	MO	DAY
03	10	31

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

Attn: Robert J. Crawford, Environmental Supervisor

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****	..	7.3	*****	8.0	12	0	3/31	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	***	6.0	*****	9.0	SU		WEEKLY	GRAB
EFFLUENT GROSS VALUE					MINIMUM		MAXIMUM				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	21	34	26	*****	4	8	19	0	3/31	GRAB
00530 1 0 0	PERMIT REQUIREMENT	250	834	LBS/DAY	*****	30	100	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE		MO AVG	DAILY MX			MO AVG	DAILY MX				
OIL AND GREASE	SAMPLE MEASUREMENT	<28	<38	26	*****	<5	<5	19	0	3/31	GRAB
00556 1 0 0	PERMIT REQUIREMENT	125	167	LBS/DAY	*****	15	20	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE		MO AVG	DAILY MX			MO AVG	DAILY MX				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.419	1.299	03	*****	*****	*****	..	0	12/31	RCORDR
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	***		CONTIN- OUS	RCORDR
EFFLUENT GROSS VALUE		MO AVG	DAILY MX								
	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	11	13
			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 Discharged Low Volume Waste Treatment Pond 12 days in October.

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

Name TVA - WATTS BAR NUCLEAR PLANT  
 Address P.O. BOX 2000  
(INTEROFFICE MOB1)  
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  
 METAL CLEANING WASTE POND  
 EFFLUENT

Form Approved.  
 OMB No. 2040-0004

TN0020168  
 PERMIT NUMBER

107 G  
 DISCHARGE NUMBER

MONITORING PERIOD  
 From YEAR 03 MO 10 DAY 01 To YEAR 03 MO 10 DAY 31

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

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 MOB11)  
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

Form Approved.  
 OMB No. 2040-0004

TN0020168 111 G  
 PERMIT NUMBER DISCHARGE NUMBER

F - FINAL  
 COMBINED SEWAGE TREATMENT PLANTS  
 EFFLUENT

MONITORING PERIOD  
 From 

YEAR	MO	DAY
03	10	01

 To 

YEAR	MO	DAY
03	10	31

\*\*\* 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			
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	*****	*****	..	*****	<5	10	19	0	5/31	GRAB
00310 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MO AVG	45 DAILY MX	MG/L		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	..	*****	<2	3	19	0	5/31	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MO AVG	45 DAILY MX	MG/L		WEEKLY	GRAB
SOLIDS, SETTLEABLE	SAMPLE MEASUREMENT	*****	*****	..	*****	*****	<0.1	25	0	23/31	GRAB
00545 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	1.0 DAILY MX	ML/L		TWICE/ WEEK	GRAB
COLIFORM, FECAL MF, M-FC BROTH, 44.5C	SAMPLE MEASUREMENT	*****	*****	..	*****	<1	1	13	0	5/31	GRAB
31616 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	200 MO AVG	1000 DAILY MX	#/100 ML		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.027	0.037	03	*****	*****	*****	..	0	31/31	RCORDR
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		CONTIN- OUS	RCORDR
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****	..	*****	*****	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  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	11	13
			AREA CODE	NUMBER	YEAR	MO	DAY

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

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

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  
 RUNOFF HOLDING POND  
 EFFLUENT

Form Approved.  
 OMB No. 2040-0004

TN0020168 112 G  
 PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD  
 From YEAR MO DAY To YEAR MO DAY  
 03 10 01 To 03 10 31

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

Attn: Robert J. Crawford, Environmental Supervisor

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****	..	5.8	*****	*****	19	0	5/31	GRAB
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	5.0 DAILY MN	*****	*****	MG/L		WEEKLY	GRAB
PH	SAMPLE MEASUREMENT	*****	*****	..	8.3	*****	9.0	12	0	5/31	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.5 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	..	*****	12	31	19	0	5/31	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MO AVG	100 DAILY MX	MG/L		WEEKLY	GRAB
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****	..	*****	0.16	0.37	19	0	5/31	GRAB
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	1.46 MO AVG	2.42 DAILY MX	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.068	0.111	03	*****	*****	*****	..	0	6/31	INSTAN
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	INSTAN
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****	..	*****	<0.02	<0.02	19	0	5/31	GRAB
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	.011 MO AVG	.019 DAILY MX	MG/L		WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  W. R. Lagergren  SITE VICE PRESIDENT  TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			423	365-8767	03	11	13
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		AREA CODE	NUMBER	YEAR	MO	DAY	

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

Form Approved.  
 OMB No. 2040-0004

TN0020168 112 T  
 PERMIT NUMBER DISCHARGE NUMBER

F - FINAL  
 BIOMONITORING FOR OUTFALL 112  
 EFFLUENT

MONITORING PERIOD  
 From 

YEAR	MO	DAY
03	10	01

 To 

YEAR	MO	DAY
03	10	31

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

NOTE: Read instructions before completing this form.

Attn: Robert J. Crawford, Environmental Supervisor

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			
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										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  W. R. Lagergren  SITE VICE PRESIDENT  TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			AREA CODE	NUMBER	YEAR	MO	DAY
			423	365-8767	03	11	13

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 MOBIL)  
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  
 SCCW DISCHARGE  
 EFFLUENT

Form Approved.  
 OMB No. 2040-0004

TN0020168  
 PERMIT NUMBER

113 G  
 DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
03	10	01	03	10	31

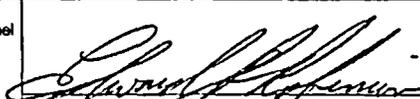
From To

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

Attn: Robert J. Crawford, Environmental Supervisor

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER DEG. CENTIGRADE 00010 P 0 0 Temp, Receiving Stream Btm	PERMIT REQUIREMENT	*****	*****	..	*****	*****	23.4	04	0	31 / 31	RCORDR
	SAMPLE MEASUREMENT	*****	*****	..	*****	*****	23.2	04	0	31 / 31	RCORDR
TEMPERATURE, WATER DEG. CENTIGRADE 00010 Z 0 0 Instream Edge of Mixing Zone	PERMIT REQUIREMENT	*****	*****	****	*****	*****	33.5 DAILY MX	DEG. C.		HOURLY	RCORDR
	SAMPLE MEASUREMENT	*****	*****	..	*****	*****	26	04	0	31 / 31	RCORDR
TEMPERATURE, WATER DEG. CENTIGRADE 00010 1 0 0 EFFLUENT GROSS VALUE	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	31 / 31	CALCTD
	PERMIT REQUIREMENT	*****	*****	DEG. C.	*****	*****	3 DAILY MX	DEG. C.		HOURLY	CALCTD
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	..	5.3	*****	*****	19	0	1 / 31	GRAB
	PERMIT REQUIREMENT	*****	*****	****	REPORT DAILY MN	*****	*****	MG/L		ONCE / MONTH	GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	..	7.8	*****	7.8	12	0	1 / 31	GRAB
	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	..	*****	1	1	19	0	1 / 31	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		ONCE/ MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER W. R. Lagergren SITE VICE PRESIDENT TYPED OR PRINTED	I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
423 365-8767			03	11	13		

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 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 YEAR MO DAY To YEAR MO DAY  
 03 10 01 To 03 10 31

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

NOTE: Read instructions before completing this form.

Attn: Robert J. Crawford, Environmental Supervisor

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	18.400	190.702	03	*****	*****	*****	..	0	31 / 31	RCORDR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		CONTIN- OUS	RCORDR
CHLORINE, TOTAL RESIDUAL 50060 1 0 0	SAMPLE MEASUREMENT	*****	*****	..	*****	<0.02	<0.02	19	0	1 / 31	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.092 MO AVG	0.158 DAILY MX	MG/L		ONCE/ MONTH	GRAB
TEMPERATURE - C, RATE OF CHANGE 82234 Z 0 0	SAMPLE MEASUREMENT	*****	*****	..	*****	*****	0	04	0	31 / 31	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 / 31	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	*****	*****	..	*****	*****	31		0	31 / 31	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	11	13
			AREA CODE	NUMBER	YEAR	MO	DAY

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

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

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

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

Form Approved.  
 OMB No. 2040-0004

TN0020168	113 T
PERMIT NUMBER	DISCHARGE NUMBER

F - FINAL  
 BIOMONITORING FOR OUTFALL 113  
 EFFLUENT

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
03	10	01	03	10	31

From Attn: Robert J. Crawford, Environmental Supervisor

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

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			
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										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  W. R. Lagergren  SITE VICE PRESIDENT  TYPED OR PRINTED	I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			AREA CODE	NUMBER	YEAR	MO	DAY
			423	365-8767	03	11	13

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