

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

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

Form Approved
OMB No. 158-R0073

NAME TENNESSEE VALLEY AUTHORITY
ADDRESS 6411 E. BRAINERD RD
CHATTANOOGA, TENNESSEE 37421

TN0020168
PERMIT NUMBER

102
DISCHARGE NUMBER

YARD HOLDING POND

FACILITY WATTS BAR NUCLEAR PLANT
LOCATION SPRING CITY, TENNESSEE

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
87	11	01	FROM	87	11	30
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)			
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS						
50050 MGD FLOW-MGD	SAMPLE MEASUREMENT	15.44	19.50						0	30/30	WEIR			
	PERMIT REQUIREMENT	NONE	NONE	MGD	NONE	NONE	NONE	MGD		2/7	INST			
00556 MG/L OIL GRSE-FREON-GR	SAMPLE MEASUREMENT	<733.9	1109.2		<5.0	<5.9	9.5		0	5/30	GR			
	PERMIT REQUIREMENT	NONE	NONE	LB/DAY	NONE	15.00	20.00	MG/L		1/7	GR			
00530 MG/L RESIDUE-TOT NFLT	SAMPLE MEASUREMENT	818.7	1233.0		3.7	6.3	8.4		0	30/30	GR			
	PERMIT REQUIREMENT	NONE	NONE	LB/DAY	NONE	30.00	100.0	MG/L		2/7	GR			
50060 MG/L CL2-RESIDUAL	SAMPLE MEASUREMENT	<2.92	<2.92		<0.03	<0.03	<0.03		0	96/30	MULT GR			
	PERMIT REQUIREMENT	NONE	NONE	LB/DAY	NONE	NONE	.1000	MG/L		1/DAY	GR			
39516 MG/L PCB	SAMPLE MEASUREMENT						*		0					
	PERMIT REQUIREMENT	NONE	NONE	LB/DAY	NONE	NONE	0.000	MG/L		1/180	GR			
00403 S.U. PH-LAB	SAMPLE MEASUREMENT				7.2	7.9	8.4		0	30/30	GR			
	PERMIT REQUIREMENT	NONE	NONE		6.000	NONE	9.000	S.U.		1/DAY	GR			
00010 Degrees C TEMP-WATER-C	SAMPLE MEASUREMENT	8809010022 880824 PDR ADDCK 05000390 R PNU			11.0	14.2	16.0		0	30/30	GR			
	PERMIT REQUIREMENT	NONE	NONE		NONE	NONE	30.50	Degre es C		1/DAY	GR			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)				TELEPHONE		DATE						
M. PAUL SCHMIERBACH MANAGER OF EQS						615856-6601		88	08	15				
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR MO DAY				

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

LIMITATIONS AND MONITORING REQUIREMENTS FOR PH AND TOTAL RESIDUAL CHLORINE ARE APPLICABLE ONLY DURING PERIODS OF DIRECT DISCHARGE TO THE TENNESSEE RIVER. TEMPERATURE MONITORING REQUIRED ALSO.

*Semi-annual sample collected in October.