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

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

FACILITY LOCATION: WATTS BAR NUCLEAR PLANT
SPRING CITY, TENNESSEE

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

Form Approved
OMB No. 158 - R0073

(2-16) PERMIT NUMBER: TN0020168

(17-19) DISCHARGE NUMBER: 102 YARD HOLDING POND

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	88	01	01	TO	88	01	31
	(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) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
50050 MGD FLOW-MGD	SAMPLE MEASUREMENT	17.07	21.50	MGD				MGD	0	31/30	WEIR
	PERMIT REQUIREMENT	NONE	NONE		NONE	NONE	NONE			2/7	INST
00556 MG/L OIL GRSE-FREON-GR	SAMPLE MEASUREMENT	<745.7	775.6	LB/DAY	< 5.0	< 5.1	5.7	MG/L	0	5/30	GR
	PERMIT REQUIREMENT	NONE	NONE		NONE	15.00	20.00			1/7	GR
00530 MG/L RESIDUE-TOT NFLT	SAMPLE MEASUREMENT	1039.7	2571.3	LB/DAY	1.8	7.1	14.3	MG/L	0	31/30	GR
	PERMIT REQUIREMENT	NONE	NONE		NONE	30.00	100.0			2/7	GR
50060 MG/L CL2-RESIDUAL	SAMPLE MEASUREMENT			LB/DAY			*	MG/L	0		
	PERMIT REQUIREMENT	NONE	NONE		NONE	NONE	.1000			1/DAY	GR
39516 MG/L PCBS-WHL SMPL-TOT	SAMPLE MEASUREMENT			LB/DAY			**	MG/L	0		
	PERMIT REQUIREMENT	NONE	NONE		NONE	NONE	0.000			1/180	GR
00403 S.U. PH-LAB	SAMPLE MEASUREMENT				7.4	8.1	9.0	S.U.	0	31/30	GR
	PERMIT REQUIREMENT	NONE	NONE		6.000	NONE	9.000			1/DAY	GR
00010 Degrees C TEMP-WATER-C	SAMPLE MEASUREMENT	8809010025 880824 PDR ADOCK 05000390 R PNU			4.0	6.0	10.0	Degrees C	0	31/30	GR
	PERMIT REQUIREMENT	NONE	NONE		NONE	NONE	30.50			1/DAY	GR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: M. PAUL SCMIERBACH, MANAGER OF EQS (TYPED OR PRINTED)

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.*)

M. P. Schmierbach
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 615 NUMBER 856-6601

DATE: YEAR 88 MO 08 DAY 15

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

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

*No chlorination this month.
**Semi-annual sample collected in October.