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

FACILITY WATTS BAR NUCLEAR PLANT
LOCATION SPRING CITY, TENNESSEE

DISCHARGE MONITORING REPORT (DMR)

PERMIT NUMBER: TN0020168

DISCHARGE NUMBER: 101

DIFFUSER DISCHARGE

Form Approved
OMB No. 2040-0004
Approval expires 9-30-88

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
87	09	01	87	09	30

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
50050 MGD FLOW-MGD	SAMPLE MEASUREMENT		*	MGD				MGD	0		
	PERMIT REQUIREMENT	NONE	NONE		NONE	NONE	NONE			CONT	REC
00010 Degrees C TEMP-WATER-C	SAMPLE MEASUREMENT						*	Degrees C	0		
	PERMIT REQUIREMENT	NONE	NONE		NONE	NONE	35.00			CONT	REC
50061 MG/L DIFFUSER CL2	SAMPLE MEASUREMENT						*	MG/L	0		
	PERMIT REQUIREMENT	NONE	NONE	LB/DAY	NONE	NONE	.1000			5/7	M-GR
50062 MG/L AIR COMP CL2	SAMPLE MEASUREMENT				0.03	0.18	0.61	MG/L	0	88/30	MULT GR
	PERMIT REQUIREMENT	NONE	NONE	LB/DAY	NONE	NONE	1.000			5/7	M-GR
00400 S.U. PH FIELD	SAMPLE MEASUREMENT						*	S.U.	0		
	PERMIT REQUIREMENT	NONE	NONE		6.000	NONE	9.000			1/7	GR
50051 MGD INTAKE FLOW	SAMPLE MEASUREMENT				31.8	31.0	31.8	MGD	0	CONT	REC
	PERMIT REQUIREMENT	NONE	NONE		NONE	NONE	NONE			CONT	PLOGR
00530 MG/L RESIDUE-TOT NFLT	SAMPLE MEASUREMENT						*	MG/L	0		
	PERMIT REQUIREMENT	NONE	NONE	LB/DAY	NONE	30.00	100.0			1/DAY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: RALPH H. BROOKS, DIRECTOR 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 USC 1001 AND 33 USC 1319.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 615 NUMBER 856-6601

DATE: YEAR 87 MO 10 DAY 28

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

*DIFFUSER ISOLATED ENTIRE MONTH OF SEPTEMBER.

8801130327 880104
PDR ADOCK 05000327
R PDR

EPA Form 3320-1 (Rev. 10-79) PREVIOUS EDITION TO BE USED UNTIL SUPPLY IS EXHAUSTED (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

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

FACILITY WATTS BAR NUCLEAR PLANT
LOCATION SPRING CITY, TENNESSEE

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004
Approval expires 9-30-88

PERMIT NUMBER: TN0020168
DISCHARGE NUMBER: 101

DIFFUSER DISCHARGE

MONITORING PERIOD
FROM YEAR 87 MO 09 DAY 01 TO YEAR 87 MO 09 DAY 30

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
50050 MGD FLOW-MGD	SAMPLE MEASUREMENT		*	MGD				MGD	0		
	PERMIT REQUIREMENT	NONE	NONE		NONE	NONE	NONE			CONT	REC
00010 Degrees C TEMP-WATER-C	SAMPLE MEASUREMENT						*	Degrees C	0		
	PERMIT REQUIREMENT	NONE	NONE		NONE	NONE	35.00			CONT	REC
50061 MG/L DIFFUSER CL2	SAMPLE MEASUREMENT						*	MG/L	0		
	PERMIT REQUIREMENT	NONE	NONE	LB/DAY	NONE	NONE	.1000			5/7	M-GR
50062 MG/L AIR COMP CL2	SAMPLE MEASUREMENT				0.03	0.18	0.61	MG/L	0	88/30	MULT GR
	PERMIT REQUIREMENT	NONE	NONE	LB/DAY	NONE	NONE	1.000			5/7	M-GR
00400 S.U. PH FIELD	SAMPLE MEASUREMENT						*	S.U.	0		
	PERMIT REQUIREMENT	NONE	NONE		6.000	NONE	9.000			1/7	GR
50051 MGD INTAKE FLOW	SAMPLE MEASUREMENT				31.8	31.0	31.8	MGD	0	CONT	REC
	PERMIT REQUIREMENT	NONE	NONE		NONE	NONE	NONE			CONT	PLOGS
00530 MG/L RESIDUE-TOT NFLT	SAMPLE MEASUREMENT						*	MG/L	0		
	PERMIT REQUIREMENT	NONE	NONE	LB/DAY	NONE	30.00	100.0			1/DAY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
RALPH H. BROOKS
DIRECTOR 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 USC 1001 AND 33 USC 1319.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 615 NUMBER 856-6601

DATE: YEAR 87 MO 10 DAY 28

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

*DIFFUSER ISOLATED ENTIRE MONTH OF SEPTEMBER.

8801130327 880104
PDR ADOCK 05000327
R PDR

EPA Form 3320-1 (Rev. 10-79) PREVIOUS EDITION TO BE USED UNTIL SUPPLY IS EXHAUSTED (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)