



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 26th 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.

| DATE | INTAKE AVG TEMP (°C) | DIFFUSER DISCHARGE AVG TEMP (°C) |
|---------|-------------------------|--|
| 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 MOB11T)
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

| | | |
|------|----|-----|
| YEAR | MO | DAY |
| 03 | 09 | 01 |

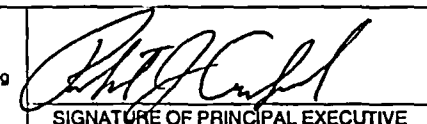
 To

| | | |
|------|----|-----|
| YEAR | MO | DAY |
| 03 | 09 | 30 |

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

| PARAMETER | | 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 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 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

F - FINAL

BIOMONITORING FOR OUTFALL 101

EFFLUENT

*** NO DISCHARGE ☐ ***

Form Approved.

OMB No. 2040-0004

Attn: Robert J. Crawford, Environmental Supervisor


From

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

To

NOTE: Read instructions before completing this form.

| PARAMETER | | 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 | | | | | | | | | | |
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| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

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|--|---|---|-----------|----------|------|----|-----|
| 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 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 BREA COUNTY

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

MAJOR
 SUBR 01

Form Approved.
 OMB No. 2040-0004

| | |
|---------------|------------------|
| TN0020168 | 102 G |
| PERMIT NUMBER | DISCHARGE NUMBER |

F - FINAL
 YD HLDING POND EMERG OVERFLW WEIR
 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.

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

| | | | | | | | |
|--|---|---|-----------|----------|------|----|-----|
| 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 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

*** NO DISCHARGE ☒ ***

Form Approved.

OMB No. 2040-0004


TN0020168 **102 T**
PERMIT NUMBER **DISCHARGE NUMBER**

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

Attn: Robert J. Crawford, Environmental Supervisor

NOTE: Read instructions before completing this form.

| PARAMETER | | 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 | PERMIT REQUIREMENT | ***** | ***** | **** | 3.3 MINIMUM | ***** | ***** | PERCENT | | SEMI-ANNUAL | COMPOS |
| IC25 STATRE 7DAY CHR PIMEPHALES | SAMPLE MEASUREMENT | ***** | ***** | ** | | ***** | ***** | 23 | | | |
| TRP6C 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | **** | 3.3 MINIMUM | ***** | ***** | PERCENT | | SEMI-ANNUAL | COMPOS |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
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| | PERMIT REQUIREMENT | | | | | | | | | | |
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| | 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. |  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 |

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 BHEA COUNTY

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

MAJOR

SUBR 01

F - FINAL

LOW VOL. WASTE TREATMENT POND

EFFLUENT

*** NO DISCHARGE ☐ ***

Form Approved.

OMB No. 2040-0004

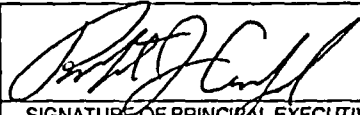
TN0020168 103 G
 PERMIT NUMBER DISCHARGE NUMBER

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

Attn: Robert J. Crawford, Environmental Supervisor

NOTE: Read instructions before completing this form.

| PARAMETER | | 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 | 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)

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 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 | 107 G |
| PERMIT NUMBER | DISCHARGE NUMBER |

 F - FINAL
 METAL CLEANING WASTE POND
 EFFLUENT

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

 *** NO DISCHARGE ☒ ***

NOTE: Read instructions before completing this form.

Attn: Robert J. Crawford, Environmental Supervisor

| PARAMETER | | 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 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 423 365-8767 | | DATE 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)

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 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 | | | |
| YEAR | MO | DAY | YEAR |
| 03 | 09 | 01 | 03 |
| From | | To | |

Attn: Robert J. Crawford, Environmental Supervisor

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------|-------|--------------------------|------------|------------------|----------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | | | |
| BOD, 5-DAY (20 DEG. C) | SAMPLE MEASUREMENT | ***** | ***** | ** | ***** | <3 | 5 | 19 | 0 | 4 / 30 |
| 00310 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | 30 MO AVG | 45 DAILY MX | MG/L | | WEEKLY |
| EFFLUENT GROSS VALUE | | | | | | | | | | GRAB |
| SOLIDS, TOTAL SUSPENDED | SAMPLE MEASUREMENT | ***** | ***** | ** | ***** | <3 | 4 | 19 | 0 | 4 / 30 |
| 00530 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | 30 MO AVG | 45 DAILY MX | MG/L | | WEEKLY |
| EFFLUENT GROSS VALUE | | | | | | | | | | GRAB |
| SOLIDS, SETTLEABLE | SAMPLE MEASUREMENT | ***** | ***** | ** | ***** | ***** | <0.1 | 25 | 0 | 22 / 30 |
| 00545 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | ***** | 1.0 DAILY MX | ML/L | | TWICE/ WEEK |
| EFFLUENT GROSS VALUE | | | | | | | | | | GRAB |
| COLIFORM, FECAL MF, M-FC BROTH, 44.5C | SAMPLE MEASUREMENT | ***** | ***** | ** | ***** | <2 | 7 | 13 | 0 | 4 / 30 |
| 31616 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | 200 MO AVG | 1000 DAILY MX | #/100 ML | | WEEKLY |
| EFFLUENT GROSS VALUE | | | | | | | | | | GRAB |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT | SAMPLE MEASUREMENT | 0.026 | 0.074 | 03 | ***** | ***** | ***** | ** | 0 | 30 / 30 |
| 50050 1 0 0 | PERMIT REQUIREMENT | REPORT MO AVG | REPORT DAILY MX | MGD | ***** | ***** | ***** | *** | | CONTIN- OUS |
| EFFLUENT GROSS VALUE | | | | | | | | | | RCORDR |
| CHLORINE, TOTAL RESIDUAL | SAMPLE MEASUREMENT | ***** | ***** | ** | ***** | ***** | Not Chlorinating | 19 | | |
| 50060 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | ***** | 2.0 DAILY MX | MG/L | | WEEK- DAYS |
| EFFLUENT GROSS VALUE | | | | | | | | | | 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 | 10 | 14 |
| 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)

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

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

RUNOFF HOLDING POND

EFFLUENT

*** NO DISCHARGE ☐ ***

Form Approved.
 OMB No. 2040-0004

Attn: Robert J. Crawford, Environmental Supervisor

| | | | | | |
|-------------------|----|-----|------------------|----|-----|
| TN0020168 | | | 112 G | | |
| PERMIT NUMBER | | | DISCHARGE NUMBER | | |
| MONITORING PERIOD | | | | | |
| YEAR | MO | DAY | YEAR | MO | DAY |
| 03 | 09 | 01 | 03 | 09 | 30 |

NOTE: Read instructions before completing this form.

| PARAMETER | | 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. | TELEPHONE | | DATE | | |
| W. R. Lagergren | | 423 | 365-8767 | 03 | 10 | 14 |
| 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)

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 MO817)
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 |
|------|----|-----|------|----|-----|
| 03 | 09 | 01 | 03 | 09 | 30 |

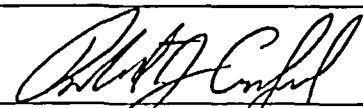
EFFLUENT

*** NO DISCHARGE ☐ ***

Attn: Robert J. Crawford, Environmental Supervisor

NOTE: Read instructions before completing this form.

| PARAMETER | | 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 | PERMIT REQUIREMENT | ***** | ***** | **** | 100 MINIMUM | ***** | ***** | PERCENT | | SEMI-ANNUAL | COMPOS |
| IC25 STATRE 7DAY CHR PIMEPHALES | SAMPLE MEASUREMENT | ***** | ***** | .. | Monitoring Not Required | ***** | ***** | 23 | | | |
| TRP6C 1 0 0 | 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 | | DATE | | |
| | | | 423 365-8767 | 03 | 10 | 14 | |
| | | | 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 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

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 |

NOTE: Read instructions before completing this form.

| PARAMETER | | 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 | 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 | | 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 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
 YEAR MO DAY YEAR MO DAY
 From 03 09 01 To 03 09 30

Attn: Robert J. Crawford, Environmental Supervisor

NOTE: Read instructions before completing this form.

| PARAMETER | | 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 | 56.860 | 189.516 | 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 | ***** | ***** | ** | ***** | <0.02 | <0.02 | 19 | 0 | 1 / 30 | GRAB |
| 50060 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 0.092 | 0.158 | MG/L | | ONCE/ MONTH | GRAB |
| EFFLUENT GROSS VALUE | | | | | | MO AVG | DAILY MX | | | | |
| TEMPERATURE - C, RATE OF CHANGE | SAMPLE MEASUREMENT | ***** | ***** | ** | ***** | ***** | 0 | 04 | 0 | 30 / 30 | CALCTD |
| 82234 Z 0 0 | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | ***** | 2 | DEG. C. | | HOURLY | CALCTD |
| Temp, Rate of Chng DnStrm | | | | | | | DAILY MX | | | | |
| DISCHARGE EVENT OBSERVATION | SAMPLE MEASUREMENT | ***** | YES | 94 | ***** | ***** | ***** | ** | 0 | 1 / 30 | OPRCRD |
| 84165 1 0 0 | PERMIT REQUIREMENT | ***** | REPORT | Y=1;N=0 | ***** | ***** | ***** | **** | | MONTHLY | OPRCRD |
| EFFLUENT GROSS VALUE | | CERT. | YES/NO | | | | | | | | |
| STREAM FLOW DIRECTION RECORDING | SAMPLE MEASUREMENT | ***** | ***** | ** | ***** | ***** | 55 | | 0 | 30 / 30 | RCORDR |
| 50052 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | ***** | Flo Upstrm | % TIME | | DAILY | RCORDR |
| EFFLUENT GROSS VALUE | | | | | | | DAILY MX | | | | |
| | 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 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

BIOMONITORING FOR OUTFALL 113

EFFLUENT

*** NO DISCHARGE ☐ ***

Form Approved.
 OMB No. 2040-0004

TN0020168 113 T
 PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
 From

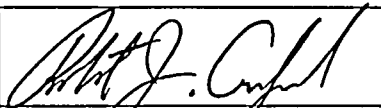
| | | |
|------|----|-----|
| YEAR | MO | DAY |
| 03 | 09 | 01 |

 To

| | | |
|------|----|-----|
| YEAR | MO | DAY |
| 03 | 09 | 30 |

NOTE: Read instructions before completing this form.

| PARAMETER | | 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 | PERMIT REQUIREMENT | ***** | ***** | **** | 10.3 MINIMUM | ***** | ***** | PERCENT | | SEMI-ANNUAL | COMPOS |
| IC25 STATRE 7DAY CHR PIMEPHALES | SAMPLE MEASUREMENT | ***** | ***** | .. | Monitoring Not Required | ***** | ***** | 23 | | | |
| TRP6C 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | **** | 10.3 MINIMUM | ***** | ***** | PERCENT | | SEMI-ANNUAL | COMPOS |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
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| | 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)

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