



Tennessee Valley Authority, 714 Swan Pond Road, Harriman, Tennessee 37748

January 11, 2008

Mr. Patrick Cromer  
Division of Water Pollution Control  
Enforcement and Compliance Section  
6<sup>th</sup> Floor, L&C Annex  
401 Church Street  
Nashville, Tennessee 37243-1534

Dear Mr. Cromer:


TENNESSEE VALLEY AUTHORITY (TVA) - KINGSTON PLANT - NPDES PERMIT NO.  
TN0005452 - DISCHARGE MONITORING REPORT (DMR) - December 2007

As required by the referenced permit, enclosed is a certified copy of the DMR for Kingston Fossil Plant for the reporting period of December 2007. Included with the DMR is a computer disk that contains the DMR data for your convenience.

If you have any questions concerning this report, please call Cynthia McCowan at (865) 717-2180 in Kingston, Tennessee.

*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.)*

Sincerely,

  
Michael T. Beckham  
Plant Manager  
Kingston Fossil Plant

MTB/cwm  
Enclosures

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

Name **TVA - KINGSTON FOSSIL PLANT**  
 Address 714 SWAN POND ROAD  
HARRIMAN, TN 37748

Facility TVA - KINGSTON FOSSIL PLANT  
 Location ROANE COUNTY (KFO) TN 37763

ATTN: LINDY JOHNSON

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) (17-19)

TN0005452 001 G  
 PERMIT NUMBER DISCHARGE NUMBER

MAJOR (SUBR 03)  
 F - FINAL

ASH POND WASTEWATER EFFLUENT

Form Approved.  
 OMB No. 2040-0004  
 Approval expires 05-31-98

MONITORING PERIOD  
 From 

YEAR	MO	DAY
07	12	01

 To 

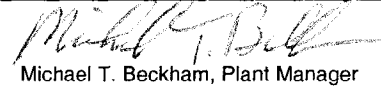
YEAR	MO	DAY
07	12	31

  
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****	**	7.2	*****	*****	12	0	5 / 31	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 DAILY MN	*****	*****	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	**	*****	9.4	9.4	19	0	1 / 31	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	29.9 MO AVG	92.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	**	*****	<5.0	<5.0	19	0	1 / 31	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	14.4 MO AVG	19.4 DAILY MX	MG/L		ONCE/ MONTH	GRAB
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	26.30	26	*****	*****	0.07	19	0	2 / 31	CALCTD
00610 2 0 0 NET VALUE EFFLUENT	PERMIT REQUIREMENT	*****	REPORT DAILY MX	LBS/DY	*****	*****	REPORT DAILY MX	MG/L		TWICE/ MONTH	CALCTD
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	48.84	26	*****	*****	0.13	19	0	2 / 31	GRAB
00610 2 0 0 INSTREAM MONITORING	PERMIT REQUIREMENT	*****	REPORT DAILY MX	LBS/DY	*****	*****	REPORT DAILY MX	MG/L		TWICE/ MONTH	GRAB
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	75.14	26	*****	*****	0.20	19	0	2 / 31	GRAB
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY MX	LBS/DY	*****	*****	REPORT DAILY MX	MG/L		TWICE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	43.1	45.0	03	*****	*****	*****	**	0	4 / 31	INSTAN
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	INSTAN

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Preston D. Swafford Exec. V.P., Fossil Power Group TYPED OR PRINTED	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.)	 Michael T. Beckham, Plant Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 865 717-2501 AREA CODE NUMBER	DATE 08 01 11 YEAR MO DAY
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

Name **TVA - KINGSTON FOSSIL PLANT**  
 Address **714 SWAN POND ROAD**  
**HARRIMAN, TN 37748**

Facility **TVA - KINGSTON FOSSIL PLANT**  
 Location **ROANE COUNTY, (KFO) TN 37763**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**DISCHARGE MONITORING REPORT (DMR)**  
 (2-16) (17-19)

**TN0005452** **002 G**  
 PERMIT NUMBER DISCHARGE NUMBER

MAJOR (SUBR 03)  
 F - FINAL

Form Approved.  
 OMB No. 2040-0004  
 Approval expires 05-31-98

ONCE THROUGH CONDENSER COOL WATER  
 EFFLUENT

MONITORING PERIOD  
 From **07 12 01** To **07 12 31**  
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

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

NOTE: Read instructions before completing this form.

ATTN: LINDY JOHNSON

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
<b>TEMPERATURE, WATER DEG. CENTIGRADE</b> 00010 7 0 0 INTAKE	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	12.4	04	0	31 / 31	RCORDR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	<b>REPORT DAILY MX</b>	DEG. C.		CONTINUOUS	RCORDR
<b>TEMPERATURE, WATER DEG. CENTIGRADE</b> 00010 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	19.6	04	0	31 / 31	CALCTD
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	<b>36.1 DAILY MX</b>	DEG. C.		DAILY	CALCTD
<b>PH</b> 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	**	7.7	*****	8.2	12	0	5 / 31	GRAB
	PERMIT REQUIREMENT	*****	*****	****	<b>6.0 DAILY MN</b>	*****	<b>9.0 DAILY MX</b>	SU		WEEKLY	GRAB
<b>FLOW, IN CONDUIT OR THRU TREATMENT PLANT</b> 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1294.9	1333.0	03	*****	*****	*****	**	0	31 / 31	CALCTD
	PERMIT REQUIREMENT	<b>REPORT MO AV</b>	<b>REPORT DAILY MX</b>	MGD	*****	*****	*****	****		DAILY	CALCTD
<b>OXIDANTS, TOTAL RESIDUAL</b> 34044 0 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	**	*****	Monitoring Not Required	Monitoring Not Required	19			
	PERMIT REQUIREMENT	*****	*****	****	*****	<b>.038 MO AV</b>	<b>.066 DAILY MX</b>	MG/L		WEEKLY	GRAB
<b>OXIDANTS, TOTAL RESIDUAL</b> 34044 P 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	**	*****	Monitoring Not Required	Monitoring Not Required	19			
	PERMIT REQUIREMENT	*****	*****	****	*****	<b>.011 MO AV</b>	<b>.019 DAILY MX</b>	MG/L		WEEKLY	GRAB
<b>DURATION OF DISCHARGE</b> 81381 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	No Discharge	14			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	<b>120 DAILY MX</b>	MINUTES		WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Preston D. Swafford Exec. V.P., Fossil Power Group 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.)	TELEPHONE 865 717-2501 AREA CODE NUMBER		DATE 08 01 11 YEAR MO DAY		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Michael T. Beckham</i> Michael T. Beckham, Plant Manager				

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 O=3/ The limits depicted are applicable at flows of 654 MGD, and above, from outfall 002.  
 O=4/ The limits depicted are applicable at flows less than 654 MGD, in lieu of the limits shown in footnote 4.

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

Name **TVA - KINGSTON FOSSIL PLANT**  
 Address 714 SWAN POND ROAD  
 HARRIMAN, TN 37748

Facility TVA - KINGSTON FOSSIL PLANT  
 Location ROANE COUNTY (KFO) TN 37763

ATTN: LINDY JOHNSON

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

TN0005452 002 T  
 PERMIT NUMBER DISCHARGE NUMBER

MAJOR

(SUBR 03)

F - FINAL

ANNUAL BIOMONITORING

EFFLUENT

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

Form Approved.


OMB No. 2040-0004

Approval expires 05-31-98

MONITORING PERIOD  
 From 07 12 01 To 07 12 31  
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		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		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		ANNUAL	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER * Preston D. Swafford Exec. V.P., Fossil Power Group 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.)	 Michael T. Beckham, Plant Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			865	717-2501	08	01	11
			AREA CODE	NUMBER	YEAR	MO	DAY

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

No Toxicity Testing Conducted this Month

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

Name **TVA - KINGSTON FOSSIL PLANT**  
 Address **714 SWAN POND ROAD**  
**HARRIMAN, TN 37748**

Facility **TVA - KINGSTON FOSSIL PLANT**  
 Location **ROANE COUNTY (KFO) TN 37763**

ATTN: LINDY JOHNSON

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**DISCHARGE MONITORING REPORT (DMR)**

(2-16) (17-19)

**TN0005452** **005 G**  
 PERMIT NUMBER DISCHARGE NUMBER

MAJOR (SUBR 03)  
 F - FINAL

Form Approved.  
 OMB No. 2040-0004  
 Approval expires 05-31-98


CHEMICAL METAL CLEANING WASTEWATER  
 EFFLUENT

MONITORING PERIOD  
 From **07 12 01** To **07 12 31**  
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
<b>COPPER, TOTAL (AS CU)</b>	SAMPLE MEASUREMENT	*****	*****	**	*****	0.009	0.009	19	0	1 / 31	GRAB
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	<b>1.0 MO AVG</b>	<b>1.0 DAILY MX</b>	MG/L		SEE PERMIT	GRAB
<b>IRON, TOTAL (AS FE)</b>	SAMPLE MEASUREMENT	*****	*****	**	*****	<0.100	<0.100	19	0	1 / 31	GRAB
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	<b>1.0 MO AVG</b>	<b>1.0 DAILY MX</b>	MG/L		SEE PERMIT	GRAB
<b>FLOW, IN CONDUIT OR THRU TREATMENT PLANT</b>	SAMPLE MEASUREMENT	1.15	1.15	03	*****	*****	*****	**	0	1 / 31	CALCTD
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	<b>REPORT MO AVG</b>	<b>REPORT DAILY MX</b>	MGD	*****	*****	*****	****		ONCE/BATCH	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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		
Preston D. Swafford Exec. V.P., Fossil Power Group TYPED OR PRINTED		 Michael T. Beckham, Plant Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	865	717-2501	08	01
		AREA CODE	NUMBER	YEAR	MO	DAY

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