

December 16, 2002

Ms. Evelyn Haskin
Division of Water Pollution Control
Enforcement and Compliance Section
6th Floor, L & C Annex
401 Church Street
Nashville, Tennessee 37243-1534

Dear Ms. Haskin:

TENNESSEE VALLEY AUTHORITY (TVA) - KINGSTON PLANT - NPDES PERMIT NO. TN0005452 DISCHARGE MONITORING REPORT (DMR) -July, 2002 (CORRECTION).

Enclosed are corrected DMRs for Kingston Fossil Plant for the reporting period of July, 2002. The original DMRs for outfalls 001 and 002 listed a frequency of 6/31 pH analysis. The corrected DMRs list a frequency of 14/31 pH analysis.

If you have any questions concerning this report, please contact Linda Campbell at 865/717-2157 in Kingston, Tennessee.

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of these 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 fines and imprisonment.

Sincerely,



Earl L. Deskins,
Plant Manager
Kingston Fossil Plant

LFC:

Enclosures

cc: J. K. Watts, LP 5D-C
J. W. Shipp, Jr., MR 2T-C
EDMS, EB 5G - C
File

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 **001 G**
 PERMIT NUMBER DISCHARGE NUMBER

MAJOR

(SUBR 03)

F - FINAL

ASH POND WASTEWATER

EFFLUE

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

ATTN: LINDY PRINTZ

MONITORING PERIOD
 From **02 07 01** To **02 07 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 (48-53) (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	*****	*****	**	7.8	*****	*****	12	0	14 / 31	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	6.0 DAILY MN	*****	*****	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	**	*****	14	14	19	0	1 / 31	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	30 MO AVG	92 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
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	37.6	42.2	03	*****	*****	*****	**	0	5 / 31	INSTAN
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	INSTAN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER J.R. Bynum 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		DATE		
		865	717-2501	02	12	12
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Earl L. Deskins, Plant Manager	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 - 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)

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

MAJOR (SUBR 03)
 F - FINAL
 ONCE THROUGH CONDENSER COOL WATER
 EFFLUE

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

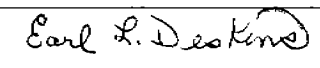
MONITORING PERIOD
 From **02 07 01** To **02 07 31**

*** NO DISCHARGE ***

ATTN: LINDY PRINTZ

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
TEMPERATURE, WATER DEG. CENTIGRADE 00010 7 0 0 INTAKE	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	27.8	04	0	31 / 31	RCORDR
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT DAILY MX	DEG. C.		CONTINUOUS	RCORDR
TEMPERATURE, WATER DEG. CENTIGRADE 00010 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	35.3	04	0	31 / 31	CALCTD
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	36.1 DAILY MX	DEG. C.		DAILY	CALCTD
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	**	7.5	*****	7.9	12	0	14 / 31	GRAB
	PERMIT REQUIREMENT	*****	*****	***	6.0 DAILY MN	*****	9.0 DAILY MX	SU		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1334.5	1389.0	03	*****	*****	*****	**	0	31 / 31	PMPLOG
	PERMIT REQUIREMENT	REPORT MO AV	REPORT DAILY MX	MGD	*****	*****	*****	****		DAILY	PMPLOG
CHLORINE, TOTAL RESIDUAL 50060 0 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	Not applicable	19			
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.038 MO AV 0.066 DAILY MX	MG/L		WEEKLY	GRAB
CHLORINE, TOTAL RESIDUAL 50060 P 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	Not applicable	19			
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.011 MO AV 0.019 DAILY MX	MG/L		WEEKLY	GRAB
CHLORINATION DURATION 78739 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	Not applicable	5B			
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	120 DAILY MX	MIN/DAY		DAILY	LOGS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER J.R. Bynum 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.)	 Earl L. Deskins, Plant Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			865 717-2501	02	12	12	
			AREA CODE	NUMBER	YEAR	MO	DAY

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 3

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 37783**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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

MAJOR (SUBR 03)
 F - FINAL

Form Approved.
 OMB No. 2040-0004
 Approval expires 05-31-96

TN0005452 **005 G**
 PERMIT NUMBER DISCHARGE NUMBER

CHEMICAL METAL CLEANING WASTEWATER
 EFFLUE

MONITORING PERIOD
 From **02 07 01** To **02 07 31**
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

ATTN: LINDY PRINTZ

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
J.R. Bynum
 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.)

Earl L. Deskins
 Earl L. Deskins, Plant Manager
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
865	717-2501	02	12	12
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 - 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 T**
 PERMIT NUMBER DISCHARGE NUMBER

MAJOR (SUBR 03)
 F - FINAL
 ANNUAL BIOMONITORING
 EFFLUE

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

TTN: LINDY PRINTZ

MONITORING PERIOD
 From **02 07 01** To **02 07 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)	X	(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			
C25 STATRE 7DAY CHR MERIODAPHNIA	SAMPLE MEASUREMENT	*****	*****	**	Monitoring Not Required	*****	*****	23			
RP3B 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	PERCENT	ANNUAL	COMPOS	
C25 STATRE 7DAY CHR TIMEPHALES	SAMPLE MEASUREMENT	*****	*****	**	Monitoring Not Required	*****	*****	23			
RP6C 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	PERCENT	ANNUAL	COMPOS	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER J.R. Byrum 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		DATE		
		865	717-2501	02	12	12
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Earl L. Deskins Earl L. Deskins, Plant Manager		AREA CODE	NUMBER	YEAR	MO	DAY

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

NO TOXICITY TESTING CONDUCTED THIS MONTH