

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) – November, 2002,  
(CORRECTION).

Enclosed please find DMRs for Kingston Fossil Plant for the reporting period of  
November, 2002. These DMRs are being resubmitted because the DMR for 005 was  
not signed by the plant manager on the original report submitted on December 12, 2002.

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

MAJOR

(SUBR 03)

F - FINAL

CHEMICAL METAL CLEANING WASTEWATER

EFFLUE

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

MONITORING PERIOD

From **02 11 01** To **02 11 30**  
 (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)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
<b>COPPER, TOTAL (AS CU)</b>	SAMPLE MEASUREMENT	*****	*****	**	*****			19			
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	*****	*****	**	*****			19			
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			03	*****	*****	*****	**			
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	<b>REPORT MO AVG</b>	<b>REPORT DAILY MX</b>	MGD	*****	*****	*****	***		ONCE/BATCH	PMPLOG.
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>J.R. Bynum</b> 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.)	<i>Earl L. Deskins</i> 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** **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 11 01** To **02 11 30**  
(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
PH	SAMPLE MEASUREMENT	*****	*****	**	7.5	*****	*****	12	0	4 / 30	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 DAILY MN	*****	*****	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	**	*****	15	15	19	0	2 / 30	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	2 / 30	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	39.2	42.2	03	*****	*****	*****	**	0	4 / 30	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	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 <i>Earl L. Deskins</i> 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 37749**  
 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  
 EFFLUE

ATTN: LINDY PRINTZ

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
From 02	11	01	To 02	11	30
(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)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE (54-55)	MAXIMUM (54-56)	UNITS (54-57)	MINIMUM (38-40)	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS (54-62)				
TEMPERATURE, WATER DEG. CENTIGRADE 00010 7 0 0	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	*****	16.8	04	0	30 / 30	RCORDR
INTAKE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	REPORT DAILY MX	DEG. C.		CONTINUOUS	RCORDR
TEMPERATURE, WATER DEG. CENTIGRADE 00010 1 0 0	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	*****	23.1	04	0	30 / 30	CALCTD
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	36.1 DAILY MX	DEG. C.		DAILY	CALCTD
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	**	7.2	*****	*****	7.6	12	0	4 / 30	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 DAILY MN	*****	*****	9.0 DAILY MX	SU		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0	SAMPLE MEASUREMENT	1201.1	1257.8	03	*****	*****	*****	*****	**	0	30 / 30	PMPLOG
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AV	REPORT DAILY MX	MGD	*****	*****	*****	*****	****		DAILY	PMPLOG
CHLORINE, TOTAL RESIDUAL 50060 0 0 0	SAMPLE MEASUREMENT	*****	*****	**	*****	Not applicable	Not applicable	Not applicable	19			
SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	****	*****	0.038 MO AV	0.066 DAILY MX	0.066	MG/L		WEEKLY	GRAB
CHLORINE, TOTAL RESIDUAL 50060 P 0 0	SAMPLE MEASUREMENT	*****	*****	**	*****	Not applicable	Not applicable	Not applicable	19			
SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	****	*****	0.011 MO AV	0.019 DAILY MX	0.019	MG/L		WEEKLY	GRAB
CHLORINATION DURATION 78739 1 0 0	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	Not applicable	Not applicable	5B			
EFFLUENT GROSS VALUE	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*  
 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 37763

ATTN: LINDY PRINTZ

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

(2-16) **TN0005452** (17-19) **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

MONITORING PERIOD  
 From 

YEAR	MO	DAY
02	11	01

 To 

YEAR	MO	DAY
02	11	30

  
(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) (48-53) (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	*****	*****	**	>100	*****	*****	23	0	1 / 30	COMPOS
TRP3B 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	PERCENT		ANNUAL	COMPOS
IC25 STATRE 7DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	*****	*****	**	>100	*****	*****	23	0	1 / 30	COMPOS
TRP6C 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	PERCENT		ANNUAL	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	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.)	<i>Earl L. Deskins</i> 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)