

DISCHARGE MONITORING REPORT (DMR)

MSB 2/19/16

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: WESTINGHOUSE ELECTRIC COMPANY
ADDRESS: 401 RIVER TERMINAL ROAD
 CHATTANOOGA, TN 37406
FACILITY: WESTINGHOUSE BWR TRAINING FACILITY
LOCATION: 401 RIVER TERMINAL ROAD
 CHATTANOOGA, TN 37406
ATTN: GUY JIM FORD

TN0081248	001- G
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2016	01/31/2016

DMR Mailing ZIP CODE: 37406
 MINOR (SUBR 01) CDM

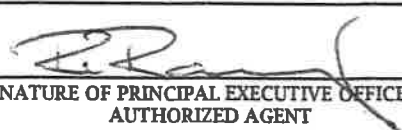
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	0.00	*****	0.00	0.00			N/A
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 DAILY MN	*****	9 DAILY MX	SU		Once per Discharge	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.00	0.00	0.00	*****	*****	*****	*****			N/A
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Once per Discharge	INSTAN
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.00	0.00			N/A
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once per Discharge	GRAB

No Discharge for the month of JAN. 2016

RECEIVED
 FEB 02 '16
 ENVIRONMENTAL INSPECTION
 CHATTANOOGA FIELD OFFICE

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Rick Ramsey / BWR Director 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
			423-697-5050 AREA Code NUMBER	02/01/2016 MM/DD/YYYY

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

DISCHARGE MONITORING REPORT (DMR)

MJB 5/20/16

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: WESTINGHOUSE ELECTRIC COMPANY
ADDRESS: 401 RIVER TERMINAL ROAD
 CHATTANOOGA, TN 37406
FACILITY: WESTINGHOUSE BWR TRAINING FACILITY
LOCATION: 401 RIVER TERMINAL ROAD
 CHATTANOOGA, TN 37406
ATTN: GUY JIM FORD

TN0081248	001-G
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2016	01/31/2016

DMR Mailing ZIP CODE: 37406
 MINOR (SUBR 01) CDM

External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	0.00	*****	0.00	0.00			N/A
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 DAILY MN	*****	9 DAILY MX	SU		Once per Discharge	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.00	0.00	0.00	*****	*****	*****	*****			N/A
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Once per Discharge	INSTAN
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.00	0.00			N/A
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once per Discharge	GRAB

No Discharge for the Month of JAN. 2016

Requested Copy of JAN.

RECEIVED
 MAR 10 '16
 ENVIRONMENT & CONSERVATION
 CHATTANOOGA FIELD OFFICE

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Rick Ramsey / BWR Director 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 <i>R. Ramsey</i>	TELEPHONE	DATE
			423-697-5050	02/01/2016
			AREA Code	NUMBER
				MM/DD/YYYY

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

DISCHARGE MONITORING REPORT (DMR)

MJB ✓

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME: WESTINGHOUSE ELECTRIC COMPANY
 ADDRESS: 401 RIVER TERMINAL ROAD
 CHATTANOOGA, TN 37406
 FACILITY: WESTINGHOUSE BWR TRAINING FACILITY
 LOCATION: 401 RIVER TERMINAL ROAD
 CHATTANOOGA, TN 37406
 ATTN: Kevin W. Lockler (423) 697-5075

TN0081248	001-G
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

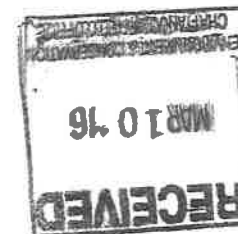
DMR Mailing ZIP CODE: 37406
 MINOR (SUBR 01) CDM

External Outfall

RW 05/08/2016
 No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	0.00	0.00	0.00	/		N/A	N/A
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 DAILY MN	*****	9 DAILY MX	SU		Once per Discharge	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.00	0.00	0.00	0.00	*****	*****	*****		N/A	N/A
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Once per Discharge	INSTAN
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.00	/		N/A	N/A
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once per Discharge	GRAB

NO DISCHARGE FOR THE MONTH OF FEBRUARY 2016



NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Rick Ramsey / BWR Director 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 <i>R. Ramsey</i>	TELEPHONE	DATE
			(423)697-5050 AREA Code NUMBER	03/08/2016 MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0004

MJB 5/20/16

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
Different)
NAME: WESTINGHOUSE ELECTRIC COMPANY
ADDRESS: 401 RIVER TERMINAL ROAD
CHATTANOOGA, TN 37406
FACILITY: WESTINGHOUSE BWR TRAINING FACILITY
LOCATION: 401 RIVER TERMINAL ROAD
CHATTANOOGA, TN 37406
ATTN: Kevin W. Lockler @ (423)-697-5075

TN0081248 PERMIT NUMBER	001-G DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 37406
MINOR (SUBR 01) CDM

External Outfall

See 03/01/2016
No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	0.00	*****	0.00	0.00		N/A	N/A
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 DAILY MN	*****	9 DAILY MX	SU		Once per Discharge	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.00	0.00	0.00	*****	*****	*****	*****		N/A	N/A
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Once per Discharge	INSTAN
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.00	0.00		N/A	N/A
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once per Discharge	GRAB

No Discharge For the Month of March 2016



NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Rick Ramsey/BWR Director 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 <i>Rick Ramsey</i>	TELEPHONE		DATE
			(423)697-5050	04/04/2016	AREA Code

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

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

MJB 7/22/16

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
different)
NAME: WESTINGHOUSE ELECTRIC COMPANY
ADDRESS: 401 RIVER TERMINAL ROAD
CHATTANOOGA, TN 37406
FACILITY: WESTINGHOUSE BWR TRAINING FACILITY
LOCATION: 401 RIVER TERMINAL ROAD
CHATTANOOGA, TN 37406
ATTN: Kevin W. Lockler

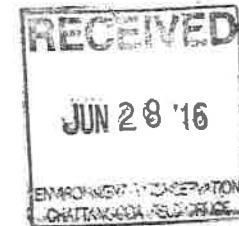
TN0081248	001-G
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

DMR Mailing ZIP CODE: 37406
MINOR (SUBR 01) CDM
External Outfall

No Discharge *6/13/16*

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	0.00	*****	0.00	0.00		N/A	N/A
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 DAILY MN	*****	9 DAILY MX	SU		Once per Discharge	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.00	0.00	0.00	*****	*****	*****	*****		N/A	N/A
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Once per Discharge	INSTAN
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.00	0.00		N/A	N/A
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once per Discharge	GRAB

No Discharge for the Month of MAY 2016



NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Rick Ramsey/BWR Director 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.	<i>R Ramsey</i> SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
			(423)697-5050	06132016
			AREA Code	NUMBER
				MM/DD/YYYY

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

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

MJB 7/22/16

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: WESTINGHOUSE ELECTRIC COMPANY
ADDRESS: 401 RIVER TERMINAL ROAD
CHATTANOOGA, TN 37406
FACILITY: WESTINGHOUSE BWR TRAINING FACILITY
LOCATION: 401 RIVER TERMINAL ROAD
CHATTANOOGA, TN 37406
ATTN: Kevin W. Lockler

TN0081248	001-G
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2016	06/30/2016

DMR Mailing ZIP CODE: 37406
MINOR
(SUBR 01) CDM

External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.73	*****	7.73	PH	0	Discharge	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 DAILY MN	*****	9 DAILY MX	SU		Once per Discharge	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.5	.5	MGD	*****	*****	*****	*****		Discharge	INSTAN
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Once per Discharge	INSTAN
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<.05	mg/L	0	Discharge	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once per Discharge	GRAB

During the month of June 2016, Chattanooga BWR training Facility performed a drain down and cleaning of our mock up. Attached and Identified above is our independent analysis of the water makeup prior to our discharge. Our complete drain down and cleaning of consisted of approx. 500k of clean discharged water. (please see the attached lab report for the chemical makeup of the water that was discharged)

If you have any questions or comments please feel free to contact me , Kevin W. Lockler 423-697-5075



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		(423)697-5050		07/14/2016
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY

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

ANALYTICAL INDUSTRIAL RESEARCH LABORATORIES, INC.

State of Tennessee (ID #02034)

Alabama Dept. of
Environmental Management
(ID #40780)

AIRL, INC.

1550 37TH ST., NE CLEVELAND, TN 37312
423.476.7766 FAX: 423.476.7714

Standard Accredited to
ISO/IEC 17025:2005, PJLA - 76332
Testing Accreditation

Scope of Accreditation:

Wastewater, Surface Water, Ground Water,
Drinking Water, Solids, Hazardous Waste, Soils,
Sediments, and Sludges.

Lab Report 290074

3853
Culligan Water Systems
Attention: Scott Roberts
2022 Polymer Drive
Chattanooga, TN 37421

Date Received 6 /7 /2016
Date Sampled 6/6/2016
Date Requested 6 /10/2016
Rush Status 3 Day
Phone (423) 499-5700
Extension
 Fax (423) 499-0340
 eMail: sroberts
PO# 12648

Sample Information

Westinghouse
500,000 Gallon Pit Liquid

Lab Report: 290074	Result	LCL	Method	SDL	Date	Time	Analyst
Chlorine	< 0.05 mg/L	0.05	SM 4500-Cl	G0.05	6/7/2016	12:15	KEP
<i>Sample was out of holding time for this method.</i>							
@25 C pH	7.73 pH Units	0.1	SM 4500-H+B	0.1	6/7/2016	12:10	KEP
<i>Sample was out of holding time for this method.</i>							

Lowest Calibration Level [LCL] - reporting limit; Sample Detection Level [SDL] - Sample Specific

QA/QC Procedures required by the Method(s) were followed unless otherwise noted. Performance and acceptance standards for required QA/QC procedures were achieved unless otherwise noted. No significant modifications have been made to the Method(s). I attest that, based upon my inquiry of those individuals immediately responsible for reviewing the information, the material contained in this report is, to the best of my knowledge and belief, accurate and complete.

These results relate only to the items tested. This report shall not be reproduced except in full and with permission of this laboratory. The laboratory retains sole ownership of data until full reimbursement has been made.

Report approved by:

Gay R. Robinson
TECHNICAL DIRECTOR