

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)
 NAME Kiewit Energy Group Inc.
 ADDRESS Genera Inc.
 200 Industrial Drive
 Vonore, TN 37885

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 TNG670712
 PERMIT NUMBER 001-G
 DISCHARGE NUMBER

Form Approved.
 OMB No. 2040-0004

FACILITY LOCATION

MONITORING PERIOD
 FROM 2024 03 01 TO 2024 03 31
 YEAR MO DAY YEAR MO DAY

Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER	X SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE				UNITS
50050 Flow		TOTAL		MGD					01/DS	ES	
84066 Oil and grease visual		VALUE		Y = 1; N = 0					01/DS	VIS	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	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 BY 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.									
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		913		TELEPHONE NUMBER		238-7351		DATE	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		913		238-7351		24		4		15	

