



Tennessee Valley Authority, Post Office Box 2000, Soddy-Daisy, Tennessee 37379-2000

February 12, 2002

State of Tennessee
Department of Environment and Conservation
Division of Water Pollution Control
401 Church Street, 6th Floor Annex
Nashville, Tennessee 37243-1534

Attention: Ms. Evelyn Haskin, Enforcement & Compliance

Dear Ms. Haskin:

TENNESSEE VALLEY AUTHORITY - DISCHARGE MONITORING REPORT FOR
SEQUOYAH NUCLEAR PLANT

Please find enclosed the Discharge Monitoring Report (DMR) of January 2002 for Sequoyah. Please contact me at (423) 843-6700 if you have any questions or comments.

Sincerely,

A handwritten signature in cursive script that reads "Diedre B. Nida".

Diedre B. Nida
Environmental Supervisor
Signatory Authority
for Richard T. Purcell
Vice President
Sequoyah Nuclear Plant

Enclosures: 2 (original & copy)

cc (Enclosure):

Chattanooga Environmental Assistance Center
Division of Water Pollution Control
State Office Building, Suite 550
540 McCallie Avenue
Chattanooga, Tennessee 37402-2013

U.S. Nuclear Regulatory Commission
ATTN: Document Control Desk
Washington, D.C. 20555

IE25

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
Name TVA - SEQUOYAH NUCLEAR PLANT
Address BOX 2000
(INTEROFFICE SB-2A)
SODDY - DAISY TN 37384
Facility TVA - SEQUOYAH NUCLEAR PLANT
Location HAMILTON COUNTY

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

MAJOR
(SUBR 01)
F - FINAL
DIFFUSER DISCHARGE
EFFLUENT

Form Approved.
OMB No. 2040-0004

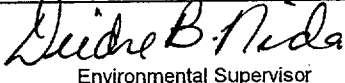
TN0026450	101 G
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD					
From			To		
YEAR	MO	DAY	YEAR	MO	DAY
02	01	01	02	01	31

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER DEG. CENTIGRADE	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	11.5	(04)	0	31 / 31	MODEL
00010 Z 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	30.5 DAILY MX	DEG. C.		SEE PERMIT	CK REQ
INSTREAM MONITORING	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	25.1	(04)	0	31 / 31	RCORDR
TEMPERATURE, WATER DEG. CENTIGRADE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	DEG. C.		SEE PERMIT	CK REQ
00010 1 0 0	SAMPLE MEASUREMENT	*****	*****	**	7.0	*****	7.9	(12)	0	10 / 31	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
PH	SAMPLE MEASUREMENT	*****	*****	**	*****	6	12	(19)	0	5 / 31	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	30 MO AVG	100 DAILY MX	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	**	*****	<5	<5	(19)	0	5 / 31	GRAB
SOLIDS, TOTAL SUSPENDED	PERMIT REQUIREMENT	*****	*****	****	*****	15 MO AVG	20 DAILY MX	MG/L		WEEKLY	GRAB
00530 1 0 0	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	*****	**	0	31 / 31	RCORDR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY MX	MGD	*****	*****	*****	****		CONTINUOUS	RCORDR
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	**	*****	<0.006	0.017	(19)	0	41 / 31	GRAB
00556 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	0.036	0.058 INST MAX	MG/L		WEEK-DAYS	CALCTD
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	*****	**	0	31 / 31	RCORDR
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****		CONTINUOUS	RCORDR
50050 1 0 0	SAMPLE MEASUREMENT	*****	*****	**	*****	<0.006	0.017	(19)	0	41 / 31	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.036	0.058 INST MAX	MG/L		WEEK-DAYS	CALCTD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****	**	*****	<0.006	0.017	(19)	0	41 / 31	GRAB
50060 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	0.036	0.058 INST MAX	MG/L		WEEK-DAYS	CALCTD
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	**	*****	<0.006	0.017	(19)	0	41 / 31	GRAB
50060 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	0.036	0.058 INST MAX	MG/L		WEEK-DAYS	CALCTD

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. 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.	 Environmental Supervisor	TELEPHONE		DATE		
Richard T. Purcell			423	843-6700	02	02	13
Site Vice President			AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT						

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
No closed mode operation. The following injections occurred: 1. PCL-222 (max. calc. conc. was 0.025mg/L--limit 0.100mg/L) 2. CL-363 (max. calc. conc. was 0.009mg/L--limit 0.100mg/L) 3. PCL-222/PCL-401 (max. calc. conc. was 0.023mg/L--limit 0.100mg/L)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
Name TVA - SEQUOYAH NUCLEAR PLANT
Address BOX 2000
(INTEROFFICE SB-2A)
SODDY - DAISY TN 37384
Facility TVA - SEQUOYAH NUCLEAR PLANT
Location HAMILTON COUNTY

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

MAJOR (SUBR 01)
F - FINAL
DIFFUSER DISCHARGE
EFFLUENT

Form Approved.
OMB No. 2040-0004

TN0026450	101 G
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD					
From			To		
YEAR	MO	DAY	YEAR	MO	DAY
02	01	01	02	01	31

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

ATTN: Diedre B. Nida

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE - C, RATE OF CHANGE	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	0.4	(62)	0	31 / 31	CALCTD
82234 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	2.0	DEG C /HR			CALCTD
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	3.4	(04)	0	31 / 31	CALOTD
TEMP. DIFF. BETWEEN SAMP. & UPSTRM DEG.C	PERMIT REQUIREMENT	*****	*****	****	*****	*****	5.0	DEG. C.			CALCTD
00016 1 W 0	SAMPLE MEASUREMENT										
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
BORON, TOTAL	SAMPLE MEASUREMENT	*****	*****	**	<0.2	<0.2	<0.2	(19)	0	1 / 31	GRAB
01022 1 0 0	PERMIT REQUIREMENT	*****	*****	****	REPORT	REPORT	REPORT	MG/L			GRAB
EFFLUENT GROSS VALUE	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. 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.	TELEPHONE		DATE		
Richard T. Purcell		423	843-6700	02	02	13
Site Vice President		AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
CCW data for January is attached.

CCW Data for January 2002

CCW CHANNEL			
DATE	DIESEL RANGE ORGANICS (mg/L)	EXTRACTABLE PETROLEUM HYDROCARBONS (mg/L)	COMMENTS
01/02/02	< 0.1		No EPH performed
01/16/02	< 0.1	< 0.5	
01/30/02	< 0.1	< 0.5	

CCW TRENCH DISCHARGE			
DATE	DIESEL RANGE ORGANICS (mg/L)	EXTRACTABLE PETROLEUM HYDROCARBONS (mg/L)	COMMENTS
01/02/02	0.19		No EPH Performed
01/16/02	1	1	
01/30/02	0.8	0.9	

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
Name TVA - SEQUOYAH NUCLEAR PLANT
Address BOX 2000
(INTEROFFICE SB-2A)
SODDY - DAISY TN 37384
Facility TVA - SEQUOYAH NUCLEAR PLANT
Location HAMILTON COUNTY

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

TN0026450
PERMIT NUMBER

103 G
DISCHARGE NUMBER

MONITORING PERIOD
From

YEAR	MO	DAY
02	01	01

 To

YEAR	MO	DAY
02	01	31

MAJOR (SUBR 01)
F - FINAL
LOW VOL. WASTE TREATMENT POND
EFFLUENT
*** NO DISCHARGE ☐ ***
NOTE: Read instructions before completing this form.

Form Approved.
OMB No. 2040-0004

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****	**	7.1	*****	8.6	(12)	0	13 / 31	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		THREE/ WEEK	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	92	117	(26)	*****	10	12	(19)	0	5 / 31	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	380 MO AVG	1250 DAILY MX	LBS/DY	*****	30 MO AVG	100 DAILY MX	MG/L		WEEKLY	GRAB
OIL AND GREASE	SAMPLE MEASUREMENT	<46	<49	(26)	*****	<5	<5	(19)	0	5 / 31	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	190 MO AVG	250 DAILY MX	LBS/DY	*****	15 MO AVG	20 DAILY MX	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	1.079	1.237	(03)	*****	*****	*****	**	0	31 / 31	TOTAL
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	**		DAILY	TOTAL
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

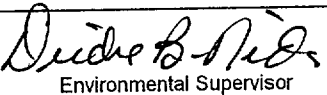
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry 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.	<div>Signature of Richard B. Nida</div> Environmental Supervisor	TELEPHONE		DATE			
Richard T. Purcell			423	843-6700	02	02	13	
Site Vice President			AREA CODE	NUMBER	YEAR	MO	DAY	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT						

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

EPA Form 3320-1 (REV 3/99) Previous editions may be used

Page 1 of 1

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****	**		*****		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		DAILY	GRAB
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****	**	*****	*****		(19)			
00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	1.0 DAILY MX	MG/L		DAILY	COMPOS
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	**	*****	*****		(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	30 DAILY MX	MG/L		DAILY	COMPOS
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	**	*****	*****		(19)			
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15 DAILY MX	MG/L		DAILY	GRAB
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	*****	*****	**	*****	*****		(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	1.0 DAILY MX	MG/L		DAILY	COMPOS
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	*****	*****	**	*****	*****		(19)			
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	1.0 DAILY MX	MG/L		DAILY	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			(03)	*****	*****	*****	**			
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		DAILY	CALCTD

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. 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.	 Environmental Supervisor	TELEPHONE		DATE		
Richard T. Purcell			423	843-6700	02	02	13
Site Vice President			AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
No phosphate bearing chemicals were employed. No Discharge this Period

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
 Name TVA - SEQUOYAH NUCLEAR PLANT
 Address BOX 2000
(INTEROFFICE SB-2A)
SODDY - DAISY IN 37384
 Facility TVA - SEQUOYAH NUCLEAR PLANT
 Location HAMILTON COUNTY

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

MAJOR
 (SUBR 01)

Form Approved.
 OMB No. 2040-0004

TN0026450 110 G
 PERMIT NUMBER DISCHARGE NUMBER

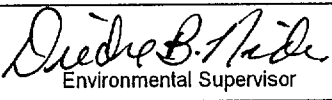
MONITORING PERIOD
 From 02 01 01 To 02 01 31

F - FINAL
 RECYCLED COOLING WATER
 EFFLUENT

*** NO DISCHARGE [XX] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****	**		*****		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	**	*****	*****		(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	30 DAILY MX	MG/L		DAILY	COMPOS
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	**	*****	*****		(19)			
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15 DAILY MX	MG/L		DAILY	COMPOS
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	*****	*****	**	*****	*****		(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	1.0 DAILY MX	MG/L		DAILY	COMPOS
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	*****	*****	**	*****	*****		(19)			
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	1.0 DAILY MX	MG/L		DAILY	COMPOS
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****	**	*****	*****		(19)			
00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	1.0 DAILY MX	MG/L		DAILY	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			(03)	*****	*****	*****	**			
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		DAILY	CALCTD

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. 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.	 Environmental Supervisor	TELEPHONE		DATE			
Richard T. Purcell			423	843-6700	02	02	13	
Site Vice President			AREA CODE	NUMBER	YEAR	MO	DAY	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							

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 - SEQUOYAH NUCLEAR PLANT
Address BOX 2000
(INTEROFFICE SB-2A)
SODDY - DAISY TN 37384
Facility TVA - SEQUOYAH NUCLEAR PLANT
Location HAMILTON COUNTY

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

MAJOR (SUBR 01)
F - FINAL
BACKWASH
EFFLUENT

Form Approved.
OMB No. 2040-0004

TN0026450	116 G
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD					
From			To		
YEAR	MO	DAY	YEAR	MO	DAY
02	01	01	02	01	31

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DEBRIS, FLOATING (SEVERITY)	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	0	(00)	0	1 / 31	VISUAL
01345 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT MO TOTAL	PASS=0 FAIL=1		SEE PERMIT	VISUAL
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	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. 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.	TELEPHONE		DATE		
Richard T. Purcell		423	843-6700	02	02	13
Site Vice President				YEAR	MO	DAY
TYPED OR PRINTED		AREA CODE	NUMBER			

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Operations is required once per shift to perform visual inspections.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
Name TVA - SEQUOYAH NUCLEAR PLANT
Address BOX 2000
(INTEROFFICE SB-2A)
SODDY - DAISY IN 37384
Facility TVA - SEQUOYAH NUCLEAR PLANT
Location HAMILTON COUNTY

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

MAJOR
(SUBR 01)
F - FINAL
BACKWASH
EFFLUENT

Form Approved.
OMB No. 2040-0004

TN0026450	117 G
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD					
From			To		
YEAR	MO	DAY	YEAR	MO	DAY
02	01	01	02	01	31

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DEBRIS, FLOATING (SEVERITY)	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	0	(00)	0	1 / 31	VISUAL
01345 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT NO TOTAL	PASS=0 FAIL=1		SEE PERMIT	VISUAL
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	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. 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.	TELEPHONE		DATE		
Richard T. Purcell		423	843-6700	02	02	13
Site Vice President		AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Operations is required once per shift to perform visual inspections.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
Name TVA - SEQUOYAH NUCLEAR PLANT
Address BOX 2000
(INTEROFFICE SB-2A)
SODDY - DAISY IN 37384
Facility TVA - SEQUOYAH NUCLEAR PLANT
Location HAMILTON COUNTY

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

TN0026450
PERMIT NUMBER

118 G
DISCHARGE NUMBER

MONITORING PERIOD
From

YEAR	MO	DAY
02	01	01

 To

YEAR	MO	DAY
02	01	31

MAJOR (SUBR 01)
F - FINAL
WASTEWATER & STORM WATER
EFFLUENT
*** NO DISCHARGE ☒ ***
NOTE: Read instructions before completing this form.

Form Approved.
OMB No. 2040-0004

ATTN: Diedre B. Nida

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	**		*****	*****	(19)			
	PERMIT REQUIREMENT	*****	*****	****	2.0 DAILY MN	*****	*****	MG/L		TWICE/WEEK	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	**	*****	*****		(19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	100 DAILY MX	MG/L		TWICE/WEEK	GRAB
SOLIDS, SETTLEABLE 00545 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	**	*****	*****		(25)			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	1.0 DAILY MX	ML/L		ONCE/MONTH	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	ESTIMA
	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. 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.	TELEPHONE		DATE		
Richard T. Purcell		423	843-6700	02	02	13
Site Vice President		AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

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

During this reporting period, there has been no flow from the Dredge Pond other than that resulting from rainfall. No Discharge this Period

EPA Form 3320-1 (REV 3/99) Previous editions may be used

Page 1 of 1