



Tennessee Valley Authority, Post Office Box 2000, Soddy Daisy, Tennessee 37384-2000

July 12, 2012

Ms. Christina Morgan
Tennessee Department of Environment
and Conservation
Division of Water Pollution Control
Enforcement & Compliance Section
6th Floor, L & C Annex
401 Church Street
Nashville, Tennessee 37243-1534

Dear Ms. Morgan:

TENNESSEE VALLEY AUTHORITY (TVA) - SEQUOYAH NUCLEAR PLANT (SQN) -
NPDES PERMIT NO. TN0026450 - DISCHARGE MONITORING REPORT (DMR) FOR
JUNE 2012

Enclosed is the June 2012 Discharge Monitoring Report for Sequoyah Nuclear Plant.
There were no exceedances during the monitoring period.

In the Sequoyah Nuclear Plant Unit 2 Cycle 18 refueling outage of October 2012, TVA will replace the unit's four steam generators. During this large maintenance project, each of the steam generators will be cut free from existing piping, lifted out from the top of the concrete shield building, and maneuvered through the steel containment and internal structural concrete enclosures that house the steam generators. Cutting the temporary openings in the shield building and structural concrete enclosures using hydro-demolition will result in the generation of concrete rubble and hydro-demolition process waste water for disposal. Up to 1.5 million gallons of water supplied by SQN's existing Fire Protection System (Hixson Utility District potable water) will be used for hydro-demolition over a 7 day period. The hydro-demolition waste water will be filtered to 5 micron and the pH will be adjusted prior to flowing through SQN's normal waste water treatment process. As previously discussed with Bob Alexander with the Division, TVA does not believe the activity associated with replacing the steam generators will significantly change the nature or increase the quantity of pollutants discharged from permitted outfalls. SQN will continue to monitor Internal Monitoring Point 103 in accordance with NPDES permit TN0026450.

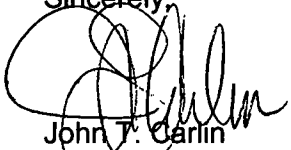
If you have any questions or need additional information, please contact Brad Love by email at bmlove@tva.gov or by phone at (423) 843-6714.

1 E25
NRR

Ms. Christina Morgan
Page 2
July 12, 2012

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.

Sincerely,



John T. Carlin
Site Vice President
Sequoyah Nuclear Plant

Enclosures

cc (Enclosures):

Chattanooga Environmental Field Office
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, DC 20555

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

Name **TVA - SEQUOYAH NUCLEAR PLANT**
 Address **P.O. BOX 2000**
(INTEROFFICE OPS-5N-SQN)
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)

Form Approved.
 OMB No. 2040-0004

TN0026450 **101 G**
 PERMIT NUMBER DISCHARGE NUMBER

F - FINAL
 DIFFUSER DISCHARGE
 EFFLUENT

MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 From **12 06 01** To **12 06 30**

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

ATTN: Brad Love

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	*****	*****	**	*****	*****	41.0	04	0	30 / 30	RCORDR
00010 1 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MAX	DEG. C.		CONTINUOUS	CALCTD
EFFLUENT GROSS											
TEMPERATURE, WATER DEG. CENTIGRADE	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	30.4	04	0	30 / 30	MODEL
00010 Z 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	30.5 DAILY MX	DEG. C.		CONTINUOUS	CALCTD
INSTREAM MONITORING											
TEMP. DIFF. BETWEEN SAMP. & UPSTRM DEG.C	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	2	04	0	30 / 30	CALCTD
00016 1 S	PERMIT REQUIREMENT	*****	*****	****	*****	*****	3 DAILY MX	DEG. C.		CONTINUOUS	CALCTD
EFFLUENT GROSS											
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	1741	03	*****	*****	*****	**	0	30 / 30	RCORDR
50050 1 0	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MAX	MGD	*****	*****	*****	****		CONTINUOUS	RCORDR
EFFLUENT GROSS											
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****	**	*****	0.024	0.051	19	0	26 / 30	GRAB
50060 1 0	PERMIT REQUIREMENT	*****	*****	****	*****	0.1 MO AVG	0.1 DAILY MAX	MG/L		FIVE PER WEEK	CALCTD
EFFLUENT GROSS											
TEMPERATURE - C, RATE OF CHANGE	SAMPLE MEASUREMENT	*****	0	62	*****	*****		**	0	30 / 30	CALCTD
82234 1 0	PERMIT REQUIREMENT	*****	2 DAILY MX	DEG C/HR	*****	*****	*****	****		CONTINUOUS	CALCTD
EFFLUENT GROSS											
	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		
John T. Carlin		423	843-7001	12	07	11
Sequoyah Site Vice President						
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

No closed mode operation. Veliger monitoring data is included as an attachment. The following injections occurred: 1. Floguard MS6236 (max. calc. conc. was 0.059mg/L—limit 0.2mg/L) 2. Biodetergent 73551 (max. calc. conc. was 0.033mg/L—limit 2.0mg/L) 3. Spectrus CT1300 (max. calc. conc. was 0.037mg/L—limit 0.050mg/L)

Sample Date	Mean # of ZM/m3	% Settlers	Water Temp. (°C)	Sample Date	Mean# of Asiatic Clams/m3	Water Temp. (°C)	LOCATION	SUB LOCATION	NOTES: % Gravid Asiatic Clam	COLLECTED BY
01/03/2012	14	100	26	01/03/2012	0	26	RCW	1-25-545		PKS
01/10/2012	0	0	9	01/10/2011	0	9				WBE
01/17/2011	0	0	10	01/17/2011	0	10		1-ISV-24-1234		PB
01/24/2012	0	0	13	01/24/2012	0	13		1-25-545		WDT
01/31/2012	0	0	17.6	01/31/2012	0	17.6		1-25-545		CR
02/07/2012	0	0	12	02/07/2012	0	12		1-25-545		BB
02/14/2012	0	0	8.3	02/14/2012	0	8.3		1-24-1234		WE
02/21/2012	0	0	26.5	02/21/2012	0	26.5		1-25-545		CR
02/28/2012	0	0	11.1	02/28/2011	0	11.1		1-ISV-24-1234		WBE
03/06/2012	0	0	11.7	03/06/2012	0	11.7		1-ISV-24-1234		WBE
03/13/2012	0	0	13	03/13/2012	0	13		1-ISV-24-1234		WBE
03/20/2012	0	0	14.6	03/20/2012	0	14.6		1-ISV-24-1234		WBE
03/27/2012	1623	1.3	17.2	03/27/2012	0	17.2		1-ISV-24-1234		WBE
04/03/2012	229	0	18	04/03/2012	0	18		1-ISV-24-1234		PB
04/10/2012	79	20	22	04/10/2012	0	22		1-ISV-24-1234		PB
04/18/2012	326	5	18.8	04/18/2012	0	18.8		1-ISV-24-1234		MJW
May 2012										
June 2012										No Samples Collected

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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Address **P.O. BOX 2000**

(INTEROFFICE OPS-5N-SQN)

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)

Form Approved.
OMB No. 2040-0004

TN0026450

101 T

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

YEAR MO DAY

12 06 01

YEAR MO DAY

12 06 30

From

To

F - FINAL

BIOMONITORING FOR OUTFALL 101

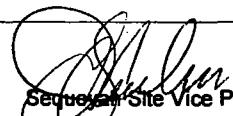
EFFLUENT

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

ATTN: Brad Love

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
IC25 STATRE 7DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	*****	*****	**	Monitoring Not Required	*****	*****	23			
TRP3B 1 0	PERMIT REQUIREMENT	*****	*****	****	43.2 MINIMUM	*****	*****	PERCENT		SEMI ANNUAL	COMPOS
IC25 STATRE 7DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	*****	*****	**	Monitoring Not Required	*****	*****	23			
TRP6C 1 0	PERMIT REQUIREMENT	*****	*****	****	43.2 MINIMUM	*****	*****	PERCENT		SEMI ANNUAL	COMPOS
	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 John T. Carlin Sequoyah Site Vice President 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.	 Sequoyah Site Vice President SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			423	843-7001	12	07	11
			AREA CODE	NUMBER	YEAR	MO	DAY

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

Toxicity was not sampled in June 2012.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

Name **TVA - SEQUOYAH NUCLEAR PLANT**
 Address **P.O. BOX 2000**
(INTEROFFICE OPS-5N-SQN)
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)

Form Approved.
 OMB No. 2040-0004

TN0026450	103 G
PERMIT NUMBER	DISCHARGE NUMBER

F - FINAL
 LOW VOL. WASTE TREATMENT POND
 EFFLUENT

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
12	06	01	To	12	06 30

From


To

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

ATTN: Brad Love

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	*****	8	12	0	14 / 30	GRAB
00400 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	*****	*****	**	6 MINIMUM	*****	9 MAXIMUM	SU		THREE/ WEEK	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	**	*****	5	6	19	0	2 / 30	GRAB
00530 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	*****	*****	**	*****	30 MO AVG	100 DAILY MX	MG/L		TWICE/ MONTH	GRAB
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	**	*****	<6	<6	19	0	2 / 30	GRAB
00556 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	*****	*****	**	*****	15 MO AVG	20 DAILY MX	MG/L		TWICE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.966	1.231	03	*****	*****	*****	**	0	30 / 30	RCORDR
50050 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon DAILY MX	MGD	*****	*****	*****	**		SEE PERMIT	RCORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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			423	843-7001	12	07	11
			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 - SEQUOYAH NUCLEAR PLANT**
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(INTEROFFICE OPS-5N-SQN)
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)

Form Approved
 OMB No. 2040-0004

TN0026450 **110 G**
PERMIT NUMBER **DISCHARGE NUMBER**

F - FINAL
 RECYCLED COOLING WATER
 EFFLUENT

MONITORING PERIOD

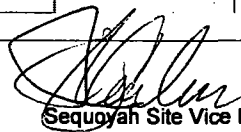
YEAR	MO	DAY	YEAR	MO	DAY
12	06	01	12	06	30

*** NO DISCHARGE ☒ ***

NOTE: Read instructions before completing this form.

ATTN: Brad Love

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	*****	*****	**	*****	*****		04			
00010 1 0	PERMIT REQUIREMENT	*****	*****	**	*****	*****	REPORT DAILY MX	DEG C		CONTINUOUS	CALCTD
EFFLUENT GROSS VALUE											
TEMPERATURE, WATER DEG. CENTIGRADE	SAMPLE MEASUREMENT	*****	*****	**	*****	*****		04			
00010 Z 0	PERMIT REQUIREMENT	*****	*****	**	*****	*****	30.5 DAILY MX	DEG C		CONTINUOUS	CALCTD
INSTREAM MONITORING											
TEMP. DIFF. BETWEEN SAMP. & UPSTRM DEG.C	SAMPLE MEASUREMENT	*****	*****	**	*****	*****		04			
00016 1 0	PERMIT REQUIREMENT	*****	*****	**	*****	*****	5 DAILY MX	DEG C		CONTINUOUS	CALCTD
EFFLUENT GROSS VALUE											
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****		03	*****	*****	*****	**			
50050 1 0	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	MGD	*****	*****	*****	**		CONTINUOUS	RCORDR
EFFLUENT GROSS VALUE											
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****	**	*****			19			
50060 1 0	PERMIT REQUIREMENT	*****	*****	**	*****	0.1 MO AVG	0.1 DAILY MX	MG/L		Five per Week	CALCTD
EFFLUENT GROSS VALUE											
TEMPERATURE - C, RATE OF CHANGE	SAMPLE MEASUREMENT	*****		04	*****	*****	*****	**			
82234 1 0	PERMIT REQUIREMENT	*****	2 DAILY MX	DEG C	*****	*****	*****	**		CONTINUOUS	CALCTD
EFFLUENT GROSS VALUE											
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER John T. Carlin Sequoyah Site Vice President 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.	 Sequoyah Site Vice President SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			423	843-7001	12	07	11
			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 - SEQUOYAH NUCLEAR PLANT**

Address **P.O. BOX 2000**

(INTEROFFICE OPS-5N-SQN)

SODDY - DAISY, TN 37384

Facility **TVA - SEQUOYAH NUCLEAR PLANT**

Location **HAMILTON COUNTY**

ATTN: Brad Love

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

MAJOR
(SUBR 01)

Form Approved.
OMB No. 2040-0004

TN0026450

110 T

PERMIT NUMBER

DISCHARGE NUMBER

F - FINAL

RECYCLED COOLING WATER

EFFLUENT

MONITORING PERIOD

From

YEAR	MO	DAY
12	06	01

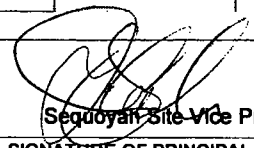
To

YEAR	MO	DAY
12	06	30

*** 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			
IC25 STATRE 7DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	*****	*****	**		*****	*****	23			
TRP3B 1 0 0	PERMIT REQUIREMENT	*****	*****	****	43.2 MINIMUM	*****	*****	PERCENT		SEMI ANNUAL	COMPOS
IC25 STATRE 7DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	*****	*****	**		*****	*****	23			
TRP6C 1 0 0	PERMIT REQUIREMENT	*****	*****	****	43.2 MINIMUM	*****	*****	PERCENT		SEMI ANNUAL	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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			423	843-7001	12	07	11
TYPED OR PRINTED			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)

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SODDY - DAISY, TN 37384
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 Location **HAMILTON COUNTY**

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

MAJOR
 (SUBR 01)

Form Approved.
 OMB No. 2040-0004

TN0026450 **118 G**
PERMIT NUMBER **DISCHARGE NUMBER**

F - FINAL
 WASTEWATER & STORM WATER
 EFFLUENT

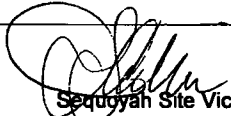
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
12	06	01	12	06	30

From To

*** 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			
OXYGEN, DISSOLVED (DO) 00300 1 0 EFFLUENT GROSS	SAMPLE MEASUREMENT	*****	*****	**		*****	*****	19			
	PERMIT REQUIREMENT	*****	*****	****	2 MINIMUM	*****	*****	MG/L		TWICE/ WEEK	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS	SAMPLE MEASUREMENT	*****	*****	**	*****	*****		19			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	100 DAILY MX	MG/L		TWICE/ WEEK	GRAB
SOLIDS, SETTLEABLE 00545 1 0 EFFLUENT GROSS	SAMPLE MEASUREMENT	*****	*****	**	*****	*****		25			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	1 DAILY MX	ML/L		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS	SAMPLE MEASUREMENT			03	*****	*****	*****	**			
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*		ONCE/ BATCH	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER John T. Carlin Sequoyah Site Vice President 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.	 Sequoyah Site Vice President SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			423	843-7001	12	07	11
			AREA CODE	NUMBER	YEAR	MO	DAY

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.