



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

April 12, 2013

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

Dear Ms. Morgan:

TENNESSEE VALLEY AUTHORITY (TVA) - SEQUOYAH NUCLEAR PLANT (SQN) - NPDES  
PERMIT NO. TN0026450 - DISCHARGE MONITORING REPORT (DMR) FOR MARCH 2013

Enclosed is the March 2013 Discharge Monitoring Report for Sequoyah Nuclear Plant. There were no exceedances during the monitoring period. If you have any questions or need additional information, please contact Brad Love by email at [bmlove@tva.gov](mailto:bmlove@tva.gov) or by phone at (423) 843-6714.

*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,

Paul R. Simmons  
Sequoyah Plant Manager

Signatory Authority for:  
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

IE25  
NRR

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)  
 F - FINAL  
 DIFFUSER DISCHARGE  
 EFFLUENT

Form Approved.  
 OMB No. 2040-0004

**TN0026450**  
**101 G**  
**PERMIT NUMBER** **DISCHARGE NUMBER**

MONITORING PERIOD  
 From **13 03 01** To **13 03 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 00010 1 0 EFFLUENT GROSS	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	26.0	04	0	31 / 31	RCORDR
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	Req. Mon. DAILY MAX	DEG. C.		CONTI NUOUS	CALCTD
TEMPERATURE, WATER DEG. CENTIGRADE 00010 Z 0 INSTREAM MONITORING	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	12.2	04	0	31 / 31	MODELD
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	30.5 DAILY MX	DEG. C.		CONTI NUOUS	CALCTD
TEMP. DIFF. BETWEEN SAMP. & UPSTRM DEG.C 00016 1 1 EFFLUENT GROSS	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	3	04	0	31 / 31	CALCTD
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	5 DAILY MX	DEG. C.		CONTI NUOUS	CALCTD
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS	SAMPLE MEASUREMENT	*****	1697	03	*****	*****	*****	**	0	31 / 31	RCORDR
	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MAX	MGD	*****	*****	*****	***		CONTI NUOUS	RCORDR
CHLORINE, TOTAL RESIDUAL 50060 1 0 EFFLUENT GROSS	SAMPLE MEASUREMENT	*****	*****	**	*****	0.020	0.040	19	0	12 / 31	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	0.1 MO AVG	0.1 DAILY MAX	MG/L		FIVE PER WEEK	CALCTD
TEMPERATURE - C, RATE OF CHANGE 82234 1 0 EFFLUENT GROSS	SAMPLE MEASUREMENT	*****	0	62	*****	*****		**	0	31 / 31	CALCTD
	PERMIT REQUIREMENT	*****	2 DAILY MX	DEG C/HR	*****	*****	*****	***		CONTI NUOUS	CALCTD
	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		
		AREA CODE	NUMBER	YEAR	MO	DAY
Paul R. Simmons Sequoyah Plant Manager		423	843-6502	13	04	12
TYPED OR PRINTED						

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 0.064mg/L--limit 0.2mg/L) 2. Biodetergent 73551 (max. calc. conc. was 0.039mg/L--limit 2.0mg/L)

Sample Date	Mean # of ZM/m3	% Settlers	Water Temp. (°C)	Sample Date	Mean# of Asiatic Clams/m3	Water Temp. (°C)	LOCATION	NOTES: % Gravid Asiatic Clam	COLLECTED BY
01/04/2013	0	0	8	01/04/2013	0	8	1-ISV-24-1234		WAW
01/09/2013	0	0	29.7	01/09/2013	0	29.7	1-25-545		CR
01/15/2013	0	0	30.2	01/15/2013	0	30.2	1-25-545		PPG
01/22/2013	0	0	24.9	01/22/2013	0	24.9	1-25-545		BB
01/29/2013	0	0	8.1	01/29/2013	0	8.1	1-ISV-24-1234		BB
02/05/2013	29	100	30.4	02/05/2013	0	30.4	1-25-545		PPG
02/12/2013	0	0	28.9	02/12/2013	0	28.9	1-25-545		PPG
02/19/2013	0	0	27	02/19/2013	0	27	1-25-545		PPG
02/26/2013	0	0	8	02/26/2013	0	8	1-ISV-24-1234		JAG
03/08/2013	0	0	28	03/08/2013	0	28	1-25-545		PPG
03/13/2013	0	0	9.02	03/13/2013	0	9.02	1-ISV-24-1234		ACL
03/18/2013	0	0	28	03/18/2013	0	28	1-25-545		PPG

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)  
 F - FINAL

Form Approved.  
 OMB No. 2040-0004

**TN0026450**  
**PERMIT NUMBER**

**101 T**  
**DISCHARGE NUMBER**

BIOMONITORING FOR OUTFALL 101

EFFLUENT

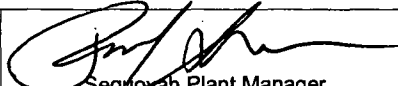
MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
From 13	03	01	To 13	03	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			
IC25 STATRE 7DAY CHR CERIODAPHNIA TRP3B 1 0 EFFLUENT GROSS	SAMPLE MEASUREMENT	*****	*****	**	Monitoring Not Required	*****	*****	23			
	PERMIT REQUIREMENT	*****	*****	****	43.2 MINIMUM	*****	*****	PERCENT		SEMI ANNUAL	COMPOS
IC25 STATRE 7DAY CHR PIMEPHALES TRP6C 1 0 EFFLUENT GROSS	SAMPLE MEASUREMENT	*****	*****	**	Monitoring Not Required	*****	*****	23			
	PERMIT REQUIREMENT	*****	*****	****	43.2 MINIMUM	*****	*****	PERCENT		SEMI ANNUAL	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	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.	 Sequoyah Plant Manager	TELEPHONE		DATE			
Paul R. Simmons			423	843-6502	13	04	12	
Sequoyah Plant Manager			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)

Toxicity was not sampled in March 2013

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)  
 F - FINAL

Form Approved.  
 OMB No. 2040-0004

**TN0026450** **103 G**  
**PERMIT NUMBER** **DISCHARGE NUMBER**

LOW VOL. WASTE TREATMENT POND  
 EFFLUENT


**MONITORING PERIOD**  
 YEAR MO DAY YEAR MO DAY  
 From **13 03 01** To **13 03 31**

\*\*\* 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			
<b>PH</b>	<b>SAMPLE MEASUREMENT</b>	*****	*****	**	7	*****	8	12	0	15 / 31	GRAB
00400 1 0 EFFLUENT GROSS	<b>PERMIT REQUIREMENT</b>	*****	*****	**	6 MINIMUM	*****	9 MAXIMUM	SU		THREE/ WEEK	GRAB
<b>SOLIDS, TOTAL SUSPENDED</b>	<b>SAMPLE MEASUREMENT</b>	*****	*****	**	*****	10	13	19	0	2 / 31	GRAB
00530 1 0 EFFLUENT GROSS	<b>PERMIT REQUIREMENT</b>	*****	*****	**	*****	30 MO AVG	100 DAILY MX	MG/L		TWICE/ MONTH	GRAB
<b>OIL AND GREASE</b>	<b>SAMPLE MEASUREMENT</b>	*****	*****	**	*****	<6	<6	19	0	2 / 31	GRAB
00556 1 0 EFFLUENT GROSS	<b>PERMIT REQUIREMENT</b>	*****	*****	**	*****	15 MO AVG	20 DAILY MX	MG/L		TWICE/ MONTH	GRAB
<b>FLOW, IN CONDUIT OR THRU TREATMENT PLANT</b>	<b>SAMPLE MEASUREMENT</b>	1.096	1.157	03	*****	*****	*****	**	0	31 / 31	RCORDR
50050 1 0 EFFLUENT GROSS	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon DAILY MX	MGD	*****	*****	*****	**		SEE PERMIT	RCORDR
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Paul R. Simmons  Sequoyah Plant Manager  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 Plant Manager  SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			423	843-6502	13	04	12
			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**

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)

F - FINAL

RECYCLED COOLING WATER

EFFLUENT

\*\*\* NO DISCHARGE ☒ \*\*\*

NOTE: Read instructions before completing this form.

**TN0026450**  
PERMIT NUMBER

**110 G**  
DISCHARGE NUMBER

MONITORING PERIOD  
From **13 03 01** To **13 03 31**

ATTN: Brad Love

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
<b>TEMPERATURE, WATER DEG. CENTIGRADE</b>	<b>SAMPLE MEASUREMENT</b>	*****	*****	**	*****	*****		<b>04</b>			
00010 1 0 EFFLUENT GROSS VALUE	<b>PERMIT REQUIREMENT</b>	*****	*****	**	*****	*****	<b>REPORT DAILY MX</b>	<b>DEG C</b>		<b>CONTINUOUS</b>	<b>CALCULATED</b>
<b>TEMPERATURE, WATER DEG. CENTIGRADE</b>	<b>SAMPLE MEASUREMENT</b>	*****	*****	**	*****	*****		<b>04</b>			
00010 Z 0 INSTREAM MONITORING	<b>PERMIT REQUIREMENT</b>	*****	*****	**	*****	*****	<b>30.5 DAILY MX</b>	<b>DEG C</b>		<b>CONTINUOUS</b>	<b>CALCULATED</b>
<b>TEMP. DIFF. BETWEEN SAMP. &amp; UPSTRM DEG.C</b>	<b>SAMPLE MEASUREMENT</b>	*****	*****	**	*****	*****		<b>04</b>			
00016 1 0 EFFLUENT GROSS VALUE	<b>PERMIT REQUIREMENT</b>	*****	*****	**	*****	*****	<b>5 DAILY MX</b>	<b>DEG C</b>		<b>CONTINUOUS</b>	<b>CALCULATED</b>
<b>FLOW, IN CONDUIT OR THRU TREATMENT PLANT</b>	<b>SAMPLE MEASUREMENT</b>	*****		<b>03</b>	*****	*****	*****	<b>**</b>			
50050 1 0 EFFLUENT GROSS VALUE	<b>PERMIT REQUIREMENT</b>	*****	<b>Req. Mon. DAILY MX</b>	<b>MGD</b>	*****	*****	*****	<b>**</b>		<b>CONTINUOUS</b>	<b>RECORD</b>
<b>CHLORINE, TOTAL RESIDUAL</b>	<b>SAMPLE MEASUREMENT</b>	*****	*****	**	*****			<b>19</b>			
50060 1 0 EFFLUENT GROSS VALUE	<b>PERMIT REQUIREMENT</b>	*****	*****	**	*****	<b>0.1 MO AVG</b>	<b>0.1 DAILY MX</b>	<b>MG/L</b>		<b>Five per Week</b>	<b>CALCULATED</b>
<b>TEMPERATURE - C, RATE OF CHANGE</b>	<b>SAMPLE MEASUREMENT</b>	*****		<b>04</b>	*****	*****	*****	<b>**</b>			
82234 1 0 EFFLUENT GROSS VALUE	<b>PERMIT REQUIREMENT</b>	*****	<b>2 DAILY MX</b>	<b>DEG C</b>	*****	*****	*****	<b>**</b>		<b>CONTINUOUS</b>	<b>CALCULATED</b>
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										

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		
Paul R. Simmons Sequoyah Plant Manager		423	843-6502	13	04	12
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 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**

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

MAJOR

(SUBR 01)

F - FINAL

RECYCLED COOLING WATER

EFFLUENT

Form Approved.

OMB No. 2040-0004

**TN0026450**

PERMIT NUMBER

**110 T**

DISCHARGE NUMBER

MONITORING PERIOD

From **13 03 01**

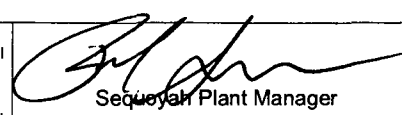
To **13 03 31**

\*\*\* 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			
<b>IC25 STATRE 7DAY CHR CERIODAPHNIA</b> TRP3B 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	**		*****	*****	23			
	PERMIT REQUIREMENT	*****	*****	****	43.2 MINIMUM	*****	*****	PERCENT		SEMI ANNUAL	COMPOS
<b>IC25 STATRE 7DAY CHR PIMEPHALES</b> TRP6C 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	**		*****	*****	23			
	PERMIT REQUIREMENT	*****	*****	****	43.2 MINIMUM	*****	*****	PERCENT		SEMI ANNUAL	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Paul R. Simmons  Sequoyah Plant Manager  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 Plant Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			423	843-6502	13	04	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 - 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)  
 F - FINAL  
 WASTEWATER & STORM WATER  
 EFFLUENT

Form Approved.  
 OMB No. 2040-0004


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

MONITORING PERIOD  
 From **13 03 01** To **13 03 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			
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  Paul R. Simmons  Sequoyah Plant Manager  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 Plant Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			423	843-6502	13	04	12
			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.