



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

May 10, 2013

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

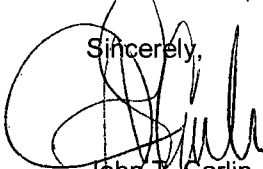
Dear Ms. Morgan:

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

Enclosed is the April 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 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,



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

COOL
MRE

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
PERMIT NUMBER

101 G
DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
13	04	01	13	04	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			
TEMPERATURE, WATER DEG. CENTIGRADE	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	32.0	04	0	30 / 30	RCORDR
00010 1 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MAX	DEG. C.		CONTI NUOUS	CALCTD
EFFLUENT GROSS											
TEMPERATURE, WATER DEG. CENTIGRADE	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	18.8	04	0	30 / 30	MODELD
00010 Z 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	30.5 DAILY MX	DEG. C.		CONTI NUOUS	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.		CONTI NUOUS	CALCTD
EFFLUENT GROSS											
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	1730	03	*****	*****	*****	**	0	30 / 30	RCORDR
50050 1 0	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MAX	MGD	*****	*****	*****	****		CONTI NUOUS	RCORDR
EFFLUENT GROSS											
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****	**	*****	0.010	0.016	19	0	16 / 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	*****	*****	*****	****		CONTI NUOUS	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		
		AREA CODE	NUMBER	YEAR	MO	DAY
John T. Carlin		423	843-7001	13	05	10
Site Vice President						
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. Veliger monitoring data is included as an attachment. The following injections occurred: 1. Floguard MS6236 (max. calc. conc. was 0.03mg/L--limit 0.2mg/L) 2. Biodetergent 73551 (max. calc. conc. was 0.036mg/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
03/26/2013	0	0	28.3	03/26/2013	0	28.3	1-25-545		SRR
04/02/2013	0	0	25.9	04/02/2013	0	25.9	1-ISV-24-1234		SRR
04/09/2013	0	0	33	04/09/2013	0	33	1-25-545		PPG
04/16/2013	0	0	33	04/16/2013	0	33	1-25-545		PPG
04/23/2013	13	50	15	04/23/2013	0	15	1-ISV-24-1234		PPG
04/30/2013	0	0	33	04/30/2013	0	33	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

BIOMONITORING FOR OUTFALL 101

EFFLUENT

Form Approved.

OMB No. 2040-0004

TN0026450
 PERMIT NUMBER

101 T
 DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO	DAY
13	04	01
13	04	30

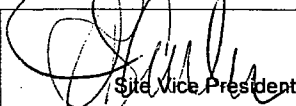
From

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			
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 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.	 Site Vice President SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			423	843-7001	13	05	10
			AREA CODE	NUMBER	YEAR	MO	DAY

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

Toxicity was not sampled in April 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)

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
From 13	04	01	To 13	04	30

*** NO DISCHARGE ☐ ***

ATTN: Brad Love

NOTE: Read instructions before completing this form.

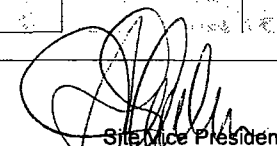
PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****	**	7	*****	9	12	0	16 / 30	GRAB
00400 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	*****	*****	**	6 MINIMUM	*****	9 MAXIMUM	SU		THREE/ WEEK	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	**	*****	10	11	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	*****	*****	**	*****	<5	<5	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	1.142	1.227	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										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

John T. Carlin
 Site Vice President

TYPED OR PRINTED

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 Site Vice President

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

423 843-7001

AREA CODE

NUMBER

DATE

13 05 10

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 37384Facility **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

110 G

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

From
YEAR MO DAY
13 04 01To
YEAR MO DAY
13 04 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			
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

Site Vice President

TYPED OR PRINTED

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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

423

843-7001

13

05

10

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

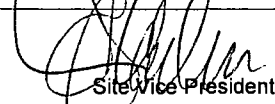
TN0026450			110 T		
PERMIT NUMBER			DISCHARGE NUMBER		
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
From 13	04	01	To 13	04	30

*** 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			
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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	PERMIT REQUIREMENT										

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John T. Carlin			423	843-7001	13	05	10
Site Vice President			AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED							

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**
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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

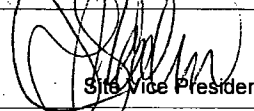
MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 From **13 04 01** To **13 04 30**

*** 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			
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 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.	 Site Vice President SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			423	843-7001	13	05	10
			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.