

8312120285 831128  
PDR ADOCK 05000327  
R PDR

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

NAME **TVA - SEQUOYAH NUCLEAR**  
ADDRESS **5411 E. BRAINERD RD.**  
**CHATTANOOGA TN 37421**

FACILITY

LOCATION

ATTN: SAM VANDEGRIFF

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

(2-16)

(17-19)

**TN0026450**

PERMIT NUMBER

**101 1**

DISCHARGE NUMBER

**F - FINAL LIMITS**  
**DIFFUSER GATE TO TENN RIVER**

Form Approved  
OMB No. 2000-0015

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
FROM 83	09	01	TO 83	09	30
(10-21)	(12-21)	(12-25)	(10-27)	(12-29)	(10-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 P 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	*****	73.5	78.1	82.7	0	30/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	DEG.F	SEE PERMIT	GRAB10
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 Q 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	*****	79.1	85.3	101.1	0	30/30	REC
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	112.5	DEG.F	CONTINRCORD	UOUS
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 R 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	*****			*			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	97.0	DEG.F	CONTINRCORD	UOUS
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 6 0 DOWNSREAM MONITOR	SAMPLE MEASUREMENT	*****	*****	*****			*			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	101.0	DEG.F	DAILY GRAB	
TEMP DIFF. BETWEEN SAMPLE AND UPSTREAM 00018 M 0	SAMPLE MEASUREMENT	*****	*****	*****	MINUS 1.5	1.6	3.3	0	30/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.4	DEG.F	SEE PERMIT	GRAB10
UP- AND DOWN-STREAM PH	SAMPLE MEASUREMENT	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	9.0	SU	SEE PERMIT	
EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0	SAMPLE MEASUREMENT	687	990	MGD	*****	*****	*****	0	30/30	REC
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	CONTINRCORD	UOUS
EFFLUENT GROSS VALUE										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.					TELEPHONE		DATE	
M. T. EL-ASHRY, DIRECTOR OF ENVIRONMENTAL QUALITY STAFF							856-2060		83 11 28	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					FTS AREA CODE	NUMBER	YEAR	MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments)  
\*P\* CORRESPONDS TO AMBIENT TEMPERATURE, \*Q\* TO OPEN MODE, \*S\* TO  
CLOSED MODE. INDICATE WHICH IS APPROPRIATE.  
SEE PERMIT FOR FURTHER MONITORING REQUIREMENTS.

\*PLANT OPERATED IN OPEN MODE ALL MONTH.

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

NAME **TVA - SEQUOYAH NUCLEAR**  
 ADDRESS **6411 E. BRAINERD RD.**  
**CHATTANOOGA TN 37421**

FACILITY

LOCATION

ATTN: **SAH VANDEGRIFT**

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

(2-16)  
**TN0026450**  
 PERMIT NUMBER

(17-19)  
**101 1**  
 DISCHARGE NUMBER

**F - FINAL LIMITS**  
**DIFFUSER GATE TO TENN RIVER**

Form Approved  
 OMB No. 2000-0015

MONITORING PERIOD								
YEAR			MO			DAY		
FROM	83	09	01	TO	83	09	30	
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)	

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (45-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
CHLORINE, TOTAL RESIDUAL 50060 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	<0.002	<0.03	0.08		0	21/30	CAL
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.10 INST MX	MG/L		WEEK- DAYS	CALCTO
TEMPERATURE RATE OF CHANGE DEG. F/HOUR 74029 6 0 DOWNSTREAM MONITOR	SAMPLE MEASUREMENT	0.06	0.54	DEG F/ HOUR	*****	*****	*****	*****	0	30/30	REC
	PERMIT REQUIREMENT	*****	3.6 INST MX		*****	*****	*****	*****		SEE PERMIT	CALCTO
DOWNSTREAM TEMPERATURE	SAMPLE MEASUREMENT	79.0	82.0						0	30/30	REC
	PERMIT REQUIREMENT		86.9							CONT	REC
	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

**M. T. EL-ASHRY, DIRECTOR  
 OF ENVIRONMENTAL QUALITY  
 STAFF**

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE  
 OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

RTS  
 AREA  
 CODE

856-2060

83

11

28

NUMBER

YEAR

MO

DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments)  
**Q CORRESPONDS TO AMBIENT TEMPERATURE, 'Q' TO OPEN MODE, 'S' TO  
 CLOSED MODE. INDICATE WHICH IS APPROPRIATE.  
 SEE PERMIT FOR FURTHER MONITORING REQUIREMENTS.**

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

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

Form Approved  
OMB No. 2000-0015

NAME **TVA - SEQUOYAH NUCLEAR**  
ADDRESS **6411 E. BRAINERD RD.**  
**CHATTANOOGA TN 37421**

**TN0026450**

PERMIT NUMBER

**102 1**

DISCHARGE NUMBER

**F - FINAL LIMITS**  
**YARD DRAINAGE POND EFFLUENT**

FACILITY  
LOCATION

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
FROM <b>83</b>	<b>09</b>	<b>01</b>	TO <b>83</b>	<b>09</b>	<b>30</b>
(26-31)	(22-29)	(24-29)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

ATTN: SAM VANDEGRIF

PARAMETER (32-37)		(1 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	8.0	0	15/30	GR
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU	THREE/GRAB WEEK	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	*****	*****	19	62	0	22/30	GR
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAILY AV	100 DAILY MX	MG/L	WEEK-GRAB DAYS	
OIL AND GREASE (SOXHLET EXTR.) TOT.	SAMPLE MEASUREMENT	*****	*****	*****	*****	<5.0	<5.0	0	5/30	GR
00550 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	5 DAILY AV	20 DAILY MX	MG/L	WEEKLYGRAB	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	1.9	3.7	MGD	*****	*****	*****	*****	30/30	REC
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	DAILY AV	DAILY MX	*****	*****	*****	*****	*****	CONTINRCORDR UOUS	
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

M. T. EL-ASHRY, DIRECTOR  
OF ENVIRONMENTAL QUALITY  
STAFF

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$100,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE  
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

ETS 856-2060 83 11 28  
AREA CODE NUMBER YEAR MO DAY

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

UNLESS DETERMINED OTHERWISE.

PH MEASUREMENT FREQUENCY SHALL NOT BE LESS THAN 1/WEEK AFTER 1 YEAR,

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

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

Form Approved  
OMB No. 2000-0015

NAME **TVA - SEQUOYAH NUCLEAR**  
ADDRESS **6411 E. BRAINERD RD.**  
**CHATTANOOGA TN 37421**

(2-16) **TN0026450**  
PERMIT NUMBER  
(17-19) **103 1**  
DISCHARGE NUMBER

**F - FINAL LIMITS**  
**LOW VOL WASTE TREAT POND EFFL**

FACILITY  
LOCATION

ATTN: **SAM VANDEGRIF**

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
83	09	01	83	09	30
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	*****	3.94	*****	8.5	8	18/30	GR
00400 1 0	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	9.0		THREE/	
EFFLUENT GROSS VALUE					MINIMUM		MAXIMUM		WEEK	
SOLIDS, TOTAL	SAMPLE MEASUREMENT	<89	174		*****	<7.0	15	0	12/30	GR
SUSPENDED	PERMIT REQUIREMENT	380	1250	LBS/DY	*****	30	100		THREE/GRAB	
00530 1 0		DAILY AV	DAILY MX			DAILY AV	DAILY MX		WEEK	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	<62	<109		*****	<5.0	<5.0	0	8/30	GR
OIL AND GREASE	PERMIT REQUIREMENT	190	250	LBS/DY	*****	15	20		THICE/GRAB	
(SOXHLET EXTR.) TOT.		DAILY AV	DAILY MX			DAILY AV	DAILY MX		WEEK	
00550 1 0	SAMPLE MEASUREMENT	1.38	2.62		*****	*****	*****	0	30/30	CAL
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****		DAILY TOTAL	
FLOW, IN CONDUIT OR	SAMPLE MEASUREMENT									
THRU TREATMENT PLANT	PERMIT REQUIREMENT									
50050 1 0	SAMPLE MEASUREMENT									
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

**M. T. EL-ASHRY, DIRECTOR**  
**OF ENVIRONMENTAL QUALITY**  
**STAFF**

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE  
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

FTS  
AREA  
CODE

856-2060  
NUMBER

83 11 28  
YEAR MO DAY

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

**IN THE EVENT OF DISCHARGE OF TURBINE BLDG SUMP TO COND COOL WATER CHANNEL OR DRAINAGE POND, TSS, OIL AND GREASE, AND PH SHALL BE MONITORED 5/WEEK.**

A NOTIFICATION OF NONCOMPLIANCE IS ATTACHED.



NOTIFICATION OF NONCOMPLIANCE WITH EFFLUENT LIMITATIONS - NPDES PERMIT  
NO. TN0026450 - SEQUOYAH NUCLEAR PLANT

Description of the discharge--Discharge No. 103 - Low volume waste treatment pond effluent. Samples collected on September 27, 28, and 29 had pH values less than the minimum permitted limit of 6.0 standard units (s.u.). Sample values were as follows.

<u>Date</u>	<u>Time(s) (EST)</u>	<u>pH (s.u.)</u>
September 27	10 a.m., 4 p.m.	4.87, 5.81
September 28	2 a.m., 10 a.m., 4 p.m.	4.04, 4.89, 5.0
September 29	2 a.m., 10 a.m., 4 p.m.	5.85, 4.17, 3.94

Cause and period of the noncompliance--The noncompliances resulted from equipment malfunction of the waste neutralization tank (WNT). Specifically, the manual injection of caustic to elevate the pH of the WNT via the recirculation piping could not be accomplished because the recirculation pump discharge pressure was too great. The duration of noncompliance was 188 hours.

Steps taken to reduce, eliminate, and prevent recurrence of the noncomplying discharge--The discharge pressure of the recirculation pump has been adjusted to allow for future chemical injection(s) of neutralization chemicals, and efforts are currently underway to accomplish automation of the neutralization process. The pH of the low volume waste treatment pond was increased to 6.39 s.u. by the addition of soda ash.

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

NAME **TVA - SEQUOYAH NUCLEAR**  
 ADDRESS **611 E. BRAINERD RD.**  
**CHATTANOOGA TN 37421**

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

(2-16) **TN0026450** (17-19) **104 1**  
 PERMIT NUMBER DISCHARGE NUMBER

**F - FINAL LIMITS**  
**RADWSTE SYST TO COOL THR BLWDM**

Form Approved  
 OMB No. 2000-0015

FACILITY  
 LOCATION

**ATTN: SAM VANDEGRIF**

MONITORING PERIOD  
 FROM YEAR **83** MO **09** DAY **01** TO YEAR **83** MO **09** DAY **30**  
 (20-21) (22-24) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.9	0	8/30	GR
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	2.8	5.0	LBS/DY	*****	11	16	0	8/30	COMP
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	13 DAILY AV	42 DAILY MX		*****	30 DAILY AV	100 DAILY MX			
OIL AND GREASE (SOXHLET EXTR.) TOT.	SAMPLE MEASUREMENT	<1.3	<2.0	LBS/DY	*****	<5.0	<5.0	0	7/30*	GR
00550 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	6.3 DAILY AV	8.3 DAILY MX		*****	15 DAILY AV	20 DAILY MX			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.030	0.058	MGD	*****	*****	*****	0	28/30	REC
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	***** DAILY AV	***** DAILY MX		*****	*****	*****			ONCE/ RCORDB BATCH
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

**M. T. EL-ASHRY, DIRECTOR  
 OF ENVIRONMENTAL QUALITY  
 STAFF**

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE  
 OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

FTS **856-2060** **83** **11** **28**  
 AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all applicable limits)  
**DURING ABNORMAL FLOW CONDITIONS, EXCEEDING .05 MGD AS A 7 DAY AVERAGE,  
 DAILY MAXIMUM QUANTITY LIMITS MAY BE EXCEEDED, BUT SHALL NOT EXCEED 4 TIMES LIMITATIONS LISTED.**

**TSS SAMPLE TYPE = 1 GRAB/BATCH COMPOSITED FOR ANALYSIS OVER A 24 HOUR DAY.**

**\*ONE SAMPLE WAS INADVERTENTLY NOT COLLECTED.**

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

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

Form Approved  
OMB No. 2000-0015

NAME **TVA - SEQUOYAH NUCLEAR**  
ADDRESS **6411 E. BRAINERD RD.**  
**CHATTANOOGA TN 37421**

(2-16)  
**TMD026450**  
PERMIT NUMBER

(17-19)  
**105 1**  
DISCHARGE NUMBER

**F - FINAL LIMITS**  
**REGEN TO COOL TWR BLMDN LINE**

FACILITY  
LOCATION

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
83	09	01	83	09	30
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

ATTN: **SAM VANDEGRIFF**

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	*****	6.0	*****	9.0	0	42	GR
D0400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	0	ONCE/	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	3.4	7.8	LBS/DY	*****	12	34	0	19*	COMP
D0530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	25 DAILY AV	83 DAILY MX	LBS/DY	*****	30 DAILY AV	100 DAILY MX	0	ONCE/	COMPOS
OIL AND GREASE (SOXHLET EXTR.) TOT.	SAMPLE MEASUREMENT	<1.6	<3.6	LBS/DY	*****	<5.0	<5.0	0	18**	GR
D0550 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	13 DAILY AV	17 DAILY MX	LBS/DY	*****	15 DAILY AV	20 DAILY MX	0	DAILY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.036	0.086	MGD	*****	*****	*****	0	20	CAL
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****	0	ONCE/	CALCTO
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

**M. T. EL-ASHRY, DIRECTOR  
OF ENVIRONMENTAL QUALITY  
STAFF**

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.

SIGNATURE OF PRINCIPAL EXECUTIVE  
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

FTS 856-2060 83 11 28  
AREA CODE NUMBER YEAR NO DAY

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

SHOULD ABNORMAL CONDITIONS NECESSITATE INCREASED WASTE FLOW ABOVE 0.10 MGD, AS A 7 DAY AVERAGE, DAILY MAXIMUM QUANTITY LIMITATIONS MAY BE EXCEEDED BUT SHALL NOT EXCEED 2 TIMES THE LIMITATIONS LISTED.  
\*ONE SAMPLE WAS LOST BEFORE ANALYSIS. \*\*TWO SAMPLES WERE LOST BEFORE ANALYSIS.

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

NAME **TVA - SEQUOYAH NUCLEAR**  
 ADDRESS **6111 E. BRAINERD RD.**  
**CHATTANOOGA TN 37421**

FACILITY

LOCATION

ATTN: **SAM VANDEGRIF**

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

(2-16)

(17-19)

**TND026450**

**106 1**

PERMIT NUMBER

DISCHARGE NUMBER

**F - FINAL LIMITS**  
**STM GEN BLWON TO COOL TWR BLDN**

Form Approved  
 CMC No. 2000-0015

MONITORING PERIOD

FROM YEAR **83** MO **09** DAY **01** TO YEAR **83** MO **09** DAY **30**  
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(1 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
<b>PH</b>	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	*****			
<b>00400 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	*****			
<b>EFFLUENT GROSS VALUE</b>					<b>MINIMUM</b>		<b>MAXIMUM</b>			
<b>SOLIDS, TOTAL</b>	<b>SAMPLE MEASUREMENT</b>				*****					
<b>SUSPENDED</b>			0.50				3.5			
<b>00530 1 0</b>	<b>PERMIT REQUIREMENT</b>	<b>50</b>	<b>170</b>	<b>LBS/DY</b>	*****	<b>30</b>	<b>100</b>			
<b>EFFLUENT GROSS VALUE</b>		<b>DAILY AV</b>	<b>DAILY MX</b>			<b>DAILY AV</b>	<b>DAILY MX</b>			
<b>FLOW, IN CONDUIT OR</b>	<b>SAMPLE MEASUREMENT</b>				*****	*****	*****			
<b>THRU TREATMENT PLANT</b>			0.017							
<b>50050 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	<b>MGD</b>	*****	*****	*****			
<b>EFFLUENT GROSS VALUE</b>		<b>DAILY AV</b>	<b>DAILY MX</b>							
	<b>SAMPLE MEASUREMENT</b>									
	<b>PERMIT REQUIREMENT</b>									
	<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

**M. T. EL-ASHRY, DIRECTOR**  
**OF ENVIRONMENTAL QUALITY**  
**STAFF**

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE  
 OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

FTS **856-2060** **83** **11** **28**  
 AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all violations to this page)  
**SHOULD INTERNAL PLANT CHEMISTRY REQUIREMENTS NECESSITATE INCREASED BLOWDOWN FLOW OVER .2 MGD AS A 7 DAY AVERAGE, DAILY MAXIMUM QUANTITY LIMITATIONS MAY BE EXCEEDED BUT SHALL NOT EXCEED 4 TIMES THE LIMITATIONS LISTED.**



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

NAME **TVA - SEQUOYAH NUCLEAR**

ADDRESS **6411 E. BRAINERD RD.**

**CHATTANOOGA**

**TN 37421**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

**TN0026450**

PERMIT NUMBER

**106 2**

DISCHARGE NUMBER

Form Approved  
OMB No. 2000-0015

**F - FINAL LIMITS**

**STEAM GEN BLWON (QUARTERLY)**

FACILITY

LOCATION

**ATTN: SAM VANDEGRIFT**

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
FROM <b>83</b>	<b>07</b>	<b>01</b>	TO <b>83</b>	<b>09</b>	<b>30</b>
(20-21)	(22-24)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(1 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
<b>OIL AND GREASE (SOXHLET EXTR.) TOT. 00550 1 0 EFFLUENT GROSS VALUE</b>	<b>SAMPLE MEASUREMENT</b>		<b>&lt;0.72</b>		<b>*****</b>		<b>&lt;5.0</b>		<b>0</b>	<b>1/30</b>	<b>GR</b>
	<b>PERMIT REQUIREMENT</b>	<b>25</b>	<b>33</b>	<b>LBS/DY</b>	<b>*****</b>	<b>15</b>	<b>20</b>	<b>MG/L</b>		<b>QTRLY</b>	<b>GRAB</b>
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
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	<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  
**M. T. EL-ASHRY, DIRECTOR  
OF ENVIRONMENTAL QUALITY  
ST/FF**  
TYPED OR PRINTED

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AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED  
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NIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING  
THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND  
33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000  
and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE  
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

FTS  
AREA  
CODE

**856-2060**  
NUMBER

**83**  
YEAR

**11**  
MO

**28**  
DAY

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

**SHOULD INTERNAL PLANT CHEMISTRY REQUIREMENTS NECESSITATE INCREASED  
BLOWDOWN FLOW OVER .2 MGD AS A 7 DAY AVERAGE, DAILY MAXIMUM QUANTITY LIMITATIONS MAY BE EXCEEDED BUT  
SHALL NOT EXCEED 4 TIMES THE LIMITATIONS LISTED.**

PERMITTEE NAME/ADDRESS (Include Facility Name if different)

NAME **TVA - SEQUOYAH NUCLEAR**  
 ADDRESS **6411 E. BRAINERD RD.**  
**CHATTANOOGA TN 37421**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved  
 OMB No. 2000-0015

(2-16)  
**TN0026430**  
 PERMIT NUMBER

(17-19)  
**107 1**  
 DISCHARGE NUMBER

**F - FINAL LIMITS**  
**METAL CLN WASTE PND TO COND CH**

FACILITY

LOCATION

ATTN: **SAH VANDEGRIF**

MONITORING PERIOD							
YEAR		MO		DAY			
FROM	83	09	01	TO	83	09	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(5 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
CHEM. OXYGEN DEMAND (HIGH LEVEL) (COD) 00340 1 0 EFFLUENT GROSS VALUE PH	SAMPLE MEASUREMENT	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	DAILY AV	100 MG/L DAILY MX		WEEKLY	COMP-8
00400 1 0 EFFLUENT GROSS VALUE SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 SU MAXIMUM		WEEKLY	GRAB
00530 1 0 EFFLUENT GROSS VALUE OIL AND GREASE (SOXHLET EXTR.) TOT.	SAMPLE MEASUREMENT	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	DAILY AV	30 MG/L DAILY MX		WEEKLY	COMP-8
00550 1 0 EFFLUENT GROSS VALUE PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	DAILY AV	1.0 MG/L DAILY MX		WEEKLY	COMP-8
00665 1 0 EFFLUENT GROSS VALUE COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	DAILY AV	1.0 MG/L DAILY MX		WEEKLY	COMP-8
01042 1 0 EFFLUENT GROSS VALUE IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	DAILY AV	1.0 MG/L DAILY MX		WEEKLY	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

**M. T. EL-ASHRY, DIRECTOR  
 OF ENVIRONMENTAL QUALITY  
 STAFF**

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE  
 OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

FTS 856-2060 83 11 28  
 AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all applicable permits)  
**IN NO CASE SHALL THE QUANTITY DISCHARGED EXCEED THE QUANTITY DETERMINED BY MULTIPLYING THE VOLUME OF THE BATCH OF METAL CLEANING WASTE GENERATED BY THE CONCENTRATION. SEE PERMIT FOR ADDITIONAL SAMPLING REQUIREMENTS.**

PERMITTEE NAME/ADDRESS (Include Facility Name, Location if different)

NAME TVA - SEQUOIA NUCLEAR  
ADDRESS 6411 E. BRAINERD RD.  
CHATTANOOGA TN 37421

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

(2-16)  
**TND026450**

PERMIT NUMBER

(17-19)  
**107 1**

DISCHARGE NUMBER

F - FINAL LIMITS  
METAL CLN WASTE 2ND TO COND CH

Form Approved  
OMB No. 2000-0015

FACILITY

LOCATION

ATTN: SAM VANDEGRIFF

MONITORING PERIOD								
YEAR			MO			DAY		
FROM	83	09	01	TO	83	09	30	
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)	

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	NO DISCHARGE			*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****	*****		ONCE/ BATCH	CALCTO
	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

M. T. EL-ASHRY, DIRECTOR  
OF ENVIRONMENTAL QUALITY  
STAFF

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OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

FTS  
AREA  
CODE

856-2060

83

11

28

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
IN NO CASE SHALL THE QUANTITY DISCHARGED EXCEED THE QUANTITY  
DETERMINED BY MULTIPLYING THE VOLUME OF THE BATCH OF METAL CLEANING WASTE GENERATED BY THE CONCENTRATION.  
SEE PERMIT FOR ADDITIONAL SAMPLING REQUIREMENTS.

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

NAME **TVA - SEQUOYAH NUCLEAR**  
ADDRESS **6411 E. BRAINERD RD.**  
**CHATTANOOGA TN 37421**

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

(2-16)  
**TN0026450**  
PERMIT NUMBER

(17-19)  
**108 1**  
DISCHARGE NUMBER

**F - FINAL LIMITS**  
**CONCRETE PLT SETTLING POND**

Form Approved  
OMB No. 2000-0015

FACILITY  
LOCATION

**ATTN: SAM VANDEGRIFT**

MONITORING PERIOD  
FROM **83 09 01** TO **83 09 30**  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (66-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
<del>PH</del>	<del>SAMPLE MEASUREMENT</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>
<del>00400 1 0</del>	<del>PERMIT REQUIREMENT</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>
<del>EFFLUENT GROSS VALUE</del>	<del>SAMPLE MEASUREMENT</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>
<del>SOLIDS, TOTAL</del>	<del>PERMIT REQUIREMENT</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>
<del>SUSPENDED</del>	<del>SAMPLE MEASUREMENT</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>
<del>00530 1 0</del>	<del>PERMIT REQUIREMENT</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>
<del>EFFLUENT GROSS VALUE</del>	<del>SAMPLE MEASUREMENT</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>
<del>OIL AND GREASE</del>	<del>PERMIT REQUIREMENT</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>
<del>(SOXHLET EXTR.) TOT.</del>	<del>SAMPLE MEASUREMENT</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>
<del>00550 1 0</del>	<del>PERMIT REQUIREMENT</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>
<del>EFFLUENT GROSS VALUE</del>	<del>SAMPLE MEASUREMENT</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>
<del>FLOW, IN CONDUIT OR</del>	<del>PERMIT REQUIREMENT</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>
<del>THRU TREATMENT PLANT</del>	<del>SAMPLE MEASUREMENT</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>
<del>50050 1 0</del>	<del>PERMIT REQUIREMENT</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>
<del>EFFLUENT GROSS VALUE</del>	<del>SAMPLE MEASUREMENT</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>
	<del>PERMIT REQUIREMENT</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>
	<del>SAMPLE MEASUREMENT</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>
	<del>PERMIT REQUIREMENT</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>
	<del>SAMPLE MEASUREMENT</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>
	<del>PERMIT REQUIREMENT</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>
	<del>SAMPLE MEASUREMENT</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>
	<del>PERMIT REQUIREMENT</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

**M. T. EL-ASHRY, DIRECTOR  
OF ENVIRONMENTAL QUALITY  
STAFF**

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE  
OFFICER OR AUTHORIZED AGENT

TELEPHONE

FTS **856-2060**  
AREA CODE NUMBER

DATE

**83 11 28**  
YEAR MG DAY

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

A NOTIFICATION OF NONCOMPLIANCE IS ATTACHED.  
THERE WAS NO DISCHARGE ONE WEEK THIS REPORTING PERIOD.



NOTIFICATION OF NONCOMPLIANCE WITH EFFLUENT LIMITATIONS - NPDES PERMIT  
NO. TN0026450 - SEQUOYAH NUCLEAR PLANT

Description of the discharge--Discharge No. 108 - Concrete batch plant settling pond effluent. A grab sample of the pond effluent collected on September 14 and reported from the laboratory on September 19 contained 41 mg/L of total suspended solids (TSS), exceeding the maximum permit limitation of 40 mg/L.

Cause and period of the noncompliance--We believe the noncompliance was caused by a combination of rainfall and plant operations that preceded sampling. The plant received 0.65 inches of rainfall on September 11 and 133 yards of concrete were produced on September 12 and 13. Samples of the batch plant settling pond effluent collected on September 7 and 21 contained 6.9 and 9.0 mg/L of TSS, respectively. Therefore, the period of noncompliance was less than 14 days.

Steps taken to reduce, eliminate, and prevent recurrence of the noncomplying discharge--As discussed in previous Notices of Noncompliance, the volume of the concrete batch plant pond cannot be increased any more due to its location. There is no more available land to increase the surface area, the dikes cannot be raised because there is insufficient head to allow drainage of the batch plant waste into the pond, and the pond cannot be dredged deeper without interference from localized elevated groundwater caused by the condenser cooling water channel. The batch plant is operated infrequently, and it is uncertain how much longer concreting operations will continue onsite. Therefore, relocation of the plant and pond or addition of an effluent filter to remove solids would not be cost effective. The batch plant meets the effluent limitation when the inflow to the pond is limited to concrete plant process waters. Runoff from areas outside the concrete batch plant area that drains into the pond is apparently the cause of the TSS noncompliances. This area cannot be drained in any other direction. Rainfall events greater than 1.0 inches usually cause the TSS concentration in the effluent to exceed NPDES permit limitations. Therefore, no action to reduce the TSS concentration following heavy rainfalls is planned.

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

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

Form Approved  
OMB No. 2040-0004  
Expires 2-29-84

NAME TENNESSEE VALLEY AUTHORITY  
ADDRESS 6411 EAST BRAINERD ROAD  
CHATTANOOGA, TN 37421  
FACILITY SEQUOYAH NUCLEAR PLANT  
LOCATION SODDY, TN 37379

(2-16) TN0026450  
PERMIT NUMBER  
(17-19) 109  
DISCHARGE NUMBER

EMERGENCY DIESEL GENERATOR  
NO. 5 COOLING WATER EFFLUENT

MONITORING PERIOD  
FROM 

YEAR	MO	DAY
83	09	01

 TO 

YEAR	MO	DAY
83	09	30

  
(12-21) (12-23) (12-25) (12-27) (12-29) (12-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	NO DISCHARGE			MGD						
	PERMIT REQUIREMENT									1/14	P LOG
ERCW SYSTEM TOTAL CHLORINE RESIDUAL	SAMPLE MEASUREMENT							MG/L			
	PERMIT REQUIREMENT						0.8			1/14	GR
	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 I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)							TELEPHONE		DATE	
M. T. EL-ASHRY, DIRECTOR OF ENVIRONMENTAL QUALITY STAFF TYPED OR PRINTED								856-2060		83	11
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							FTS AREA CODE	NUMBER	YEAR	MO	DAY

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

MONITORING REQUIRED ONLY DURING TESTING PERIODS. ALSO, LIMITATIONS AND MONITORING ARE NOT APPLICABLE DURING AN ACTUAL EMERGENCY SITUATION.

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

NAME **TVA - SEQUOYAH NUCLEAR**

ADDRESS **6411 E. BRAINERD RD.**

**CHATTANOOGA**

**TN 37421**

FACILITY

LOCATION

ATTN: **SAM VANDEGRIFF**

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

(2-16)

**TN0026450**

PERMIT NUMBER

(17-19)

**110 1**

DISCHARGE NUMBER

**F - FINAL LIMITS**

**RECYCLED COOLING WATER FLOW**

Form Approved  
OMB No. 2000-0015

MONITORING PERIOD

FROM **83 09 01** TO **83 09 30**  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) (46-53)			(4 Card Only) (38-45)			QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0	SAMPLE MEASUREMENT	*****	*****	*****	NO DISCHARGE								
EFFLUENT GROSS VALUE PH	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	101.0	DEG.F	DAILY AV	DAILY MX		DAILY	GRAB10
00400 1 0	SAMPLE MEASUREMENT	*****	*****	*****									
EFFLUENT GROSS VALUE CHLORINE, TOTAL RESIDUAL	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	9.0	SU	MINIMUM	MAXIMUM		WEEKLY	GRAB
50060 1 0	SAMPLE MEASUREMENT	*****	*****	*****									
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.10	MG/L	DAILY AV	DAILY MX		WEEKLY	GRAB10
	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 I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 3 years.)	TELEPHONE		DATE		
M. T. EL-ASHRY, DIRECTOR OF ENVIRONMENTAL QUALITY STAFF		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FTS AREA CODE	856-2060	83	11
TYPED OR PRINTED		NUMBER		YEAR	MO	DAY

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

ADDITIONAL MONITORING FROM TN DEPT OF PUBLIC HEALTH CERTIFICAITON LETTER OF JAN 31, 1983.  
SEE LETTER FOR REQUIREMENTS TO ESTABLISH RELATIONSHIP BETWEEN FISH DISTRESS/KILL AND CHLORINATION LEVEL.

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

NAME **TVA - SEQUOYAH NUCLEAR**  
 ADDRESS **5411 E. BRAINERD RD.**  
**CHATTANOOGA TN 37421**

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

(2-16) **TN0026450**  
 PERMIT NUMBER  
 (17-19) **111 1**  
 DISCHARGE NUMBER

**F - FINAL LIMITS**  
**STP DISCHARGE**

Form Approved  
 OMB No. 2000-0015

FACILITY

LOCATION

ATTN: **SAH VANDEGRIF**

MONITORING PERIOD  
 FROM YEAR **83** MO **09** DAY **01** TO YEAR **83** MO **09** DAY **30**  
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (66-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
BOD, 5-DAY (20 DEG. C) 00310 1 0	SAMPLE MEASUREMENT	0.49	0.70	LBS/DY	*****	*****	*****	*****	0	2/30 GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	3.8	5.0		*****	*****	*****	*****		
PH	SAMPLE MEASUREMENT	*****	*****	SU	*****	*****	*****	*****	0	TWICE/GRAB MONTH
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	*****	*****	*****		
SOLIDS, TOTAL SUSPENDED 00530 1 0	SAMPLE MEASUREMENT	0.69	0.88	LBS/DY	*****	5.5	7.0	*****	0	2/30 GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	3.8	5.0		*****	30	40	*****		
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0	SAMPLE MEASUREMENT	0.015*	0.015*	MGD	*****	*****	*****	*****	0	22/30 WEIR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.015	*****		*****	*****	*****	*****		
CHLORINE, TOTAL RESIDUAL 50060 1 0	SAMPLE MEASUREMENT	*****	*****	MG/L	<0.1	<0.2	0.5	*****	0	22/30 GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	*****	2.0	*****		
FECAL COLIFORM	SAMPLE MEASUREMENT			N/100 ML	<10	<210	410	*****	0	2/30 GR
	PERMIT REQUIREMENT				NA	NA	1000	*****		
	SAMPLE MEASUREMENT									2/30 GR
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER M. T. EL-ASHRY, DIRECTOR OF ENVIRONMENTAL QUALITY STAFF	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.	TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FTS AREA CODE 856-2060	83 YEAR 11 MO 28 DAY	

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

\*ESTIMATED FLOW.



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

NAME **TVA - SEQUOYAH NUCLEAR**

ADDRESS **6411 E. BRAINERD RD.**

**CHATTANOOGA**

**TN 37421**

FACILITY

LOCATION

ATTN: **SAM VANDEGRIFF**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

**TN0026450**

PERMIT NUMBER

**112 1**

DISCHARGE NUMBER

**F - FINAL LIMITS  
STP DISCHARGE**

Form Approved  
OMB No. 2000-0015

MONITORING PERIOD								
YEAR			MO			DAY		
FROM	83	09	01	TO	83	09	30	
	(28-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)	

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	NO DISCHARGE			MGD						
	PERMIT REQUIREMENT	0.025	NA							5/7	WEIR
BOD <sub>5</sub>	SAMPLE MEASUREMENT			LBS/DAY				MG/L			
	PERMIT REQUIREMENT	6.3	8.3			30	40			2/30	GR
SUSPENDED SOLIDS	SAMPLE MEASUREMENT			LBS/DAY				MG/L			
	PERMIT REQUIREMENT	6.3	8.3			30	40			2/30	GR
TOTAL CHLORINE RESIDUAL	SAMPLE MEASUREMENT							MG/L			
	PERMIT REQUIREMENT						2.0			5/7	GR
FECAL COLIFORM	SAMPLE MEASUREMENT							N/100 ML			
	PERMIT REQUIREMENT				NA	NA	1,000			2/30	GR
SETTLEABLE SOLIDS	SAMPLE MEASUREMENT							ML/L			
	PERMIT REQUIREMENT						1.0			2/7	GR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

**M. T. EL-ASHRY, DIRECTOR  
OF ENVIRONMENTAL QUALITY  
STAFF**

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 23 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE  
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

FTS  
AREA  
CODE

856-2060  
NUMBER

83  
YEAR

11  
MO

28  
DAY

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

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

NAME **TVA - SEQUOYAH NUCLEAR**  
 ADDRESS **611 E. BRAINERD RD.**  
**CHATTANOOGA TN 37421**

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

(2-18)  
**TN0026450**  
 PERMIT NUMBER

(17-19)  
**113 1**  
 DISCHARGE NUMBER

Form Approved  
 OMB No. 2000-0015  
**F - FINAL LIMITS**  
**STP TO COND COOLING WATER CHAN**

FACILITY

LOCATION

ATTN: **SAM VANDEGRIF**

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
FROM <b>83</b>	<b>09</b>	<b>01</b>	TO <b>83</b>	<b>09</b>	<b>30</b>
(10-21)	(12-23)	(12-25)	(26-27)	(12-29)	(10-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(1 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			UNITS (46-53)	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
BOD, 5-DAY (20 DEG. C) 00310 1 0	SAMPLE MEASUREMENT	0.11	0.12		*****	3.2	4.0		0	2/30	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7.5 30DA AVG	10.0 DAILY MX	LBS/DY	*****	30 30DA AVG	40 DAILY MX	MG/L		TWICE/GRAB MONTH	
<del>PH</del>	<del>SAMPLE MEASUREMENT</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>0</del>	<del>2/30</del>	<del>GR</del>
<del>00400 1 0</del>	<del>PERMIT REQUIREMENT</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>SU</del>	<del>0</del>	<del>2/30</del>	<del>GR</del>
<del>EFFLUENT GROSS VALUE</del>	<del>PERMIT REQUIREMENT</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>0</del>	<del>2/30</del>	<del>GR</del>
SOLIDS, TOTAL SUSPENDED 00530 1 0	SAMPLE MEASUREMENT	0.09	0.10		*****	2.5	3.0		0	2/30	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7.5 30DA AVG	10.0 DAILY MX	LBS/DY	*****	30 30DA AVG	40 DAILY MX	MG/L		TWICE/GRAB MONTH	
SOLIDS, SETTLEABLE 00545 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1		0	9/30	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1.0 DAILY MX	ML/L		WEEK-GRAB DAYS	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0	SAMPLE MEASUREMENT	0.006	0.010		*****	*****	*****	*****	0	20/30	WEIR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.030 DAILY AV	NA DAILY MX	MGD	*****	*****	*****	*****		WEEK-FLOIND DAYS	
CHLORINE, TOTAL RESIDUAL 50060 1 0	SAMPLE MEASUREMENT	*****	*****	*****	0.3	0.9	1.9		0	20/30	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	2.0 DAILY MX	MG/L		WEEK-GRAB DAYS	
FECAL COLIFORM	SAMPLE MEASUREMENT				<10	<10	<10	N/100	0	2/30	GR
	PERMIT REQUIREMENT				NA	NA	1000			2/30	GR
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)						TELEPHONE		DATE	
M. T. EL-ASHRY, DIRECTOR OF ENVIRONMENTAL QUALITY STAFF											
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT						FTS AREA CODE	856-2060	83	11 28
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)								NUMBER	YEAR	MO	DAY

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

NAME **TVA - SEQUOYAH NUCLEAR**

ADDRESS **6411 E. BRAINERD RD.**

**CHATTANOOGA**

**TN 37421**

FACILITY

LOCATION

ATTN: **SAM VANDEGRIFT**

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

(2-16)

(17-19)

**TN0026450**

PERMIT NUMBER

**114 1**

DISCHARGE NUMBER

**F - FINAL LIMITS**

**STP DISCHARGE TO TENN RIVER**

Form Approved  
OMB No. 2000-0015

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
83	09	01	83	09	30
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
BOD, 5-DAY (20 DEG. C)					*****					
00310 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.14	0.19			3.5	5.6		0	2/30 GR
PH	PERMIT REQUIREMENT	3.8	5.0 <del>5.6</del>	LBS/DY	*****	30	40 <del>45</del>	MG/L		TWICE/GRAB MONTH
00400 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****		*****				
SOLIDS, TOTAL	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	9.0	SU	0	10/30 GR
SUSPENDED	SAMPLE MEASUREMENT	0.33	0.53		MINIMUM		MAXIMUM			
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	3.8	5.0 <del>5.6</del>	LBS/DY	*****	30	40 <del>45</del>	MG/L	0	2/30 GR
SOLIDS, SETTLEABLE	SAMPLE MEASUREMENT	*****	*****	*****	*****	30	40 <del>45</del>	MG/L		TWICE/GRAB MONTH
00545 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	30	40 <del>45</del>	MG/L		TWICE/GRAB MONTH
FLOW, IN CONDUIT OR	SAMPLE MEASUREMENT	0.008	0.014		*****	*****	*****	*****	0	9/30 GR
THRU TREATMENT PLANT	PERMIT REQUIREMENT	0.015 <del>0.020</del>	NA *****	MGD	*****	*****	*****	*****		TWICE/GRAB WEEK
50050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0	20/30 WEIR
COLIFORM, FECAL	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		WEEK- FLOID
GENERAL	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0	2/30 GR
74055 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		TWICE/GRAB MONTH
TOTAL RESIDUAL CHLORINE	SAMPLE MEASUREMENT				0.1	1.0	2.0	MG/L	0	20/30 GR
	PERMIT REQUIREMENT						2.0			WEEK- DAYS GR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE		DATE	
M. T. EL-ASHRY, DIRECTOR OF ENVIRONMENTAL QUALITY STAFF		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FTS AREA CODE	856-2060	83
TYPED OR PRINTED			NUMBER	YEAR	MO DAY

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

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

NAME **TVA - SEQUOYAH NUCLEAR**  
ADDRESS **6411 E. BRAYNERD RD.**  
**CHATTANOOGA TN 37421**

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

(2-16)  
**TN0026450**  
PERMIT NUMBER

(17-19)  
**114 2**  
DISCHARGE NUMBER

**F - FINAL LIMITS**  
**STP DISCHARGE TO TENN RIVER**

Form Approved  
OMB No. 2000-0015

FACILITY

LOCATION

**ATTN: SAM VANDEGRIFT**

MONITORING PERIOD								
YEAR			MO			DAY		
FROM	83	09	01	TO	83	09	30	
	(120-21)	(122-23)	(124-25)		(126-27)	(128-29)	(130-31)	

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (46-51)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
<del>0000 5-DAY T20 DEG. C)</del>	<del>SAMPLE MEASUREMENT</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>
<del>00310 1 0 EFFLUENT GROSS VALUE PH</del>	<del>PERMIT REQUIREMENT</del>	<del>3.8 30DA AVG</del>	<del>5.6 DAILY MX</del>	<del>LBS/DY</del>	<del>*****</del>	<del>30 30DA AVG</del>	<del>45 DAILY MX</del>	<del>MG/L</del>	<del>TWICE/GRAB MONTH</del>	<del>*****</del>
<del>00400 1 0 EFFLUENT GROSS VALUE SOLIDS, TOTAL SUSPENDED</del>	<del>SAMPLE MEASUREMENT</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>6.0 MINIMUM</del>	<del>*****</del>	<del>9.0 MAXIMUM</del>	<del>SU</del>	<del>TWICE/GRAB WEEK</del>	<del>*****</del>
<del>00530 1 0 EFFLUENT GROSS VALUE SOLIDS, SETTLEABLE</del>	<del>PERMIT REQUIREMENT</del>	<del>3.8 30DA AVG</del>	<del>5.6 DAILY MX</del>	<del>LBS/DY</del>	<del>*****</del>	<del>30 30DA AVG</del>	<del>45 DAILY MX</del>	<del>MG/L</del>	<del>TWICE/GRAB MONTH</del>	<del>*****</del>
<del>00545 1 0 EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT</del>	<del>SAMPLE MEASUREMENT</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>1.0 DAILY MX</del>	<del>ML/L</del>	<del>TWICE/GRAB WEEK</del>	<del>*****</del>
<del>50050 1 0 EFFLUENT GROSS VALUE COLIFORM, FECAL GENERAL</del>	<del>PERMIT REQUIREMENT</del>	<del>.005 DAILY AV</del>	<del>***** DAILY MX</del>	<del>MGD</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>WEEK- FLOWING DAYS</del>	<del>*****</del>
<del>74055 1 0 EFFLUENT GROSS VALUE</del>	<del>SAMPLE MEASUREMENT</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>1000 DAILY MX</del>	<del>100ML</del>	<del>TWICE/GRAB MONTH</del>	<del>*****</del>
<del>DISSOLVED OXYGEN</del>	<del>PERMIT REQUIREMENT</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>1.0</del>	<del>2.1</del>	<del>3.8</del>	<del>MG/L</del>	<del>0 20/30</del>	<del>GR</del>
					<del>1.0</del>				<del>5/7</del>	<del>GR</del>

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

**M. T. EL-ASHRY, DIRECTOR  
OF ENVIRONMENTAL QUALITY  
STAFF**

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.

SIGNATURE OF PRINCIPAL EXECUTIVE  
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

FTS  
AREA  
CODE

856-2060  
NUMBER

83 11 28  
YEAR MO DAY

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



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

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

Form Approved  
OMB No. 2000-0015

NAME **TVA - SEQUOYAH NUCLEAR**

ADDRESS **6411 E. BRAINERD RD.**

**CHATTANOOGA**

**TN 37421**

**TN0026450**

PERMIT NUMBER

**115 1**

DISCHARGE NUMBER

**F - FINAL LIMITS  
VEHICLE WASH POND EFFLUENT**

FACILITY

LOCATION

**ATTN: SAM VANDEGRIFF**

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
FROM 83	09	01	TO 83	09	30
(12-21)	(12-21)	(12-21)	(12-21)	(12-21)	(12-21)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (58-65) QUALITY OR CONCENTRATION (66-73)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	6.8	0	1/30	GR
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM		ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	*****	*****	16	25	0	4/30	GR
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAILY AV	40 DAILY MX		WEEKLY	GRAB
SOLIDS, SETTLEABLE	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	0	4/30	GR
00545 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.5 DAILY MX		WEEKLY	GRAB
OIL AND GREASE (SOXHLET EXTR.) TOT.	SAMPLE MEASUREMENT	*****	*****	*****	*****	<5.0	<5.0	0	4/30	GR
00550 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	15 DAILY AV	20 DAILY MX		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.006*	0.006*	*****	*****	*****	*****	0	6/30	WEIR
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****		WEEKLY	FLOIN
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 16 USC § 1001 AND 33 USC § 1319. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.	TELEPHONE		DATE		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FTS AREA CODE	856-2060 NUMBER	83 YEAR	11 MO

\*ESTIMATED FLOW.