

8312120344 831128
PDR ADOCK 05000327
R PDR

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

NAME **TVA - SEQUOYAH NUCLEAR**

ADDRESS **6411 E. BRAINERD RD.**

CHATTANOOGA

TN 37421

FACILITY

LOCATION

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. 2040-0004
Expires 2-29-84

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
FROM 83	10	01	TO 83	10	31	
(120-21)	(122-23)	(124-25)	(126-27)	(128-29)	(130-31)	

NOTE: Read instructions before completing this form.

ATTN: SAM VANDEGRIFT

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	*****	*****	*****	64.7	69.9	73.4	0	31/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	DEG.F		SEE GRAB 10 PERMIT
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 Q 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	*****	84.0	86.4	89.7	0	22/30	REC
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	112.5	DEG.F		CONTIN RECORD BOOKS
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 R 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	*****	78.0	81.8	89.4	0	9/30	REC
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	97.0	DEG.F		CONTIN RECORD BOOKS
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 6 0 DOWNSTREAM MONITOR	SAMPLE MEASUREMENT	*****	*****	*****			*			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	101.0	DEG.F		DAILY GRAB
TEMP. DIFF. BETWEEN SAMPLE AND UPSTREAM 00018 H 0 UP- AND DOWN-STREAM PH	SAMPLE MEASUREMENT	*****	*****	*****	2.6	3.5	5.3	0	31/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.4	DEG.F		SEE GRAB 10 PERMIT
EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	6.0	*****	9.0	SU		SEE PERMIT
	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	*****		
	SAMPLE MEASUREMENT	1033	1105	MGD	*****	*****	*****	0	31/30	REC
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		CONTIN RECORD BOOKS

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 SIG-
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

83

11

28

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments to this form)
P CORRESPONDS TO AMBIENT TEMPERATURE, *Q* TO OPEN MODE, *S* TO
CLOSED MODE. INDICATE WHICH IS APPROPRIATE. *PLANT DID NOT OPERATE IN CLOSED MODE THIS REPORTING PERIOD.
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. 2040-0004
Expires 2-29-84

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

TW0026450

101 1

PERMIT NUMBER

DISCHARGE NUMBER

P - FINAL LIMITS
DIFFUSER GATE TO TENN RIVER

FACILITY
LOCATION

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
FROM 83	10	01	TO 83	10	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

ATTN: SAM VANDEGRIFT

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			
CHLORINE, TOTAL RESIDUAL 50060 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	<0.002	<0.004	0.005		0	3/30*
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	10	WEEK	CALC
TEMPERATURE RATE OF CHANGE DEG. F/HOUR 74029 6 0 DOWNSTREAM MONITOR	SAMPLE MEASUREMENT	0.15	0.26	DEG F/	*****	*****	*****	*****	0	31/30
	PERMIT REQUIREMENT	*****	3.6	INST BX	*****	*****	*****	*****	SEE	REC
DOWNSTREAM TEMPERATURE	SAMPLE MEASUREMENT	72.9	75.5						0	31/30
	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

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SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

FTS
AREA
CODE

856-2060

DATE

83 11 28
YEAR MO DAY

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

*DATA ARE NOT AVAILABLE BECAUSE OF EQUIPMENT MALFUNCTION ON 17 OF
THE REQUIRED MONITORING DAYS.

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

TH0026450
PERMIT NUMBER

102 1
DISCHARGE NUMBER

P - FINAL LIMITS
YARD DRAINAGE POND EFFLUENT

FACILITY
LOCATION

ATTN: SAM VANDEGRIFT

MONITORING PERIOD																							
YEAR			MO			DAY																	
FROM			83			10			01			TO			83			10			31		
			(10-21)			(12-23)			(14-25)						(18-27)			(18-29)			(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 (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	*****	7.0	*****	9.67	1	14/30	GR
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM			THREE/GRAB WEEK
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	*****	*****	30	141	1	21/30	GR
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAILY AV	100 DAILY MX			WEEK - GRAB DAYS
OIL AND GREASE (SOXHLET EXTR.) TOT.	SAMPLE MEASUREMENT	*****	*****	*****	*****	<5.0	<5.0	0	4/30	GR
00550 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	5 DAILY AV	20 DAILY MX			WEEKLY GRAB
FLOW, IN CONDUIT OR TERR TREATMENT PLANT	SAMPLE MEASUREMENT	1.8	3.5	MGD	*****	*****	*****	0	31/30	REC
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	***** DAILY AV	***** DAILY MX	*****	*****	*****	*****			CONTINUOUS RECORDERS
	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

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SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

FTS
AREA
CODE

856-2060
NUMBER

DATE

83 11 28
YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments)
PH MEASUREMENT FREQUENCY SHALL NOT BE LESS THAN 1/WEEK AFTER 1 YEAR, UNLESS DETERMINED OTHERWISE.
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. 102 - Yard drainage pond effluent. Grab samples collected on October 5 contained a daily maximum concentration of total suspended solids (TSS) of 232 mg/L, exceeding the NPDES permit limitation of 100 mg/L.

Cause and period of the noncompliance--On October 4 a 0.34-inch rain occurred followed by a 0.80-inch rain on October 5. The noncompliance was caused by rainfall runoff that reduced the settling capability of the pond.

Grab samples collected at 9 a.m. on October 4 and at 3 p.m. on October 5 contained TSS concentrations of 21.6 and 50.84 mg/L, respectively. Therefore, the period of noncompliance was less than 30 hours.

Steps taken to reduce, eliminate, and prevent recurrence of the noncomplying discharge--Because of the nature of this noncompliance (heavy rainfall), no action is recommended at this time.

NOV 16 1983

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

Description of the discharge--Discharge No. 102 - Yarc drainage pond effluent. A routine sample collected on October 12 at 8:30 a.m. had a pH value greater than the maximum permitted limit of 9.0 standard units (s.u.) and a total suspended solids (TSS) concentration exceeding the permitted concentration of 100 mg/L. The pH value was 9.67 s.u., and the TSS concentration was 131.16 mg/L.

Cause and period of the noncompliance--The cause of the pH noncompliance is unknown. It is suspected to have resulted from demineralizer regenerant wastes. On October 12 a 0.18-inch rain occurred followed by a 1.70-inch rain on October 13. Thus, the TSS noncompliance was caused by rainfall runoff that reduced the settling capability of the pond.

Grab samples collected on October 12 and 13 had the following sample values.

<u>Date</u>	<u>Time (EST)</u>	<u>pH (s.u.)</u>	<u>TSS (mg/L)</u>
October 12	9:00 a.m.	8.31	31.76
October 13	12:38 p.m.	8.52	52.16

The duration of the noncompliances was approximately 31 hours.

Steps taken to reduce, eliminate, and prevent recurrence of the noncomplying discharge--Because of the nature of the TSS noncompliance (heavy rainfall), no action is recommended. The exact cause of the pH noncompliance is being investigated and will be corrected.

NOTIFICATION OF NONCOMPLIANCE WITH EFFLUENT LIMITATIONS - NPDES PERMIT
NO. TNOC26450 - SEQUOYAH NUCLEAR PLANT

Description of the discharge--Discharge No. 102 - Yard drainage pond effluent. A routine sample collected on October 13 at 8:30 a.m. had a pH value greater than the maximum permitted limit of 9.0 standard units (s.u.). The pH value was 9.67 s.u.

Cause and period of the noncompliance--The cause of the pH noncompliance is unknown. It is suspected to have resulted from demineralizer regenerant wastes. A grab sample collected on October 13 at 12:38 p.m. had a pH value of 8.52. The duration of the noncompliance was approximately four hours.

Steps taken to reduce, eliminate, and prevent recurrence of the noncomplying discharge--The exact cause of the pH noncompliance is being investigated and will be corrected.

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) **TW0026450** (17-19) **103 1**
 PERMIT NUMBER DISCHARGE NUMBER

Form Approved
 OMB No. 2040-0004
 Expires 2-29-84
P - FINAL LIMITS
LOW VOL WASTE TREAT POND NPFL

FACILITY
 LOCATION

ATTN: **SAH VANDEGRIF**

MONITORING PERIOD
 FROM YEAR **83** MO **10** DAY **01** TO YEAR **83** MO **10** DAY **31**
 (10-31) (12-31) (12-31) (10-31) (10-31) (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			
PH	SAMPLE MEASUREMENT	*****	*****	*****	2.96	*****	7.8	2	10/30	GR
00400 1 0	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	9.0		THREE/ WEEK	
EFFLUENT GROSS VALUE					MINIMUM		MAXIMUM			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	66	141		*****	5.5	12	0	7/30	GR
00530 1 0	PERMIT REQUIREMENT	300	1250	LBS/DY	*****	30	100		THREE/ WEEK	GRAB
EFFLUENT GROSS VALUE		DAILY AV	DAILY MX			DAILY AV	DAILY MX			
OIL AND GREASE (SOXHLET EXTR.) TOT.	SAMPLE MEASUREMENT	<54	<68		*****	<5.0	<5.0	0	4/30	GR
00550 1 0	PERMIT REQUIREMENT	190	250	LBS/DY	*****	15	20		TWICE/ WEEK	GRAB
EFFLUENT GROSS VALUE		DAILY AV	DAILY MX			DAILY AV	DAILY MX			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	1.4	2.5		*****	*****	*****	0	31/30	CAL
50050 1 0	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****		DAILY TOTALZ	
EFFLUENT GROSS VALUE		DAILY AV	DAILY MX							
	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		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)

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. THERE WAS NO DISCHARGE FROM POND TWO WEEKS THIS REPORTING PERIOD. 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 October 11 at 11 a.m. had pH values less than the minimum permitted limit of 6.0 standard units (s.u.). The sample values were 3.01 and 2.96 s.u.

Cause and period of the noncompliance--The noncompliances resulted from failure to correctly utilize the neutralization system associated with the makeup demineralizer system. The duration of the noncompliance was approximately six hours.

Steps taken to reduce, eliminate, and prevent recurrence of the noncomplying discharge--Instructions have been provided to ensure future correct utilization of the waste neutralization system. The low volume waste treatment pond was isolated and 21,000 pounds of soda ash were added to elevate the pH value to 6.9 s.u.

NOV 17 1983

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

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

FACILITY
LOCATION

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

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

P - FINAL LIMITS
ADDT MONITORING FROM TN STATE

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

MONITORING PERIOD
FROM YEAR **83** MO **10** DAY **01** TO YEAR **83** MO **12** DAY **31**
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

ATTN: SAM VANDEGRIF

PARAMETER (32-37)	X	(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(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			
POLYCHLORINATED BIPHENYLS (PCBS) 39516 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****					1/ 0	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	UG/L		6 MO	SEMI-GRAB ANNUAL
	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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FTS AREA CODE	856-2060 NUMBER	83 YEAR	11 MO
TYPED OR PRINTED						

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

THIS REQUIREMENT FROM THE TN DEPT OF PUBLIC HEALTH CERTIFICATION OF JAN 31, 1983.

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

TH0026450
PERMIT NUMBER

104 1
DISCHARGE NUMBER

F - FINAL LIMITS
RADWASTE SYST TO COOL TUR BLVDN

FACILITY
LOCATION

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
83	10	01	83	10	31
(10-21)	(12-23)	(14-25)	(16-27)	(18-29)	(19-31)

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 (54-58)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	*****	7.7	*****	8.6	0	10/30	GR
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	0		TWICE/GRAB WEEK
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	<0.76	1.9	LBS/DY	*****	<3.0	7.8	0	10/30	COMP
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	DAILY AV	DAILY MX	*****	*****	DAILY AV	DAILY MX	0		TWICE/COMPOS WEEK
OIL AND GREASE (SOXHLET EXTR.) TOT.	SAMPLE MEASUREMENT	<1.3	<2.3	LBS/DY	*****	<5.4	7.8	0	8/30*	GR
00550 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	DAILY AV	DAILY MX	*****	*****	DAILY AV	DAILY MX	0		TWICE/GRAB WEEK
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.036	0.084	MGD	*****	*****	*****	0	30/30	REC
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	DAILY AV	DAILY MX	*****	*****	*****	*****	0		ONCE/RECORD 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

FTS
AREA
CODE

856-2060
NUMBER

DATE

83 11 28
YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all applicable limitations): **DURING ABNORMAL FLOW CONDITIONS, EXCEEDING .05 MGD AS A 7 DAY AVERAGE,**

DAILY MAXIMUM QUANTITY LIMITS MAY BE EXCEEDED, BUT SHALL NOT EXCEED 4 INES LIMITATIONS LISTED.

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

***TWO SAMPLES WERE INADVERTENTLY NOT COLLECTED THIS REPORTING PERIOD.**

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

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

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

(2-16) **TN0026450** (17-19) **105 1**
 PERMIT NUMBER DISCHARGE NUMBER

Form Approved
 OMB No. 2040-0004
 Expires 2-29-84
F - FINAL LIMITS
REGEN TO COOL THE BLNDR LINE

FACILITY _____
 LOCATION _____

MONITORING PERIOD
 FROM YEAR **83** MO **10** DAY **01** TO YEAR **83** MO **10** DAY **31**
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

ATTN: **SAM VANDEGRIF**

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	*****	*****	*****	6.1	*****	9.0	0	64	BATCHES GR
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	0	ONCE/	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	<5.5	25	LBS/DY	*****	<19	96	0	29	BATCHES COMP
00530 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	<3.0	LBS/DY	*****	<5.0	<5.0	0	29	BATCHES GR
00550 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	0.039	0.072	MGD	*****	*****	*****	0	29	BATCHES CAL
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	***** DAILY AV	***** DAILY MX	MGD	*****	*****	*****	0	ONCE/	CALC'D
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER M. T. EL-ASERY, 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.)	TELEPHONE		DATE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FTS AREA CODE	856-2060 NUMBER	83 YEAR	11 MO

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.

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) TMO026450 (17-19) 106 1
PERMIT NUMBER DISCHARGE NUMBER

P - FINAL LIMITS
STE GEN BLNDS TO COOL TUR BLNDS

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

FACILITY

LOCATION

ATTN: SAM VANDEGRIFT

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
83	10	01	83	10	31
(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 (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	50	SEE PERMIT	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	< 2.8	< 4.7			< 3.3	5.6	0	2/30	GR
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	DAILY AV	DAILY MX	LBS/DY		DAILY AV	DAILY MX	100	ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.29	0.56					0	2/30	INST
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	DAILY AV	DAILY MX	MGD					ONCE/ MONTH	INST
	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

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

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments)

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

FACILITY

LOCATION

ATTN: **SAN VANDEGRIFT**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

TH0026450

107 1

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

FROM **83 10 01** TO **83 10 31**
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

P - FINAL LIMITS

METAL CLEAN WASTE PWD TO COND CH

Form Approved

OMB No. 2040-0004

Expires 2-29-84

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)			UNITS	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	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	DAILY AV	DAILY MX	100 MG/L		WEEKLY	CONP-8
PH 00400 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	50		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	DAILY AV	DAILY MX	30 MG/L		WEEKLY	CONP-8
OIL AND GREASE (SOXHLET EXTR.) TOT. 00550 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	DAILY AV	DAILY MX	15 MG/L		WEEKLY	GRAB
PHOSPHORUS, TOTAL (AS P) 00665 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	DAILY AV	DAILY MX	1.0 MG/L		WEEKLY	CONP-8
COPPER, TOTAL (AS CU) 01042 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	DAILY AV	DAILY MX	1.0 MG/L		WEEKLY	CONP-8
IRON, TOTAL (AS FE) 01045 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	DAILY AV	DAILY MX	1.0 MG/L		WEEKLY	CONP-8

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
YEAR

11
MO

28
DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments, if any)

IF 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)

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

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

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

TH0026450

PERMIT NUMBER

107 1

DISCHARGE NUMBER

F - FINAL LIMITS
METAL CLN WASTE MND TO COND CH

FACILITY
LOCATION

ATTN: SAM VANDEGRIPF

PARAMETER (32-37)	SAMPLE MEASUREMENT (38-40)	QUANTITY OR LOADING (46-53)			QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (54-55)	UNITS (56-57)	MINIMUM (58-59)	AVERAGE (60-61)	MAXIMUM (62-63)			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	NO DISCHARGE	*****	*****	MGD	*****	*****	*****	*****	ONCE / CALCTD BATCH	
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NOTE: Read instructions before completing this form.

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 SIG- NIFICANT 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 5 years.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE FTS 856-2060 AREA CODE NUMBER	DATE 83 11 28 YEAR MO DAY
---	---	---	---	---------------------------------

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

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

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

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

(2-16)
TN0026450

PERMIT NUMBER

(17-19)
108 1

DISCHARGE NUMBER

P - FINAL LIMITS
CONCRETE PLT SETTLING POND

FACILITY
LOCATION

ATTN: SAM VANDEGRIFT

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

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	*****	*****	*****	*****	*****	*****			
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	SU	SEE PERMIT	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	*****	*****	14	22		0 4/30	GR
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	40 MG/L	WEEKLY GRAB	
OIL AND GREASE (SOXHLET EXTR.) TOT	SAMPLE MEASUREMENT	*****	*****	*****	*****		<5.0		0 1/30	GR
00550 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	20 MG/L	ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.020	0.045	MGD	*****	*****	*****	*****	0 4/30	WEIR
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	WEEKLY FLOW	
	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 SIG
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

ETS
AREA
CODE

856-2060

83

11

28

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. 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

TN0026450
PERMIT NUMBER

109
DISCHARGE NUMBER

EMERGENCY DIESEL GENERATOR
NO. 5 COOLING WATER EFFLUENT

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
83	10	01	83	10	31
(10-31)	(12-31)	(12-31)	(12-31)	(12-31)	(12-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				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		MCD							
	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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FTS AREA CODE	856-2060 NUMBER	83 YEAR	11 MO

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 VANDEGRIF**

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

(2-16)
TN0026450
PERMIT NUMBER

(17-19)
110 1
DISCHARGE NUMBER

P - FINAL LIMITS
RECYCLED COOLING WATER FLOW

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

MONITORING PERIOD
FROM YEAR MO DAY TO YEAR MO DAY
83 10 01 83 10 31
(12-31) (12-31) (12-31) (12-31) (12-31) (12-31)

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)			UNITS	NO. EX (62-65)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 EFFLUENT GROSS VALUE PH	SAMPLE MEASUREMENT	*****	*****	*****	NO DISCHARGE						
	PERMIT REQUIREMENT	*****	*****	*****	*****	DAILY AV	101.0 DAILY MX	DEG.F		DAILY	GRAB
00400 1 0 EFFLUENT GROSS VALUE CHLORINE, TOTAL RESIDUAL 50060 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SD		WEEKLY	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	DAILY AV	0.10 DAILY MX	MG/L		WEEKLY	GRAB
	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 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 5 years.)	TELEPHONE		DATE		
		FTS AREA CODE	856-2060 NUMBER	83 YEAR	11 MO	28 DAY

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

ADDITIONAL MONITORING FROM TN DEPT OF PUBLIC HEALTH CERTIFICATION 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 **6411 E. BRAINERD RD.**
CHATTANOOGA TN 37421

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

(2-20) **TW0026450** (17-19) **111 1**
PERMIT NUMBER DISCHARGE NUMBER

P - FINAL LIMITS
STP DISCHARGE

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

FACILITY

LOCATION

ATTN: SAM VANDEGRIPF

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
83	10	01	83	10	31
(20-21)	(22-23)	(24-25)	(27-28)	(29-30)	(31-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53)			(4 Card Only) (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
BOD, 5-DAY (20 DEG. C) 00310 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.84	0.88	LBS/DY	*****	6.7	7.0	MG/L	0	2/30	GR	
	PERMIT REQUIREMENT	3.8 30DA AVG	5.0 DAILY MX		*****	30 30DA AVG	40 DAILY MAX				TWICE/GRAB MONTH	
PH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	SO			SEE PERMIT	
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****					
SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.88	0.88	LBS/DY	*****	7.0	7.0	MG/L	0	2/30	GR	
	PERMIT REQUIREMENT	3.8 30DA AVG	5.0 DAILY MX		*****	30 30DA AVG	45 DAILY MX				TWICE/GRAB MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.015*	0.015*	MGD	*****	*****	*****	*****	0	21/30	WEIR	
	PERMIT REQUIREMENT	0.015 DAILY AV	NA DAILY MX		*****	*****	*****	*****			WEEK - FLOWED DAYS	
CHLORINE, TOTAL RESIDUAL 50060 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	<0.1	<0.1	0.3	MG/L	0	21/30	GR	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	2.0 DAILY AV				WEEK - GRAB DAYS	
FECAL COLIFORM	SAMPLE MEASUREMENT				<10	<673	>2000	N/100 ML	1	3/30	GR	
	PERMIT REQUIREMENT				NA	NA	1,000			2/30	GR	
	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								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 here)

A NOTIFICATION OF NONCOMPLIANCE IS ATTACHED.
*ESTIMATED FLOW.

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

Description of the discharge--Discharge No. 111 - Sewage treatment plant. A grab sample collected at 3 p.m. on October 20 contained a fecal coliform concentration greater than 2,000 organisms per 100 ml of sample, exceeding the maximum permit limit of 1,000 organisms per 100 ml. The flow volume for discharge No. 111 on this date was 14,500 gpd.

Cause and period of the noncompliance--The cause of this noncompliance is unknown. Additional grab samples taken on this date indicated concentrations of TRC, BOD₅, and TSS of 0.1 mg/L, 6.4 mg/L, and 7 mg/L, respectively. Thus, the treatment system appears to have been operating properly without any upset conditions.

A grab sample collected on October 26 contained a fecal coliform concentration of less than 10 organisms per 100 ml. Therefore, the period of noncompliance was less than six days.

Steps taken to reduce, eliminate, and prevent recurrence of the noncomplying discharge--Since the cause of the fecal coliform noncompliance is unknown, no action is recommended.

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

(2-16)
TN0026450

PERMIT NUMBER

(17-19)
112 1

DISCHARGE NUMBER

**F - FINAL LIMITS
STP DISCHARGE**

FACILITY
LOCATION

MONITORING PERIOD								
YEAR			MO			DAY		
FROM	83	10	01	TO	83	10	31	
	(20-21)	(22-21)	(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			
FLOW	SAMPLE MEASUREMENT	NO DISCHARGE		MGD						
	PERMIT REQUIREMENT	0.025	NA						5/7	WEIR
BOD ₅	SAMPLE MEASUREMENT			LBS/DAY						
	PERMIT REQUIREMENT	6.3	8.3			30	40		2/30	GR
SUSPENDED SOLIDS	SAMPLE MEASUREMENT			LBS/DAY						
	PERMIT REQUIREMENT	6.3	8.3			30	40		2/30	GR
TOTAL CHLORINE RESIDUAL	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT						2.0		5/7	GR
FECAL COLIFORM	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT				NA	NA	1,000		2/30	GR
SETTLABLE SOLIDS	SAMPLE MEASUREMENT									
	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 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 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 attachments here)

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

Form Approved
OMB No. 2040-0004
Expires 2-29-84
P - FINAL LIMITS
STP TO COND COOLING WATER CHAN

FACILITY
LOCATION
ATTN: **SAM VANDEGRIF**

MONITORING PERIOD
FROM YEAR **83** MO **10** DAY **01** TO YEAR **83** MO **10** DAY **31**
(20-21) (22-24) (24-25) (26-27) (28-29) (30-31)

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) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BOD, 5-DAY (20 DEG. C) 00310 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.06	0.08	LBS/DY	*****	2.1	2.4	MG/L	0	2/30	GR
	PERMIT REQUIREMENT	7.5 30DA AVG	10.0 14.3 DAILY MX		*****	30 30DA AVG	40 45 DAILY MX				TWICE/GRAB MONTH
PH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	SD			SEE PERMIT
SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.22	0.32	LBS/DY	*****	11	19	MG/L	0	2/30	GR
	PERMIT REQUIREMENT	7.5 30DA AVG	10.0 14.3 DAILY MX		*****	30 30DA AVG	40 45 DAILY MX				TWICE/GRAB MONTH
SOLIDS, SETTLEABLE 00545 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	ML/L	0	9/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1.0 DAILY AV DAILY MX				WEEK - GRAB DAYS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.006	0.013	MGD	*****	*****	*****	*****	0	21/30	GR
	PERMIT REQUIREMENT	0.030 DAILY AV	44 DAILY MX		*****	*****	*****	*****			WEEK - FLOWED DAYS
CHLORINE, TOTAL RESIDUAL 50060 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	0.4	0.7	1.2	MG/L	0	21/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	2.0 DAILY AV DAILY MX				WEEK - GRAB DAYS
FECAL COLIFORM	SAMPLE MEASUREMENT				10	30	50	N/100 ML	0	2/30	GR
	PERMIT REQUIREMENT				NA	NA	1,000				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							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		FTS	856-2060	83
TYPED OR PRINTED		AREA CODE		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. BRAINERD RD.**
CHATTANOOGA TN 37421

FACILITY

LOCATION

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

(2-16)

(17-19)

TN0026450

114 1

PERMIT NUMBER

DISCHARGE NUMBER

P - FINAL LIMITS
STP DISCHARGE TO TENN RIVER

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

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
83	10	01	83	10	31
(12-21)		(22-23)	(24-25)	(26-27)	
		(28-29)			(30-31)

NOTE: Read instructions before completing this form.

ATTN: SAM VANDEGRIFT

PARAMETER (32-37)	SAMPLE MEASUREMENT	(1 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-43)			(46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
BOD, 5-DAY (20 DEG. C) 00310 1 0 EFFLUENT GROSS VALUE	0.24	0.31	LBS/DY	*****	4.3	6.2	MG/L	0	2/30	GR			
PH	3.8	5.0	DAILY HI	*****	30	40	DAILY HI	0	10/30	GR			
00400 1 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	0	10/30	GR			
SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE	0.19	0.30	LBS/DY	*****	3.5	6.0	MG/L	0	2/30	GR			
SOLIDS, SETTLEABLE 00545 1 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	0	8/30	GR			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	0.007	0.012	MGD	*****	*****	*****	*****	0	21/30	WEIR			
COLIFORM, FECAL GENERAL 70055 1 0 EFFLUENT GROSS VALUE	0.015	0.020	DAILY AV	*****	*****	*****	*****	0	2/30	GR			
TOTAL CHLORINE RESIDUAL	*****	*****	*****	*****	*****	*****	*****	0	21/30	GR			
	*****	*****	*****	*****	*****	*****	*****	0	5/7	GR			

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)

NAME **TVA - SQUOYAH 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)
114 2

DISCHARGE NUMBER

P - FINAL LIMITS
STP DISCHARGE TO TENN RIVER

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

FACILITY
 LOCATION

ATTN: SAM VANDEGRIFP

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
FROM 83	10	01	TO 83	10	31
(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			
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT				*****					
00310 1 0	PERMIT REQUIREMENT	3.0	5.6	LBS/DY	*****	30	45			THICE/GRAB
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX			30DA AVG	DAILY MX			NORTH
PH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
00400 1 0	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	9.0			THICE/GRAB
EFFLUENT GROSS VALUE					MINIMUM		MAXIMUM			SEK
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT				*****					
00530 1 0	PERMIT REQUIREMENT	3.0	5.6	LBS/DY	*****	30	45			THICE/GRAB
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX			30DA AVG	DAILY MX			NORTH
SOLIDS, SETTLEABLE	SAMPLE MEASUREMENT	*****	*****	*****	*****					
00545 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	30DA AVG	1.0			THICE/GRAB
EFFLUENT GROSS VALUE						30DA AVG	DAILY MX			SEK
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT				*****	*****	*****			
50050 1 0	PERMIT REQUIREMENT	.005	*****	MGD	*****	*****	*****			THICE - FLOIN D
EFFLUENT GROSS VALUE		DAILY AV	DAILY MX							DAYS
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****	*****	*****					
74055 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	30DA GRO	1000			THICE/GRAB
EFFLUENT GROSS VALUE						30DA GRO	DAILY MX			NORTH
DISSOLVED OXYGEN	SAMPLE MEASUREMENT				1.0	1.6	3.2	MG/L	0	21/30 GR
	PERMIT REQUIREMENT				1.0				5/7	GR

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 attachments here)

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 VANDEGRIPF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

TN0026450

115 '1

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

FROM **83 10 01** TO **83 10 31**
(20-21) (22-24) (24-25) (26-27) (28-29) (30-31)

F - FINAL LIMITS

VEHICLE WASH POND EFFLUENT

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(1 Card Only) (46-53)			(4 Card Only) (38-45)			(4 Card Only) (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
PH	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	*****	6.9	*****	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	*****	*****	*****	*****	51	*****	97	*****	3	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	4/30	WEIR	
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****	*****	*****		WEEKLY	FLOIWD	
	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 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 NUMBER	83 YEAR
TYPED OR PRINTED					

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

A NOTIFICATION OF NONCOMPLIANCE IS ATTACHED.
*ESTIMATED FLOW.

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

Description of the discharge--Discharge No. 115 - Vehicle wash pond. A grab sample of the vehicle wash pond effluent collected on October 6 and reported on November 15 contained 44 mg/L of total suspended solids (TSS), exceeding the maximum permit limitation of 40 mg/L.

Cause and period of the noncompliance--The noncompliance was caused by poor settling of the solids in the pond. Samples of the vehicle wash pond effluent collected on September 28 and October 12 contained 20 and 16 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--During the week of November 7, a small slot was cut in the existing discharge stand pipe to create a more uniform discharge flow. This should avoid surge overflows and prevent noncompliances associated with heavy flows. We will continue to observe pond performance and make operational and/or design modifications as necessary.

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

Description of the discharge--Discharge No. 115 - Vehicle wash pond. Grab samples of the vehicle wash pond effluent collected on October 19 and 26 and reported on November 4 contained 97 and 46 mg/L of total suspended solids (TSS), respectively, exceeding the maximum permit limitation of 40 mg/L.

Cause and period of the noncompliance--The noncompliances were caused by poor settling of the solids in the pond. Samples of the vehicle wash pond effluent collected on October 12 and November 4 contained 16 and 23 mg/L of TSS, respectively. Therefore, the period of noncompliance was less than 23 days.

Steps taken to reduce, eliminate, and prevent recurrence of the noncomplying discharge--During the week of November 7, a small slot was cut in the existing discharge stand pipe to create a more uniform discharge flow. This should avoid surge overflows and prevent noncompliances associated with heavy flows. We will continue to observe pond performance and make operational and/or design modifications as necessary.