

PERMITTEE NAME ADDRESS (Include Facility)

NAME TVA - SEQUOYAH NUCLEAR

ADDRESS 6411 E. BRAINERD RD.

CHATTANOOGA

TN 37421

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

(12-16)

(17-19)

TN0026450

PERMIT NUMBER

101 1

DISCHARGE NUMBER

F - FINAL LIMITS

DIFFUSER GATE TO TENN RIVER

Form Approved
OMB No. 2040-006
Expires 2-29-84

FACILITY

LOCATION

ATTN: SAM VANDEGRIFF

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
84	02	01	84	02	29	
(29-31)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)	

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	<div></div>	(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			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 P 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	*****	39.7	43.8	47.3	0	b) 28/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	DEG.F	SEE PERMIT	GRAB10
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 Q 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	*****	52.7	66.6	71.2	0	b) 24/30	REC
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	112.5	DEG.F	CONTINRCORDR UOUS	
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 R 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	*****	58.8	65.4	70.5	0	4/30	REC
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	97.0	DEG.F	CONTINRCORDR UOUS	
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 6 0 DOWNSTREAM MONITOR	SAMPLE MEASUREMENT	*****	*****	*****			a)			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	101.0	DEG.F	DAILY GRAB	
TEMP DIFF. BETWEEN SAMPLE AND UPSTREAM 00018 M 0 UP- AND DOWN-STREAM PH	SAMPLE MEASUREMENT	*****	*****	*****	0.49	2.4	5.3	0	c) 27/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.4 INST MX	DEG.F	SEE PERMIT	GRAB10
00400 1 0 EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU	SEE PERMIT	
50050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	896	1090		*****	*****	*****	*****	b) 28/30	REC
	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****	*****	CONTINRCORDR UOUS	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

MARTIN E. RIVERS, 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.

Martin E. Rivers
SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

AREA
CODE

856-6601

84

05

28

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments)

CLOSED MODE. INDICATE WHICH IS APPROPRIATE.
SEE PERMIT FOR FURTHER MONITORING REQUIREMENTS.

P CORRESPONDS TO AMBIENT TEMPERATURE, *Q* TO OPEN MODE, *S* TO
a) PLANT DID NOT OPERATE IN CLOSED MODE THIS MONTH.
b) COMPUTER MALFUNCTIONED ONE DAY THIS MONTH.
c) COMPUTER MALFUNCTIONED TWO DAYS THIS MONTH.

IE25
0/1

8406040060 840528
PDR ADOCK 05000327
PDR

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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

DISCHARGE MONITORING REPORT (DMR)

F - FINAL LIMITS
DIFFUSER GATE TO TENN RIVER

NAME **TVA - SEQUOYAH NUCLEAR**
ADDRESS **411 E. BRAINERD RD.**
CHATTANOOGA TN 37421

TN0026450
PERMIT NUMBER

101 1
DISCHARGE NUMBER

FACILITY
LOCATION
ATTN: **SAM VANDEGRIFF**

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
FROM 84	02	01	TO 84	02	29
(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)			UNITS	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	*****	*****	*****			*				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.10 INST MX	MG/L		WEEK- DAYS	CALCTD
TEMPERATURE RATE OF CHANGE DEG. F/HOUR 74029 6 0 DOWNSTREAM MONITOR	SAMPLE MEASUREMENT	0.15	1.4	DEG F/	*****	*****	*****	*****	0	28/30**	REC
	PERMIT REQUIREMENT	*****	3.6 INST MX	HOUR	*****	*****	*****	*****		SEE PERMIT	CALCTD
DOWNSTREAM TEMPERATURE	SAMPLE MEASUREMENT	46.2	57.9	DEG.F					0	28/30**	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										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

MARTIN E. RIVERS, 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 856-6601 84 05 28
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. *DID NOT CHLORINATE THIS REPORTING PERIOD.
SEE PERMIT FOR FURTHER MONITORING REQUIREMENTS. **COMPUTER MALFUNCTIONED ONE DAY THIS MONTH.

PERMITTEE NAME/ADDRESS (Include Facility Name 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

FACILITY
LOCATION

TN0020450
PERMIT NUMBER

102 1
DISCHARGE NUMBER

F - FINAL LIMITS
YARD DRAINAGE POND EFFLUENT

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	02	01	84	02	29
(29-31)	(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) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (54-61)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
PH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	8.7		0	14/30	GR
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		THREE/GRAB WEEK	
SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****	*****	*****	19	84		0	21/30	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	4/30	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	1.3	4.1	MGD	*****	*****	*****	*****	0	29/30	REC
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		CONTINRCORR UNUS	
	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			
MARTIN E. RIVERS, DIRECTOR OF ENVIRONMENTAL QUALITY STAFF		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FTS AREA CODE	856-6601	84	05
TYPED OR PRINTED						

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PH MEASUREMENT FREQUENCY SHALL NOT BE LESS THAN 1/WEEK AFTER 1 YEAR, UNLESS DETERMINED OTHERWISE.

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

NAME **TVA - SEQUOYAH NUCLEAR**
ADDRESS **411 E. BRAINERD RD.**
CHATTANOUGA TN 37421

FACILITY

LOCATION

ATTN: **SAM VANDEGRIF**

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

TND026450

PERMIT NUMBER

103 1

DISCHARGE NUMBER

F - FINAL LIMITS
LOW VOL WASTE TREAT POND EFFL

Form Approved
OMB No. 2050-0004
Expires 2-29-84

MONITORING PERIOD								
YEAR			MO			DAY		
FROM	84	02	01	TO	84	02	29	
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)	

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(1 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) (54-61)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
PH	SAMPLE MEASUREMENT	*****	*****	*****	6.0	*****	8.5		0	16/30	GR
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		THREE/ WEEK	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	71	153		*****	8.4	13		0	13/30	GR
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	380 DAILY AV	1250 DAILY MX	LBS/DY	*****	30 DAILY AV	100 DAILY MX	MG/L		THREE/ WEEK	GRAB
OIL AND GREASE (SOXHLET EXTR.) TOT.	SAMPLE MEASUREMENT	<45	<88		*****	<5.0	<5.0		0	9/30	GR
00550 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	190 DAILY AV	250 DAILY MX	LBS/DY	*****	15 DAILY AV	20 DAILY MX	MG/L		TWICE/ WEEK	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	1.2	2.6		*****	*****	*****	*****	0	29/30	CAL
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	***** DAILY AV	***** DAILY MX	MGD	*****	*****	*****	*****		DAILY TOTAL	
	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 § 1312. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.	TELEPHONE		DATE		
MARTIN E. RIVERS, DIRECTOR OF ENVIRONMENTAL QUALITY STAFF		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FTS AREA CODE	856-6601	84	05
TYPED OR PRINTED						

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.

PERMITTEE NAME/ADDRESS (Include Facility Name if location is 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 **411 E. BRAINERD RD.**
CHATTANOOGA TN 37421

IN0026450
PERMIT NUMBER

104 1
DISCHARGE NUMBER

F - FINAL LIMITS
RADWSTE SYST TO COOL TWR BLWDN

FACILITY
LOCATION

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	02	01	84	02	29
(12-21)	(12-21)	(12-21)	(12-21)	(12-21)	(12-21)

NOTE: Read instructions before completing this form.

ATTN: SAM VANDEGRUFF

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				
PH	SAMPLE MEASUREMENT	*****	*****	*****	6.0	*****	7.9		0	8/30	GR
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		TWICE/GRAB WEEK	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	0.63	1.3		*****	4.1	12		0	8/30	COMP
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	13 DAILY AV	42 DAILY MX	LBS/DY	*****	30 DAILY AV	100 DAILY MX	MG/L		TWICE/COMPUS WEEK	
OIL AND GREASE (SOXHLET EXTR.) TOT.	SAMPLE MEASUREMENT	<1.1	<1.8		*****	<5.8	<7.7		0	6/30*	GR
00550 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	6.3 DAILY AV	8.3 DAILY MX	LBS/DY	*****	15 DAILY AV	20 DAILY MX	MG/L		TWICE/GRAB WEEK	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.024	0.048		*****	*****	*****	*****	0	28/30	REC
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	***** DAILY AV	***** DAILY MX	MGD	*****	*****	*****	*****		ONCE/RCORDR BATCH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
MARTIN E. RIVERS, 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
856-6601
DATE
84 05 28

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.

*TWO SAMPLES WERE INADVERTENTLY NOT COLLECTED THIS REPORTING PERIOD.

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

NAME TVA - SEQUOYAH NUCLEAR

ADDRESS 0411 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

105 1

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
84	02	01	84	02	29
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

F - FINAL LIMITS

REGEN TO COOL TWR BLWDN LINE

Form Approved

OMB No. 2040-0004

Expires 2-29-84

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(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			
PH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	9.0		0	11 BATCHES GR
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/ GRAB BATCH
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	3.8	7.4		*****	27	48		0	8* BATCHES COMP
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	25 DAILY AV	83 DAILY MX	LBS/DY	*****	30 DAILY AV	100 DAILY MX	MG/L		ONCE/ COMPOS BATCH
OIL AND GREASE (SOXHLET EXTR.) TOT.	SAMPLE MEASUREMENT	<0.79	<1.2		*****	<5.0	<5.0		0	9 BATCHES GR
00550 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	13 DAILY AV	17 DAILY MX	LBS/DY	*****	15 DAILY AV	20 DAILY MX	MG/L		DAILY GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.019	0.028		*****	*****	*****	*****	0	9 BATCHES GR
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	***** DAILY AV	***** DAILY MX	MGD	*****	*****	*****	*****		ONCE/ CALCTD BATCH
	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		
MARTIN E. RIVERS, DIRECTOR OF ENVIRONMENTAL QUALITY STAFF		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FTS AREA CODE	856-6601 NUMBER	84 YEAR	05 MO
TYPED OR PRINTED						

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 INADVERTENTLY NOT COLLECTED THIS REPORTING PERIOD.

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

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

Form Approved
CMS No. 2040-000-4
Expires 2-29-84

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

IN0026450
PERMIT NUMBER

106 1
DISCHARGE NUMBER

F - FINAL LIMITS
STM GEN BLWDN TO COOL TWR BLDN

FACILITY
LOCATION

MONITORING PERIOD
FROM 84 02 01 TO 84 02 29
(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)			UNITS	NO. EX	FREQUENCY OF ANALYSIS (62-63)	SAMPLE TYPE (64-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
PH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	***** MINIMUM	*****	*****	SU		SEE PERMIT	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT				*****						
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	50 DAILY AV	170 DAILY MX	LBS/DY	*****	30 DAILY AV	100 DAILY MX	MG/L		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE			*****	*****	*****	*****			
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	***** DAILY AV	***** DAILY MX	MGD	*****	*****	*****	*****		ONCE/ MONTH	INSTAN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER MARTIN E. RIVERS, 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 856-6601 AREA CODE NUMBER	8- 05 YEAR MO	28 DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attached pages)
**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: SAM VANDEGRIFT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

TN0026450

PERMIT NUMBER

107 1

DISCHARGE NUMBER

F - FINAL LIMITS

METAL CLN WASTE PND TO COND CH

Form Approved

OMB No. 2040-0004

Expires 2-29-84

MONITORING PERIOD

FROM 84 02 01 TO 84 02 29
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	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)			
CHEM. OXYGEN DEMAND (HIGH LEVEL) (COD) 00340 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****					
PH	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100	MG/L	WEEKLY	COMP-B
00400 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****					
SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0	SU	WEEKLY	GRAB
DIL AND GREASE (SOXHLET EXTR.) TOT. 00550 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****					
PHOSPHORUS, TOTAL (AS P) 00665 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30	MG/L	WEEKLY	COMP-B
COPPER, TOTAL (AS CU) 01042 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****					
IRON, TOTAL (AS FE) 01045 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15	MG/L	WEEKLY	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1.0	MG/L	WEEKLY	COMP-B
	SAMPLE MEASUREMENT	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1.0	MG/L	WEEKLY	COMP-B
	SAMPLE MEASUREMENT	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1.0	MG/L	WEEKLY	COMP-B

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILAR 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		
MARTIN E. RIVERS, DIRECTOR OF ENVIRONMENTAL QUALITY STAFF		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FTS AREA CODE	856-6601	84	05
TYPED OR PRINTED			NUMBER	YEAR	MO	DAY

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)

TN0026450

PERMIT NUMBER

107 1

DISCHARGE NUMBER

F - FINAL LIMITS

METAL CLN WASTE PND TO COND CH

Form Approved
OMB No. 2040-0034
Expires 2-29-84

FACILITY

LOCATION

ATTN: SAM VANDEGRIFF

MONITORING PERIOD							
FROM			TO				
YEAR	MO	DAY	YEAR	MO	DAY		
84	02	01	84	02	29		
(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 (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	NO DISCHARGE			*****	*****	*****	*****		
	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****	*****	ONCE/ BATCH	CALCTD
	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									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

MARTIN E. RIVERS, 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 856-6601 84 05 28
AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments)

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 - If location is different)

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

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

TN0026450
 PERMIT NUMBER

108 1
 DISCHARGE NUMBER

F - FINAL LIMITS
CONCRETE PLT SETTLING POND

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

FACILITY
 LOCATION

ATTN: SAM VANDEGRIFF

MONITORING PERIOD								
YEAR			MO			DAY		
FROM	84	02	01	TO	84	02	29	
	(28-29)	(12-24)	(24-25)		(28-29)	(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)			UNITS	NO. EX	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	*****	*****	*****	*****	10	31		0	4/30	GR
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	DAILY AV	DAILY MX	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	*****	*****	*****	*****	DAILY AV	DAILY MX	20 MG/L		ONCE/ MONTH GRAB	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.002	0.003		*****	*****	*****	*****	0	4/30	WEIR
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****	*****		WEEKLY FLOI	ND
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

MARTIN E. RIVERS, 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 a maximum imprisonment of between 6 months and 5 years.

SIGNATURE OF PRINCIPAL EXECUTIVE
 OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

FTS 856-6601 84 05 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 TENNESSEE VALLEY AUTHORITY
ADDRESS 6411 EAST BRAINERD ROAD
CHATTANOOGA, TN 37421

FACILITY SEQUOYAH NUCLEAR PLANT
LOCATION SODDY, TN 37379

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

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

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

EMERGENCY DIESEL GENERATOR
NO. 5 COOLING WATER EFFLUENT

MONITORING PERIOD
FROM 84 02 01 TO 84 02 29
(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			
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
MARTIN E. RIVERS, 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. (Penalty 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 856-6601 84 05 28
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 VANDEGRIFT**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

TN0026450

PERMIT NUMBER

110 1

DISCHARGE NUMBER

F - FINAL LIMITS
RECYCLED COOLING WATER FLOW

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
FROM 84	02	01	TO 84	02	29
(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 (38-45)				NO. EX (52-53)	FREQUENCY OF ANALYSIS (54-58)	SAMPLE TYPE (59-70)
		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	GRAB10
00400 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****						
EFFLUENT GROSS VALUE CHLORINE, TOTAL RESIDUAL	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	9.0	SU		WEEKLY	GRAB
50060 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****						
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.10	MG/L		WEEKLY	GRAB10
	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			
MARTIN E. RIVERS, DIRECTOR OF ENVIRONMENTAL QUALITY STAFF		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FTS AREA CODE	856-6601	84	05
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 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 and Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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

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

DISCHARGE MONITORING REPORT (DMR)

F - FINAL LIMITS
STP DISCHARGE

DISCHARGE MONITORING REPORT (DMR)
TNO026450
PERMIT NUMBER

DISCHARGE MONITORING REPORT (DMR)
111 1
DISCHARGE NUMBER

FACILITY
LOCATION

MONITORING PERIOD
FROM YEAR MO DAY TO YEAR MO DAY
84 02 01 TO 84 02 29
(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)	X	(3 Card Only) (46-53)			(4 Card Only) (38-45)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (54-55)	SAMPLE TYPE (59-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
800, 5-DAY (20 DEG. C)		5.4	7.4		*****	44	59	MG/L	2	2/30	GR
00310 1 0 EFFLUENT GROSS VALUE		3.8 30DA AVG	5.0 DAILY MX	LBS/DY	*****	30 DA AVG	40 DA MAX			TWICE/GRAB MONTH	
PH		*****	*****	*****	*****	*****	*****				
00400 1 0 EFFLUENT GROSS VALUE		*****	*****	*****	*****	*****	*****	SU		SEE PERMIT	
SOLIDS, TOTAL SUSPENDED		2.1	2.6		*****	17	21		0	2/30	GR
00530 1 0 EFFLUENT GROSS VALUE		3.8 6.3 30DA AVG	5.0 5.6 DAILY MX	LBS/DY	*****	30 30DA AVG	40 45 DAILY MX	MG/L		TWICE/GRAB MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.015*	0.015*		*****	*****	*****	*****	0	21/30	WEIR
50050 1 0 EFFLUENT GROSS VALUE		0.015 DAILY AV	***** DAILY MX	MGD	*****	*****	*****	*****		WEEK- DAYS	FLOIND
CHLORINE, TOTAL RESIDUAL		*****	*****	*****	*****	*****	*****		0	21/30	GR
50060 1 0 EFFLUENT GROSS VALUE		*****	*****	*****	*****	*****	2.0 DAILY AV DAILY MX	MG/L		WEEK- DAYS	GRAB
FECAL COLIFORM					<10	<1105	2200	N/100 ML	1	2/30	GR
					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	
MARTIN E. RIVERS, DIRECTOR OF ENVIRONMENTAL QUALITY STAFF								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		FTS 856-6601 84 05 28	
TYPED OR PRINTED								AREA CODE NUMBER		YEAR MO DAY	

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

*ESTIMATED FLOW.

A NOTIFICATION OF NONCOMPLIANCE IS ATTACHED.

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

Description of the discharge--Discharge No. 111 - Sewage treatment plant effluent: Routine samples collected on February 2 and 23 and March 1 had values which exceeded the maximum permit limitations as follows.

<u>Date</u>	<u>Parameter</u>	<u>Concentration</u>	<u>Maximum Limitation</u>
02/02	BOD ₅	59 mg/L	40 mg/L
02/02	BOD ₅	7.4 lbs/day	5.0 lbs/day
02/23	Fecal Coliform	2000 N/100 ml	1000 N/100 ml
03/01	Fecal Coliform	2000 N/100 ml	1000 N/100 ml

Cause and period of the noncompliance--The inlet distribution box to each section of the sand filter was observed. The distribution box for the A-B section of the sand filter was overflowing and the distribution lines were plugged. We suspect that the sand filter is clogged with an organic mat.

Other samples collected were as follows.

<u>Date</u>	<u>Parameter</u>	<u>Concentration</u>
02/23	BOD ₅	28 mg/L
02/23	BOD ₅	3.4 lbs/day
03/22	Fecal Coliform	90 N/100 ml

Thus, the maximum periods of noncompliance for BOD₅ and fecal coliform were 27 and 29 days, respectively.

Steps taken to reduce, eliminate, and prevent recurrence of the noncomplying discharge--A requisition has been prepared to have the A-B section of the sand filter treated with hydrogen peroxide via the patented POROX process for organic removal. In the meantime, efforts are being made to get the new sand filter (DSN 112) operational to alleviate the loading on the DSN 111 sand filter.--Loading on DSN 111 will also be reduced the latter part of April when the current unit outage ends.

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.
CHATTANOUGA TN 37421

(12-16) TNC026450
PERMIT NUMBER
(17-19) 112 1
DISCHARGE NUMBER

F - FINAL LIMITS
STP DISCHARGE

FACILITY _____
LOCATION _____

MONITORING PERIOD
FROM YEAR MO DAY TO YEAR MO DAY
(12-21) (12-23) (12-24) (12-27) (12-29) (12-31)
84 02 01 TO 84 02 29

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			
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
SETTLEABLE SOLIDS	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT						1.0		2/7	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			
MARTIN E. RIVERS, DIRECTOR OF ENVIRONMENTAL QUALITY STAFF TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FTS AREA CODE	856-6601	84	05

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

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)

(17-19)

TNO026450

PERMIT NUMBER

113 1

DISCHARGE NUMBER

F - FINAL LIMITS

STP TO COND COOLING WATER CHAN

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

FACILITY

LOCATION

ATTN: SAM VANDEGRIFF

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	02	01	84	02	29
(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)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
800, 5-DAY (20 DEG. C)					*****				0	2/30	GR
00310 1 0 EFFLUENT GROSS VALUE		7.5 30DA AVG	10.0 DAILY MX	LBS/DY	*****	30 30DA AVG	40 DAILY MX	MG/L		TWICE/GRAB MONTH	
PH		*****	*****	*****	*****	*****	*****				
00400 1 0 EFFLUENT GROSS VALUE		*****	*****	*****	*****	*****	*****	SU		SEE PERMIT	
SOLIDS, TOTAL SUSPENDED					*****	18	21		0	2/30	GR
00530 1 0 EFFLUENT GROSS VALUE		7.5 30DA AVG	10.0 DAILY MX	LBS/DY	*****	30 30DA AVG	40 DAILY MX	MG/L		TWICE/GRAB MONTH	
SOLIDS, SETTLEABLE		*****	*****	*****	*****	<0.1	<0.1		0	21/30	GR
00545 1 0 EFFLUENT GROSS VALUE		*****	*****	*****	*****	*****	1.0 DAILY AV	ML/L		WEEK-GRAB DAYS	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT					*****	*****	*****	*****	0	21/30	GR
50050 1 0 EFFLUENT GROSS VALUE		0.030 DAILY AV	NA DAILY MX	MGD	*****	*****	*****	*****		WEEK-GRAB DAYS	FLOIN
CHLORINE, TOTAL RESIDUAL		*****	*****	*****	0.0	0.9	2.0		0	21/30	GR
50060 1 0 EFFLUENT GROSS VALUE		*****	*****	*****	*****	*****	2.0 DAILY AV	MG/L		WEEK-GRAB DAYS	
FECAL COLIFORM					<10	<10	<10	N/100 ML	0	2/30	GR
					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 a term of imprisonment of between 6 months and 5 years.	TELEPHONE		DATE		
MARTIN E. RIVERS, DIRECTOR OF ENVIRONMENTAL QUALITY STAFF		856-6601		84	05	28
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FTS AREA CODE	NUMBER	YEAR	MO

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

(2-16) **TN0026450**
PERMIT NUMBER
(17-19) **114 1**
DISCHARGE NUMBER

F - FINAL LIMITS
STP DISCHARGE TO TENN RIVER

FACILITY
LOCATION

MONITORING PERIOD
FROM YEAR MO DAY TO YEAR MO DAY
84 02 01 84 02 29
(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 (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)	SAMPLE MEASUREMENT	0.37	0.53		*****	5.4	8.0		0	2/30	GR		
00310 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	3.8 30DA AVG	5.0 5.6 DAILY MX	LBS/DY	*****	30 30DA AVG	40 45 DAILY MX	MG/L		TWICE/GRAB MONTH			
PH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	6.9		0	10/30	GR		
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		TWICE/GRAB WEEK			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	0.59	0.73		*****	8.5	11		0	2/30	GR		
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	3.8 30DA AVG	5.0 5.6 DAILY MX	LBS/DY	*****	30 30DA AVG	40 45 DAILY MX	MG/L		TWICE/GRAB MONTH			
SOLIDS, SETTLEABLE	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1		0	21/30	GR		
00545 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	30DA AVG	1.0 DAILY MX	ML/L		TWICE/GRAB WEEK-DAYS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.008	0.011		*****	*****	*****	*****	0	20/30	WEIR		
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.015 0.10 DAILY AV	NA ***** DAILY MX	MGD	*****	*****	*****	*****		WEEK-FLOING DAYS			
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****	*****	*****	<10	<10	#/	0	2/30	GR		
74055 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	30DA GEO	1000 DAILY MX	100ML		TWICE/GRAB MONTH			
TOTAL RESIDUAL CHLORINE	SAMPLE MEASUREMENT				0.0	0.8	1.9		0	21/30	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			
MARTIN E. RIVERS, DIRECTOR OF ENVIRONMENTAL QUALITY STAFF TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FTS AREA CODE	856-6601	84	05

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.

CHATTANOUGA

TN 37421

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(12-16)

(17-19)

TN0026450

114 2

PERMIT NUMBER

DISCHARGE NUMBER

F - FINAL LIMITS

STP DISCHARGE TO TENN RIVER

Form Approved

OMB No. 2040-0004

Expires 2-29-84

FACILITY

LOCATION

ATTN: SAM VANDEGRIFF

MONITORING PERIOD								
YEAR			MO			DAY		
FROM	84	02	01	TO	84	02	29	
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)	

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(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	PERMIT REQUIREMENT	3.8 30DA AVG	5.6 DAILY MX	LBS/DY	*****	30 30DA AVG	45 DAILY MX	MG/L	TWICE/GRAB MONTH	
PH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU	TWICE/GRAB WEEK	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT				*****					
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	3.8 30DA AVG	5.6 DAILY MX	LBS/DY	*****	30 30DA AVG	45 DAILY MX	MG/L	TWICE/GRAB MONTH	
SOLIDS, SETTLEABLE	SAMPLE MEASUREMENT	*****	*****	*****	*****					
00545 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1.0 DAILY MX	ML/L	TWICE/GRAB WEEK	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT				*****	*****	*****	*****		
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	.005 DAILY AV	***** DAILY MX	MGD	*****	*****	*****	*****	WEEK- FLOIND DAYS	
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****	*****	*****			#/		
74055 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1000 DAILY MX	100ML	TWICE/GRAB MONTH	
DISSOLVED OXYGEN	SAMPLE MEASUREMENT				1.6	4.6	6.8	MG/L	0 21/30	GR
	PERMIT REQUIREMENT				1.0				5/7	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			
MARTIN E. RIVERS, DIRECTOR OF ENVIRONMENTAL QUALITY STAFF		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FTS 856-6601	84	05	28
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

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

TN0026450

PERMIT NUMBER

115 1

DISCHARGE NUMBER

F - FINAL LIMITS

VEHICLE WASH POND EFFLUENT

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

FACILITY

LOCATION

ATTN: SAM VANDEGRIFF

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
FROM 84	02	01	TO 84	02	29
(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)			UNITS	NO. EX	FREQUENCY OF ANALYSIS (54-68)	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	SU		ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	*****	*****	20	33		0	4/30	GR
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAILY AV	40 DAILY MX	MG/L		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	ML/L		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	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.004*	0.006*		*****	*****	*****	*****	0	4/30	WEIR
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	***** DAILY AV	***** DAILY MX	MGD	*****	*****	*****	*****		WEEKLY	FLOIND
	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 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.)	TELEPHONE		DATE		
MARTIN E. RIVERS, DIRECTOR OF ENVIRONMENTAL QUALITY STAFF		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FTS AREA CODE	856-6601	84	05 28
TYPED OR PRINTED			NUMBER	YEAR	MO	DAY

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

*ESTIMATED FLOW.

PERMITTEE NAME/ADDRESS (Include
Facility Name and 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 84	03	01	TO 84	03	31
(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			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 P 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	*****	45.8	49.0	52.5	0	31/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	DEG.F	SEE PERMIT	GRAB10
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 Q 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	*****	70.1	73.2	76.4	0	31/30	REC
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	112.5	DEG.F	CONTINRCORDR UOUS	
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 R 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	*****			*			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	97.0	DEG.F	CONTINRCORDR UOUS	
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 M 0 UP- AND DOWN-STREAM PH	SAMPLE MEASUREMENT	*****	*****	*****	0.32	2.2	3.7	0	31/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.4	DEG.F	SEE PERMIT	GRAB10
	SAMPLE MEASUREMENT	*****	*****	*****						
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	9.0	SU	SEE PERMIT	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	615	947		*****	*****	*****	*****	0	31/30 REC
	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****	*****	CONTINRCORDR UOUS	
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	
MARTIN E. RIVERS, DIRECTOR OF ENVIRONMENTAL QUALITY STAFF							856-6601		84 05 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. *PLANT OPERATED IN OPEN MODE ALL MONTH.
SEE PERMIT FOR FURTHER MONITORING REQUIREMENTS.

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)

(12-16)
TNO026450
 PERMIT NUMBER

(17-19)
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 84	03	01	TO 84	03	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

ATTN: SAM VANDEGRIFF

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 (46-53)	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 TEMPERATURE RATE OF CHANGE DEG. F/HOUR 74029 6 0 DOWNSTREAM MONITOR	SAMPLE MEASUREMENT	*****	*****	*****			*				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.10 INST MX	MG/L		WEEK- DAYS	CALCTD
	SAMPLE MEASUREMENT	0.23	1.3	DEG F/	*****	*****	*****	*****	0	31/30	REC
	PERMIT REQUIREMENT	*****	3.6 INST MX	HOUR	*****	*****	*****	*****		SEE PERMIT	CALCTD
DOWNSTREAM TEMPERATURE	SAMPLE MEASUREMENT	50.7	55.2	DEG. F					0	31/30	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										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER MARTIN E. RIVERS, 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	856-6601	84	05 28

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. *DID NOT CHLORINATE THIS REPORTING PERIOD.**
 SEE PERMIT FOR FURTHER MONITORING 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)

(17-19)

TN0026450

PERMIT NUMBER

102 1

DISCHARGE NUMBER

F - FINAL LIMITS

YARD DRAINAGE POND EFFLUENT

Form Approved

DATE 10/20/84

Expires 2-29-84

FACILITY

LOCATION

ATTN: SAM VANDEGRIFF

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
FROM 84	03	01	TO 84	03	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) (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 (54-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	7.9	0	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	*****	*****	*****	*****	15	80	0	22/30	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	5/30	GR
00550 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	5 DAILY AV	20 DAILY MX		WEEKLYGRAB	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	3.0	8.6		*****	*****	*****	0	31/30	REC
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	***** DAILY AV	***** DAILY MX	MGD	*****	*****	*****		CONTINRCORDR UOUS	
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER MARTIN E. RIVERS, 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	856-6601 NUMBER	84 YEAR

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.

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) **TNO026450**
 PERMIT NUMBER
 (17-19) **103 1**
 DISCHARGE NUMBER

F - FINAL LIMITS
 LOW VOL WASTE TREAT POND EFFL

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

FACILITY
 LOCATION

MONITORING PERIOD
 FROM **84 03 01** TO **84 03 31**
 (20-21) (22-24) (24-24) (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 (38-45)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
PH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	8.8		0	20/30	GR
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		THREE/ WEEK	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	93	308		*****	7.9	34		0	20/30	GR
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	380 DAILY AV	1250 DAILY MX	LBS/DY	*****	30 DAILY AV	100 DAILY MX	MG/L		THREE/GRAB WEEK	
OIL AND GREASE (SOXHLET EXTR.) TOT.	SAMPLE MEASUREMENT	<64	<109		*****	<5.0	<8.5		0	20/30	GR
00550 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	190 DAILY AV	250 DAILY MX	LBS/DY	*****	15 DAILY AV	20 DAILY MX	MG/L		TWICE/GRAB WEEK	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	1.47	2.62		*****	*****	*****	*****	0	31/30	CAL
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	***** DAILY AV	***** DAILY MX	MGD	*****	*****	*****	*****		DAILY TOTAL	2
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER MARTIN E. RIVERS, 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	856-6601 NUMBER	84 YEAR	05 28 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.

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)
104 1

DISCHARGE NUMBER

F - FINAL LIMITS

RADWSTE SYST TO COOL TWR BLWDN

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

FACILITY

LOCATION

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	03	01	84	03	31
(120-21)	(122-23)	(124-25)	(126-27)	(128-29)	(130-31)

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	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****	*****	6.3	*****	7.6		0	8/30	GR
00400 1 0	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	9.0	SU		TWICE/GRAB	
EFFLUENT GROSS VALUE					MINIMUM		MAXIMUM			WEEK	
SOLIDS, TOTAL	SAMPLE MEASUREMENT	2.0	3.7		*****	8.5	14		0	5/30*	COMP
00530 1 0	PERMIT REQUIREMENT	13	42	LBS/DY	*****	30	100	MG/L		TWICE/COMPOS	
EFFLUENT GROSS VALUE		DAILY AV	DAILY MX			DAILY AV	DAILY MX			WEEK	
OIL AND GREASE	SAMPLE MEASUREMENT	<1.1	<1.3		*****	<5.0	<5.0		0	8/30	GR
(SOXHLET EXTR.) TOT.	PERMIT REQUIREMENT	6.3	8.3	LBS/DY	*****	15	20	MG/L		TWICE/GRAB	
00550 1 0		DAILY AV	DAILY MX			DAILY AV	DAILY MX			WEEK	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.026	0.048		*****	*****	*****	*****	0	30/30	REC
FLOW, IN CONDUIT OR	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****	*****		ONCE/RCORD	
THRU TREATMENT PLANT		DAILY AV	DAILY MX							BATCH	
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

MARTIN E. RIVERS, 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

856-6601

84 05 28

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments and notes)
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.

*THREE SAMPLES WERE INADVERTENTLY NOT COLLECTED.

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)

TNO026450

PERMIT NUMBER

105 1

DISCHARGE NUMBER

F - FINAL LIMITS
 REGEN TO COOL TWR BLWON LINE

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

FACILITY

LOCATION

ATTN: SAM VANDEGRIFF

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	03	01	84	03	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	*****	*****	*****	6.1	*****	9.0		43	
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/ GRAB BATCH
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	3.5	11		*****	9.3	25		14	
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	25 DAILY AV	83 DAILY MX	LBS/DY	*****	30 DAILY AV	100 DAILY MX	MG/L		ONCE/ COMPOS BATCH
OIL AND GREASE (SOXHLET EXTR.) TOT.	SAMPLE MEASUREMENT	<2.1	<5.2		*****	<5.0	5.7		14	
00550 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	13 DAILY AV	17 DAILY MX	LBS/DY	*****	15 DAILY AV	20 DAILY MX	MG/L		DAILY GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.048	0.123		*****	*****	*****	*****	14	
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	***** DAILY AV	***** DAILY MX	MGD	*****	*****	*****	*****		ONCE/ CALCTO BATCH
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

MARTIN E. RIVERS, 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 856-6601
 AREA CODE NUMBER

84 05 28
 YEAR MO 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.

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)
TN0026450

PERMIT NUMBER

(17-19)
106 1

DISCHARGE NUMBER

F - FINAL LIMITS
STM GEN BLWON TO COOL TWR BLDN

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
FROM 84	03	01	TO 84	03	31
(12-21)	(12-21)	(12-25)	(12-27)	(12-29)	(12-31)

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 (38-45)			UNITS	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	*****	*****	*****	*****	*****	*****	SU		SEE PERMIT	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT				*****						
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	50 DAILY AV	170 DAILY MX	LBS/DY	*****	30 DAILY AV	100 DAILY MX	MG/L		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE			*****	*****	*1:*****	*****			
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****	*****		ONCE/ MONTH	INSTANT
	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		
MARTIN E. RIVERS, DIRECTOR OF ENVIRONMENTAL QUALITY STAFF		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		FTS AREA CODE	NUMBER	YEAR MO DAY
TYPED OR PRINTED				856-6601	84	05 28

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/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.**
CHATTANOUGA TN 37421

PERMIT NUMBER
TN0026450

DISCHARGE NUMBER
107 1

F - FINAL LIMITS
METAL CLN WASTE PND TO COND CH

FACILITY
LOCATION

MONITORING PERIOD								
YEAR	MO	DAY	YEAR	MO	DAY			
FROM 84	03	01	TO 84	03	31			
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)			

ATTN: SAM VANDEGRIFF

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(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					
CHEM. OXYGEN DEMAND (HIGH LEVEL) (COD) 00340 1 0	SAMPLE MEASUREMENT		*	LBS/DY	*****								
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	834		*****	*****	100	MG/L			WEEKLY	COMP-8	
PH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	8.6			0	44/30	GR	
00400 1 0	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	9.0	SU			WEEKLY	GRAB	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			LBS/DY	*****	*****				0	3/30	8-HR COMP	
SOLIDS, TOTAL SUSPENDED	PERMIT REQUIREMENT	*****	250		*****	*****	30	MG/L			WEEKLY	COMP-8	
00530 1 0	SAMPLE MEASUREMENT			LBS/DY	*****	*****				0	6/30	GR	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	125		*****	*****	15	MG/L			WEEKLY	GRAB	
OIL AND GREASE (SOXHLET EXTR.) TOT.	SAMPLE MEASUREMENT	<4.6	<5.6	LBS/DY	*****	*****							
00550 1 0	PERMIT REQUIREMENT	*****			*****	*****							
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT		*	LBS/DY	*****	*****	1.0	MG/L			WEEKLY	COMP-8	
PHOSPHORUS, TOTAL (AS P)	PERMIT REQUIREMENT	*****	8.3		*****	*****							
00665 1 0	SAMPLE MEASUREMENT			LBS/DY	*****	*****				0	3/30	8-HR COMP	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	8.3		*****	*****	1.0	MG/L			WEEKLY	COMP-8	
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	<0.004	<0.004	LBS/DY	*****	*****							
01042 1 0	PERMIT REQUIREMENT	*****			*****	*****							
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.19	0.20	LBS/DY	*****	*****	1.0	MG/L		0	3/30	8-HR COMP	
IRON, TOTAL (AS FE)	PERMIT REQUIREMENT	*****	8.3		*****	*****							
01045 1 0	SAMPLE MEASUREMENT			LBS/DY	*****	*****							
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****			*****	*****							
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER										TELEPHONE		DATE	
MARTIN E. RIVERS, DIRECTOR OF ENVIRONMENTAL QUALITY STAFF										FTS 856-6601		84 05 28	
TYPED OR PRINTED										SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE NUMBER YEAR MO DAY	

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

*NO PHOSPHORUS OR ORGANIC CHEMICAL BEARING COMPOUNDS WERE USED.

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

NAME **TVA - SEQUOYAH NUCLEAR**

ADDRESS **411 E. BRAINERD RD.**

CHATTANOOGA

TN 37421

FACILITY

LOCATION

ATIN: SAM VANDEGRIFF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

TN0026450

PERMIT NUMBER

107 1

DISCHARGE NUMBER

F - FINAL LIMITS

METAL CLN WASTE PND TO COND CH

Form Approved

OMB No. 2040-0004

Expires 2-29-84

MONITORING PERIOD								
YEAR			MO	DAY	YEAR		MO	DAY
FROM	84	03	01		TO	84	03	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 (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT		0.50	MGD	*****	*****	*****	*****	0	1
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****	*****		BATCH
		DAILY AV	DAILY MX							CALC
										ONCE/
										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									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER MARTIN E. RIVERS, 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	856-6601	84
		AREA CODE	NUMBER	YEAR	MO	DAY

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. 2040-0004
Expires 2-29-84

FACILITY

LOCATION

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
FROM 84	03	01	TO 84	03	31
(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. FX (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	*****	*****	*****	*****	15	46	1	5/30	GR
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	DAILY AV	DAILY MX	40	WEEKLY	GRAB
DIL AND GREASE (SOXHLET EXTR.) TOT.	SAMPLE MEASUREMENT	*****	*****	*****	*****		<5.0	0	1/30	GR
00550 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	DAILY AV	DAILY MX	20	ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.019	0.077		*****	*****	*****	0	5/30	WEIR
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****	*****	WEEKLY	FLOI
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
MARTIN E. RIVERS, 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

DATE

FTS
AREA
CODE

856-6601
NUMBER

84
YEAR

05
MO

28
DAY

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

A NOTIFICATION OF NONCOMPLIANCE IS ATTACHED.

Description of discharge - Discharge No. 108 - Concrete batch plant settling pond effluent to the condenser cooling water channel. A grab sample collected on March 28, 1984, contained a total suspended solids (TSS) concentration of 46 mg/l, exceeding the instantaneous maximum permit limitation of 40 mg/l.

Cause and period of the noncompliance - Extraneous flow entering the settling pond is the result of a 0.8-inch rainfall during the 24-hour period preceding sampling. This reduced the retention time within the pond and caused the noncompliance.

Runoff from the batch plant yard area and nearby road is normally routed away from the settling pond by an adjacent drainage ditch. Erosion of the ditch bank resulted in overflow into the settling pond producing the noncompliance.

Grab samples collected on March 21 and April 4 contained TSS concentrations of 13 mg/l and 36 mg/l, respectively. The maximum period of noncompliance, therefore, was 14 days.

Steps taken to reduce, eliminate, and prevent recurrence of the noncomplying discharge - The eroded bank of the drainage ditch will be repaired to eliminate this source of extraneous water to the settling pond. Rainfall and flooding of the settling pond has prevented completion of repair work to the ditch to date, but we anticipate it will be completed by June 15, 1984.

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 84 MO 03 DAY 01 TO YEAR 84 MO 03 DAY 31
(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) 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			
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									

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 \$50,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE		DATE			
MARTIN E. RIVERS, DIRECTOR OF ENVIRONMENTAL QUALITY STAFF		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FTS AREA CODE	856-6601	84	05	28
TYPED OR PRINTED				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 if location is 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

TN0026450
PERMIT NUMBER

110 1
DISCHARGE NUMBER

F - FINAL LIMITS
RECYCLED COOLING WATER FLOW

FACILITY
LOCATION

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
FROM 84	03	01	TO 84	03	31
(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 (38-45)			NO. EX (62-63)	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	*****	*****	*****	*****	*****	101.0 DAILY AV DAILY MX	DEG.F	DAILY	GRAB10
00400 1 0 EFFLUENT GROSS VALUE CHLORINE, TOTAL RESIDUAL 50060 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****		*****				
	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU	WEEKLY	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****		*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.10 DAILY AV DAILY MX	MG/L	WEEKLY	GRAB10
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
**MARTIN E. RIVERS, 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 856-6601 84 05 28
AREA CODE NUMBER YEAR MO 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

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

TN0026450

111 1

PERMIT NUMBER

DISCHARGE NUMBER

F - FINAL LIMITS
STP DISCHARGE

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	03	01	84	03	31
(120-21)	(122-23)	(124-25)	(126-27)	(128-29)	(130-31)

NOTE: Read instructions before completing this form.

AT IN: SAM VANDEGRIFF

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					
BOD, 5-DAY (20 DEG. C) 00310 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	3.7	4.4		*****	30	35	MG/L	0	2/30	GR		
PH	PERMIT REQUIREMENT	3.8 30DA AVG	5.0 DAILY MX	LBS/DY	*****	30 DA AVG	40 DAILY MAX			TWICE/GRAB MONTH			
00400 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	SU		SEE PERMIT			
SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		*****			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	2.1	2.2		*****	17	18		0	2/30	GR		
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	3.8 30DA AVG	5.0 DAILY MX	LBS/DY	*****	30 30DA AVG	40 DAILY MX	MG/L		TWICE/GRAB MONTH			
CHLORINE, TOTAL RESIDUAL 50060 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.015*	0.015*		*****	*****	*****	*****	0	22/30	WEIR		
	PERMIT REQUIREMENT	0.015 DAILY AV	***** DAILY MX	MGD	*****	*****	*****	*****		WEEK- DAYS	FLOING		
	SAMPLE MEASUREMENT	*****	*****	*****	<0.1	<0.4	2.0		0	22/30	WEIR		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	2.0 DAILY AV	MG/L		WEEK- DAYS	GRAB		
FECAL COLIFORM	SAMPLE MEASUREMENT				90	>1045	>2000	N/100 ML	1	2/30	GR		
	PERMIT REQUIREMENT				NA	NA	1000			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	
MARTIN E. RIVERS, DIRECTOR OF ENVIRONMENTAL QUALITY STAFF		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FTS AREA CODE	856-6601 NUMBER	84 YEAR
TYPED OR PRINTED					

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

*ESTIMATED FLOW.

A NOTIFICATION OF NONCOMPLIANCE IS ATTACHED.

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

Description of the discharge--Discharge No. 111 - Sewage treatment plant effluent: Routine samples collected on February 2 and 23 and March 1 had values which exceeded the maximum permit limitations as follows.

<u>Date</u>	<u>Parameter</u>	<u>Concentration</u>	<u>Maximum Limitation</u>
02/02	BOD ₅	59 mg/L	40 mg/L
02/02	BOD ₅	7.4 lbs/day	5.0 lbs/day
02/23	Fecal Coliform	2000 N/100 ml	1000 N/100 ml
03/01	Fecal Coliform	2000 N/100 ml	1000 N/100 ml

Cause and period of the noncompliance--The inlet distribution box to each section of the sand filter was observed. The distribution box for the A-B section of the sand filter was overflowing and the distribution lines were plugged. We suspect that the sand filter is clogged with an organic mat.

Other samples collected were as follows.

<u>Date</u>	<u>Parameter</u>	<u>Concentration</u>
02/23	BOD ₅	28 mg/L
02/23	BOD ₅	3.4 lbs/day
03/22	Fecal Coliform	90 N/100 ml

Thus, the maximum periods of noncompliance for BOD₅ and fecal coliform were 27 and 29 days, respectively.

Steps taken to reduce, eliminate, and prevent recurrence of the noncomplying discharge--A requisition has been prepared to have the A-B section of the sand filter treated with hydrogen peroxide via the patented POROX process for organic removal. In the meantime, efforts are being made to get the new sand filter (DSN 112) operational to alleviate the loading on the DSN 111 sand filter.--Loading on DSN 111 will also be reduced the latter part of April when the current unit outage ends.

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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

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

TNO026450
PERMIT NUMBER

112 1
DISCHARGE NUMBER

F - FINAL LIMITS
STP DISCHARGE

FACILITY
LOCATION

MONITORING PERIOD
FROM **84 03 01** TO **84 03 31**
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

ATTN: **SAM VANDEGRIFF**

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 (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 ₅	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
SETTLABLE SOLIDS	SAMPLE MEASUREMENT							ML/L			
	PERMIT REQUIREMENT						1.0			2/7	GR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER MARTIN E. RIVERS, 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 \$100,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE		DATE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FTS AREA CODE	856-6601	84	05

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 VANDEGRIFF

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

PERMIT NUMBER
TN0026450

DISCHARGE NUMBER
113 1

F - FINAL LIMITS
STP TO COND COOLING WATER CHAN

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	03	01	84	03	31

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(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	SAMPLE MEASUREMENT	0.38	0.67		*****	9.3	16		0	2/30	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7.5 30DA AVG	10.0 11.3 DAILY MX	LBS/DY	*****	30 30DA AVG	40.45 DAILY MX	MG/L		TWICE/GRAB MONTH	
PH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
00400 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	SU		SEE PERMIT	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.8	3.4		*****	44	82		1	2/30	GR
SOLIDS, TOTAL SUSPENDED 00530 1 0	PERMIT REQUIREMENT	7.5 30DA AVG	10.0 11.3 DAILY MX	LBS/DY	*****	30 30DA AVG	40.45 DAILY MX	MG/L		TWICE/GRAB MONTH	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1		0	22/20	GR
SOLIDS, SETTLEABLE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1.0 DAILY MX	ML/L		WEEK- DAYS	GRAB
00545 1 0	SAMPLE MEASUREMENT	0.004	0.005		*****	*****	*****	*****	0	22/30	WEIR
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0	PERMIT REQUIREMENT	0.030 DAILY AV	N/A DAILY MX	MGD	*****	*****	*****	*****		WEEK- DAYS	FLOIND
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	0.4	0.9	1.7		0	22/30	GR
CHLORINE, TOTAL RESIDUAL 50060 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	2.0 DAILY MX	MG/L		WEEK- DAYS	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT				<10	<10	<10	N/100	0	2/30	GR
FECAL COLIFORM	PERMIT REQUIREMENT				NA	NA	1000			2/30	GR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

MARTIN E. RIVERS, 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
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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

856-6601
NUMBER

84 05 28
YEAR MO DAY

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

A NOTIFICATION OF NONCOMPLIANCE IS ATTACHED.

Description of the discharge - Discharge No. 113 - Sewage treatment plant (STP) effluent to the condenser cooling water channel. Grab samples collected on March 27 and April 24, 1984, contained a total suspended solids (TSS) concentrations of 82 mg/l and 50 mg/l, respectively, exceeding the daily maximum permit limitation of 45 mg/l. The instantaneous flow rate at the time of sampling was 5,500 gal/d on both dates.

Cause and period of the noncompliance - We believe a high solids inventory and old sludge within the plant (11,000 mg/l of MLSS) produced solids with poor settling characteristics, thereby causing these noncompliances. In addition, a clogged sludge return line from the plant clarifier probably contributed to the April 24 noncompliance.

Grab samples collected on March 1, April 5, and May 8 contained TSS concentrations of 7.1 mg/l, 30 mg/l and 70 mg/l, respectively. The first period of noncompliance, therefore, was less than 35 days. The second period of noncompliance continues.

Steps taken to reduce, eliminate, and prevent recurrence of the noncomplying discharge - A solids wasting program was initiated on April 9 and solids were removed on April 16 and 23 in an effort to reduce the MLSS concentration and sludge age. This program will be continued to achieve optimum operating conditions.

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

NAME **TVA - SEQUOYAH NUCLEAR**

ADDRESS **6411 E. BRAINERD RD.**

CHATTANOOGA

TN 37421

FACILITY

LOCATION

ATIN: SAM VANDEGRIFF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

TN0026450

PERMIT NUMBER

114 1

DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)
84 03 01 84 03 31

F - FINAL LIMITS

STP DISCHARGE TO TENN RIVER

Form Approved

OMB No. 2040-0004

Expires 2-29-84

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53)			(4 Card Only) (54-61)			(4 Card Only) (38-45)			QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS						
800, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	0.80	1.4		*****	9.5	15						0	2/30	GR			
00310 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	3.8 30DA AVG	5.05-6 DAILY MX	LBS/DY	*****	30 30DA AVG	4045 DAILY MX	MG/L							TWICE/GRAB MONTH			
PH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	7.0						0	10/30	GR			
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU							TWICE/GRAB WEEK			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	0.86	1.4		*****	10	15						0	2/30	GR			
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	3.8 30DA AVG	5.05-6 DAILY MX	LBS/DY	*****	30 30DA AVG	4045 DAILY MX	MG/L							TWICE/GRAB MONTH			
SOLIDS, SETTLEABLE	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	1.0						0	22/30	GR			
00545 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1.0 DAILY MX	ML/L							TWICE/GRAB WEEK			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.015	0.023		*****	*****	*****	*****					0	22/30	WEIR			
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.015-0.02 DAILY AV	NA DAILY MX	MGD	*****	*****	*****	*****							WEEK- DAYS	FLOINO		
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****	*****	*****	<220	430	#/					0	2/30	GR			
74055 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1000 DAILY MX	100ML							TWICE/GRAB MONTH			
TOTAL RESIDUAL CHLORINE	SAMPLE MEASUREMENT				0.2	0.6	1.8						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 3 years.										TELEPHONE		DATE				
MARTIN E. RIVERS, DIRECTOR OF ENVIRONMENTAL QUALITY STAFF												FTS 856-6601		84 05 28				
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT										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

PERMIT NUMBER

(17-19)

114 2

DISCHARGE NUMBER

F - FINAL LIMITS

STP DISCHARGE TO TENN RIVER

Form Approved

OMB No. 2040-0004

Expires 2-29-84

FACILITY

LOCATION

ATTN: SAM VANDEGRIFF

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	03	01	84	03	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	3.8	5.6	LBS/DY	*****	30	45		TWICE	GRAB
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX			30DA AVG	DAILY MX		MONTH	
PH	SAMPLE MEASUREMENT	*****	*****	*****	*****					
00400 1 0	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	9.0		TWICE	GRAB
EFFLUENT GROSS VALUE					MINIMUM		MAXIMUM		WEEK	
SOLIDS, TOTAL	SAMPLE MEASUREMENT				*****					
SUSPENDED										
00530 1 0	PERMIT REQUIREMENT	3.8	5.6	LBS/DY	*****	30	45		TWICE	GRAB
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX			30DA AVG	DAILY MX		MONTH	
SOLIDS, SETTLEABLE	SAMPLE MEASUREMENT	*****	*****	*****	*****					
00545 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1.0		TWICE	GRAB
EFFLUENT GROSS VALUE						30DA AVG	DAILY MX		WEEK	
FLOW, IN CONDUIT OR	SAMPLE MEASUREMENT				*****	*****	*****	*****		
THRU TREATMENT PLANT										
50050 1 0	PERMIT REQUIREMENT	.005	*****	MGD	*****	*****	*****	*****	WEEK-	FLOWING
EFFLUENT GROSS VALUE		DAILY AV	DAILY MX						DAYS	
COLIFORM, FECAL	SAMPLE MEASUREMENT	*****	*****	*****	*****			#/		
GENERAL										
74055 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1000	100ML	TWICE	GRAB
EFFLUENT GROSS VALUE						30DA GEO	DAILY MX		MONTH	
DISSOLVED OXYGEN	SAMPLE MEASUREMENT				1.4	4.0	6.5	MG/L	0	22/30
										GR
	PERMIT REQUIREMENT				1.0				5/7	GR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

MARTIN E. RIVERS, 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

856-6601
NUMBER

84 05 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 - SEQUOYAH NUCLEAR**

ADDRESS **411 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

115 1

DISCHARGE NUMBER

F - FINAL LIMITS

VEHICLE WASH POND EFFLUENT

Form Approved

OMB No. 2040-0008

Expires 2-29-84

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
FROM 84	03	01	TO 84	03	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) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53)			UNITS	NO. EX	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (59-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
PH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	6.5		0	1/30	GR
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	*****	*****	31	60		2	5/30	GR
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAILY AV	40 DAILY MX	MG/L		WEEKLY	GRAB
SOLIDS, SETTLEABLE	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1		0	5/30	GR
00545 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.5 DAILY MX	ML/L		WEEKLY	GRAB
OIL AND GREASE (SOXHLET EXTR.) TOT.	SAMPLE MEASUREMENT	*****	*****	*****	*****	<5.0	<5.0		0	5/30	GR
00550 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	15 DAILY AV	20 DAILY MX	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.005*	0.006*		*****	*****	*****	*****	0	5/30	WEIR
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****	*****		WEEKLY	FLOIND
	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	
MARTIN E. RIVERS, DIRECTOR OF ENVIRONMENTAL QUALITY STAFF		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PTS AREA CODE	856-6601 NUMBER	84 YEAR
TYPED OR PRINTED					

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

*FLOW WAS ESTIMATED THREE WEEKS THIS REPORTING PERIOD.

A NOTIFICATION OF NONCOMPLIANCE IS ATTACHED.

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

Description of the discharge--Discharge No. 115 - Vehicle wash pond effluent to the Tennessee River. Grab samples collected on March 7 and 28 contained total suspended solids (TSS) concentrations of 47 and 60 mg/L, respectively, exceeding the daily maximum limitation of 40 mg/L. The discharge flow rate on March 7 and 28 was 0.006 MGD.

Cause and period of the noncompliance--Poor distribution of flow and reduced retention time in the settling pond probably caused the noncompliances. Rainfall amounts totaling 0.5 and 0.8 inch during the 48 hours preceding the March 7 and 28 noncompliances, respectively, decreased residence time and increased the effects of short-circuiting through the pond. The combination of these two factors resulted in the noncompliances.

Grab samples collected on March 1 and 14 contained TSS concentrations of 7.0 and 30 mg/L, respectively. Therefore, the maximum duration of the first noncompliance was approximately 12 days. Grab samples collected on March 21 and April 4 contained TSS concentrations of 13 and 32 mg/L, respectively. Therefore, the maximum duration of the second noncompliance was approximately 13 days.

Steps taken to reduce, eliminate, or prevent recurrence of the noncomplying discharge--TVA plans only administrative actions as opposed to physical modifications at this time for DSN 115 based on the following.

1. Past TSS noncompliances have not been serious. Of the 52 TSS samples taken in the past 12 months, only 11 were not in compliance, and of those, 6 were directly rainfall related. Seven of the 10 noncomplying samples were below 48 mg/L TSS.
2. Some modifications to the pond have already been made. In an effort to reduce the number of noncomplying discharges from DSN 115, surface runoff in the area was routed away from the pond, and the pond overflow device was modified to reduce the increase in flow velocity at the discharge point that tended to pull sediment from the pond bottom.
3. Construction activities at SQN are winding down to the point that the vehicle car wash facility should be dismantled and DSN 115 eliminated by January 1985. This limits the scope of physical modifications that can be economically justified.

TVA will apply additional administrative controls to limit waste volumes into the pond and will physically remove any accumulated solids near the discharge point.

PERMITTEE NAME/ADDRESS (Include Facility Name if different)

NAME TVA - SEQUOYAH NUCLEAR

ADDRESS 6411 E. BRAINERD RD.

CHATTANOOGI

TN 37421

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

TN0025450

PERMIT NUMBER

1011

DISCHARGE NUMBER

P - FINAL LIMITS

DIFFUSER GATE TO TENN RIVER

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

FACILITY

LOCATION

ATTN: SAM VANDEGRIFT

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	84	04	01		34	04	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 (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (54-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 P 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	*****	52.5	57.6	63.5	0	30/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	DEG.F	SEE PERMIT	GRAB
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 Q 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	*****	66.7	72.3	78.8	0	30/30	REC
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	112.5	DEG.F	CONTINUOUS	RECORD
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 R 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	*****			*			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	97.0	DEG.F	CONTINUOUS	RECORD
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 S 0 DOWNSTREAM MONITOR	SAMPLE MEASUREMENT	*****	*****	*****			*			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	101.0	DEG.F	DAILY	GRAB
TEMP DIFF. BETWEEN SAMPLE AND UPSTREAM 00018 M 0 UP- AND DOWN-STREAM PI	SAMPLE MEASUREMENT	*****	*****	*****	1.3	2.9	4.4	0	30/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.4	DEG.F	SEE PERMIT	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	6.0		9.0	SD	SEE PERMIT	
EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1988	2953	MGD	*****	*****	*****	0	30/30	REC
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	CONTINUOUS	RECORD

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 KNOWLEDGE OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR CREATING 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 42 USC § 192. Facilities which have violations may include fines up to \$10,000 per violation per day and/or imprisonment for up to 5 years.	TELEPHONE	DATE			
MARTIN E. RIVERS, DIRECTOR OF ENVIRONMENTAL QUALITY STAFF		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO
TYPED OR PRINTED		856-6601	84	05	28	

COMMENT AND EXPLANATION OF ANY VIOLATIONS. (Revised all violations to correspond 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)

NAME TVA - SEQUOYAH NUCLEAR

ADDRESS 6411 E. BRAINERD RD.

CHATTANOOGA TN 37421

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

PERMIT NUMBER TN0026450

PERMIT NUMBER

DISCHARGE NUMBER 1011

DISCHARGE NUMBER

Form Approved

OMB No. 2040-0004

Expires 2-29-84

P - FINAL LIMITS

DIFFUSEN GATE TO TENN RIVER

FACILITY

LOCATION

ATTN: SAE VANDEGRIFT

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	84	04	01		84	04	30
	(20-21)	(32-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		Card Only QUANTITY OR LOADING (46-53)			14 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 CROSS VALVE	SAMPLE MEASUREMENT	*****	*****	*****			*			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.10 INST MX	EG/L	WEEK- DAYS	CALCTD
TEMPERATURE RATE OF CHANGE DEG. F/BOUR 74029 6 0 DOWNSTREAM MONITOR	SAMPLE MEASUREMENT	0.22	0.72	DEG F/ HOUR	*****	*****	*****	*****	0 30/30	REC
	PERMIT REQUIREMENT	*****	3.6 INST MX		*****	*****	*****	*****	SEE PERMIT	CALCTD
DOWNSREAM TEMPERATURE	SAMPLE MEASUREMENT	59.5	63.5	DEG.F					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									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

MARTIN E. RIVERS, DIRECTOR
OF ENVIRONMENTAL QUALITY
STAFF

TYPED OR PRINTED

CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY KNOWLEDGE OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR DATA AND 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. § 1362). Penalties under these statutes may include fines up to \$100,000 and/or imprisonment for up to 6 months and 5 years.

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

FTS
AREA
CODE

856-6601
NUMBER

84
YEAR

05
MO

28
DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Use the following codes: *P* CORRESPONDS TO AMBIENT TEMPERATURE, *O* TO OPEN MODE, *S* TO CLOSED MODE. INDICATE WHICH IS APPROPRIATE.
SEE PERMIT FOR FURTHER MONITORING REQUIREMENTS.
*DID NOT CHLORINATE THIS REPORTING PERIOD.

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

12-16
TN0026450

PERMIT NUMBER

17-19
102 1

DISCHARGE NUMBER

F - FINAL LIMITS
YARD DRAINAGE POND EFFLUENT

MONITORING PERIOD						
FROM	YEAR	MO	DAY	TO	YEAR	MO DAY
	84	04	01		84	04 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			
EH 00400 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	8.2	0	12/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM			THREE/GRAB WEEK
SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	20	110.6	1	21/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAILY AV	100 DAILY MX			WEEK-GRAB DAYS
OIL AND GREASE (SOXHLET EXTR.) TOT. 00550 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	<5.0	<5.0	0	4/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	5 DAILY AV	20 DAILY MX			WEEKLY GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	2.1	6.3		*****	*****	*****	0	30/30	REC
	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****			CONTINUOUS RECORDING
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
MARTIN E. RIVERS, DIRECTOR
OF ENVIRONMENTAL QUALITY
STAFF

TYPED OR PRINTED

CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED
AND AM FAMILAR 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 SIGNI-
FICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING
THE FORFEITURE OF PERMITS AND IMPRISONMENT SEE 18 USC 1001 AND
18 USC 1011. 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 856-6601
AREA NUMBER

84 05 28
YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments)

UNLESS DETERMINED OTHERWISE.

A NOTIFICATION OF NONCOMPLIANCE IS ATTACHED.

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED)

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

Description of the discharge--Discharge No. 102 - Yard drainage pond effluent. A routine sample collected on April 9 had a total suspended solids (TSS) concentration of 110.6 mg/L, exceeding the permitted limit of 100 mg/L.

Cause and period of the noncompliance--On April 9 between 3 and 7 a.m., a 0.77-inch rain occurred. Thus, the TSS noncompliance was caused by rainfall runoff. Other samples collected were as follows.

<u>Date</u>	<u>Time</u>	<u>TSS Concentration (mg/L)</u>
04/06	9 a.m.	23.2
04/10	9 a.m.	5.96

Therefore, the maximum noncompliance duration was four days.

Steps taken to reduce, eliminate, or prevent recurrence of the noncomplying discharge--Because the TSS noncompliance was a result of rainfall runoff, no action is recommended at this time.

MAY 15 1984

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

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

F - FINAL LIMITS

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

NAME **EVA - SEQUOYA NUCLEAR**
ADDRESS **6411 E. BRAINEAD RD.**
CHATTANOOGA TN 37421

TN0026450
PERMIT NUMBER

103 1
DISCHARGE NUMBER

FACILITY
LOCATION

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	84	04	01		84	04	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 (45-51)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (54-55)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
00400 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	8.8	0	14/30	GR
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	0	THREE/ WEEK	
00530 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	58	169		*****	6.5	14	0	12/30	GR
00550 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	380 DAILY AV	1250 DAILY MX	LES/DY	*****	30 DAILY AV	100 DAILY MX	0	THREE/GRAB WEEK	
00550 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	<42	<104		*****	<5.3	<7.6	0	8/30	GR
00550 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	190 DAILY AV	250 DAILY MX	LES/DY	*****	15 DAILY AV	20 DAILY MX	0	TWICE/GRAB WEEK	
00050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.91	2.6		*****	*****	*****	0	30/30	CAL
00050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****	0	DAILY TOTAL	
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILAR 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 18 USC 1003. I will be liable under these statutes for up to \$500K and/or 5 years imprisonment if I knowingly submit false information between 6 months and 1 year.	TELEPHONE	DATE
MARTIN E. RIVERS, DIRECTOR OF ENVIRONMENTAL QUALITY STAFF		856-6601	84 05 28
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Use reverse of attachment here)

IN THE EVENT OF DISCHARGE OF TURBINE BLDG SUBJ TO COND COOL WATER CHANNEL OR DRAINAGE POND, TSS, OIL AND GREASE, AND PH SHALL BE MONITORED 3/WEEK.

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)

(12-16)
TN0026450
 PERMIT NUMBER

(17-19)
104 1
 DISCHARGE NUMBER

F - FINAL LIMITS
RADWASTE SYST TO COOL TWR ELWDN

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

FACILITY
 LOCATION

ATTN: SAM VANDEGRIFT

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	84	04	01		84	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT (46-53)	QUANTITY OF LOADING (54-61)			QUALITY OR CONCENTRATION (62-69)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
00400 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	6.2	*****	7.9	*****	0	10/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	*****			TWICE/GRAB WEEK
00530 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	<1.5	2.6		*****	<7.4	12	*****	0	8/30	COMP
	PERMIT REQUIREMENT	13 DAILY AV	42 DAILY MX	LBS/DY	*****	30 DAILY AV	100 DAILY MX	*****			TWICE/COMPO WEEK
00550 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	<1.5	<2.4		*****	<5.4	<7.7	*****	0	6/30*	GR
	PERMIT REQUIREMENT	6.3 DAILY AV	8.3 DAILY MX	LBS/DY	*****	15 DAILY AV	20 DAILY MX	*****			TWICE/GRAB WEEK
50050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.029	0.057		*****	*****	*****	*****	0	25/30	REC
	PERMIT REQUIREMENT	***** DAILY AV	***** DAILY MX	MGD	*****	*****	*****	*****			ONCE/RECORD BATCH
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
**MARTIN E. RIVERS, 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 18 USC § 1463. (Penalties under these statutes may include fines up to \$10,000 and/or imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
ETS 856-6601
 AREA CODE NUMBER
 DATE
84 05 28
 YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments, if any)
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.
***TWO SAMPLES WERE INADVERTENTLY NOT COLLECTED THIS REPORTING PERIOD.**

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

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

F - FINAL LIMITS
ADDT MONITORING FROM IN STATE

FACILITY
LOCATION

ATTN: SAE VANDEGRIFT

MONITORING PERIOD
FROM YEAR MO DAY TO YEAR MO DAY
84 04 01 84 06 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)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
POLYCHLORINATED BIPHENYLS (PCBS) 39516 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****		<0.1		0	1/180	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	UG/L		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										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER MARTIN E. RIVERS, 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 RELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIG- NIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE PROBABILITY OF FINE AND IMPRISONMENT. SEE 18 USC 1001 AND 33 USC 1333. Penalties under these statutes may include fines up to \$50,000 and imprisonment up to between 6 months and 5 years.	TELEPHONE		DATE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PTS AREA CODE	856-6601 NUMBER	84 YEAR	05 MO

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

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

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

NAME **FVA - SMOBYAH NUCLEAR**

ADDRESS **6411 E. BRAINERD RD.**

CHATTANOOGA TN 37421

FACILITY

LOCATION

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

TN0026450

PERMIT NUMBER

105 1

DISCHARGE NUMBER

P - FINAL LIMITS

REGEN TO COOL TWR BLWDN LINE

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

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	84	04	01		84	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

ATTN: SAs VANDEGRIFF

PARAMETER (32-37)		(Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
PH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	9.0		0	8 BATCHES	GR
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SD		ONCE/ GRAB BATCH	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	5.5	15		*****	35	104		1	5 BATCHES	COMP
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	25 DAILY AV	83 DAILY MX	LBS/DY	*****	30 DAILY AV	100 DAILY MX	MG/L		ONCE/ COMPOS BATCH	
OIL AND GREASE (SOXHLET EXTN.) TOT.	SAMPLE MEASUREMENT	<1.0	<2.2		*****	<5.0	<5.0		0	5 BATCHES	GR
00550 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	13 DAILY AV	17 DAILY MX	LBS/DY	*****	15 DAILY AV	20 DAILY MX	MG/L		DAILY GRAB	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.025	0.053		*****	*****	*****	*****	0	5 BATCHES	CAL
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	***** DAILY AV	***** DAILY MX	MGD	*****	*****	*****	*****		ONCE/ CALCTD BATCH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME, TITLE, PRINCIPAL EXECUTIVE OFFICER

MARTIN E. RIVERS, 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 KNOWLEDGE OR 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 IMPRISONMENT AND FINE AND IMPRISONMENT UP TO \$100,000 AND FINE UP TO \$100,000. I understand these penalties and I agree to follow them.

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

FTS
AREA
CODE

856-6601

84 05 28

TELEPHONE

DATE

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Attach copies of attachments, if any)

SEVERAL 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.
A NOTIFICATION OF NONCOMPLIANCE IS ATTACHED.

1

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

Description of the discharge--Discharge No. 105 - Condensate demineralizer regeneration waste to the cooling tower blowdown line. A grab sample collected on April 9 had a total suspended solids (TSS) concentration of 103.68 mg/L, exceeding the maximum instantaneous permit limitation of 100 mg/L. The flow volume for this batch release was 17,480 gallons.

Cause and period of the noncompliance--The TSS concentration was excessive on April 9 because the plant was in startup conditions on unit 1 following the refueling outage. Startup conditions require that large volumes of water be processed by the condensate demineralizer system. During such conditions, the condensate demineralizer actually serves as a filter to remove suspended particles. This resulted in the TSS noncompliance. The next batch release of 17,530 gallons on April 11 had a TSS concentration of 32.84 mg/L. Therefore, the period of noncompliance for the batch discharge on April 9 was approximately three hours.

Steps taken to reduce, eliminate, or prevent recurrence of the noncomplying discharge--Plant personnel will be instructed in the future to route DSN 105 to DSN 103 during startup conditions to allow for sedimentation.

MAY 15 1984

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

NAME TVA - SEQUOYAH NUCLEAR

ADDRESS 6411 E. BRAINARD RD.

CHATTANOOGA

TN 37421

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

0-16: TN0026450

PERMIT NUMBER

17-19: 106 1

DISCHARGE NUMBER

F - FINAL LIMITS

ST5 GEN BLWDM TO COOL TWR FLEN

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

FACILITY

LOCATION

ATTN: SAM VANDEGRIFT

MONITORING PERIOD						
FROM			TO			
YEAR	MO	DAY	YEAR	MO	DAY	
84	04	01	84	04	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 (40-53)			(4 Card Only) QUALITY OR CONCENTRATION (33-45)			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	*****	*****	*****	MINIMUM	*****	*****	50	SEE PERMIT	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT		40		*****		21	0	1/30	GR
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	50	170	LBS/DY	*****	30	100	0	ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT		0.23		*****	*****	*****	0	1/30	INST
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****	0	ONCE/ MONTH	INSTANT
	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

MARTIN E. RIVERS, DIRECTOR
OF ENVIRONMENTAL QUALITY
STAFF

TYPED OR PRINTED

I STATE UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED
AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED
ON MY KNOWLEDGE 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 § 601 AND
33 USC § 319. Penalties under these statutes may include fines up to \$100,000
and/or imprisonment of between 6 months and 5 years.

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

FTS 856-6601
AREA CODE NUMBER

84 05 28
YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all applicable regulations)
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. BRADY RD.

CHATTANOOGA

TN 37421

FACILITY

LOCATION

ATTN: SAM VANDEGRIFT

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

PERMIT NUMBER TN0026450

PERMIT NUMBER

DISCHARGE NUMBER 106 2

DISCHARGE NUMBER

F - FINAL LIMITS

STEAM GEN BLWDR (QUARTERLY)

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

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	84	04	01		84	06	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 (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
OIL AND GREASE (SOXHLET EXTR.) TOT. 00550 1 0	SAMPLE MEASUREMENT		<9.7		*****		<5.0	0	1/30	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	25 DAILY AV	33 DAILY MX	LBS/DY	*****	15 DAILY AV	20 DAILY MX		QTRLY	GRAB
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
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	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

MARTIN E. RIVERS, 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 KNOWLEDGE 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 33 USC 1310 AND
40 CFR 131.13. Penalties under these statutes may include fines up to \$10,000
and/or imprisonment of between 6 months and 3 years.

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

FTS 856-6601 84 05 28
AREA CODE NUMBER YEAR MO DAY

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

SHOULD INTERNAL PLANT CHEMISTRY REQUIREMENTS NECESSITATE INCREASED
BLOWDOWS 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. BRIDGEMOOR RD.**
CHATTANOOGA TN 37421

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

TR0026450

PERMIT NUMBER

107 1

DISCHARGE NUMBER

F - FINAL LIMITS

METAL CLEANING WASTE PAD TO COND CB

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

FACILITY
LOCATION

ATTN: SAM VANDEGRIFT

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	84	04	01		84	04	30
	(20-27)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (46-53)			QUALITY OR CONCENTRATION (45-53)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (54-58)	SAMPLE TYPE (59-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
CHEM. OXYGEN DEMAND (HIGH LEVEL) (COD) 00340 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*	LBS/DY	*****		*				
	PERMIT REQUIREMENT	*****	834		*****	DAILY AV	DAILY MX	100 MG/L			WEEKLYCOMP-8
PH 00400 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	6.3	*****	10.7		43	113/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	9.0	50			WEEKLYGRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	28	52	LBS/DY	*****	23	44		2	7/30	8-HR COMP
	PERMIT REQUIREMENT	*****	250		*****	DAILY AV	DAILY MX	30 MG/L			WEEKLYCOMP-8
OIL AND GREASE (SOXHELT EXTH.) TOT. 00550 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	<6.3	<9.1	LBS/DY	*****	<5.0	5.1		0	14/30	GR
	PERMIT REQUIREMENT	*****	125		*****	DAILY AV	DAILY MX	15 MG/L			WEEKLYGRAB
PHOSPHORUS, TOTAL (AS P) 00665 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*	LBS/DY	*****		*				
	PERMIT REQUIREMENT	*****	8.3		*****	DAILY AV	DAILY MX	1.0 MG/L			WEEKLYCOMP-8
COPPER, TOTAL (AS CU) 01042 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.02	0.03	LBS/DY	*****	0.02	0.03		0	7/30	8-HR COMP
	PERMIT REQUIREMENT	*****	8.3		*****	DAILY AV	DAILY MX	1.0 MG/L			WEEKLYCOMP-8
IRON, TOTAL (AS FE) 01045 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.23	0.56	LBS/DY	*****	0.21	0.63		0	7/30	8-HR COMP
	PERMIT REQUIREMENT	*****	8.3		*****	DAILY AV	DAILY MX	1.0 MG/L			WEEKLYCOMP-8

NAME TITLE PRINCIPAL EXECUTIVE OFFICER

MARTIN E. RIVERS, DIRECTOR
OF ENVIRONMENTAL QUALITY
STAFF

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED
AND AM FAMILAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED
ON MY KNOWLEDGE 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
SIX MONTH PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING
THE POSSIBILITY OF FINE AND IMPRISONMENT PER 18 USC § 1001 AND
18 USC § 1003. Penalties under these statutes may include fines up to \$100,000
and imprisonment for a term of not more than 5 years.

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

ETS
AREA
CODE

856-6601
NUMBER

84 05 28
YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VARIATIONS (Reference to 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.
*NO PHOSPHORUS OR ORGANIC CHEMICAL COMPOUNDS WERE USED.

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

Description of the discharge--Discharge No. 107 - Metal-cleaning waste pond effluents. Grab samples collected during a batch discharge that occurred between April 20 and 26 had pH values ranging from 9.0 to 10.7 standard units (s.u.), exceeding the maximum permitted limitation concentration of 36 and 44 mg/L on April 20 and 25, respectively, exceeding the maximum permit limitation of 30 mg/L. The volume of the batch release was 1.9 million gallons.

Cause and period of the noncompliance--The batch release was started at 7:30 a.m. on April 20 at which time a grab sample had a pH of 8.4 s.u. The discharge continued daily except for April 21 and 22. The discharge continued until 3:06 p.m. on April 26. The pH of the final grab sample was 10.5 s.u. The high pH values and the TSS noncompliances are due to an algae bloom in the pond.

Steps taken to reduce, eliminate, or prevent recurrence of the noncomplying discharge--Because the algae caused the elevated pH and the TSS noncompliances, no action is recommended at this time.

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)

(12-16) **TN0026450**
 PERMIT NUMBER
 (17-19) **107 1**
 DISCHARGE NUMBER

F - FINAL LIMITS
METAL CLEAN WASTE PND TO COND CH

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

FACILITY
 LOCATION

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)
34 04 01 34 04 30

NOTE: Read instructions before completing this form.

ATTN: SAM VANDEGRIFT

PARAMETER (32-37)		(- Card Only) QUANTITY OR LOADING (46-53)			(- Card Only) QUALITY OR CONCENTRATION (38-45)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
FLOW, IN CONDUIT OR TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT		1.5	MGD	*****	*****	*****	*****	0	1 BATCH	CALC
	PERMIT REQUIREMENT	***** DAILY AV	***** DAILY MX		*****	*****	*****	*****		ONCE/BATCH	CALC
	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										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

MARTIN E. RIVERS, 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 KNOWLEDGE 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 VIOLATION OF THE AND IMPRISONMENT. SEE 18 USC 1001 AND 18 USC 1011. Penalties under these statutes may include fines of up to \$100,000 and/or imprisonment for up to 5 years.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

FTS 856-6601 84 05 28
 AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS: 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)

Form Approved

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

Expires 2-29-84

NAME **TVA - SEQUOYA NUCLEAR**

(2-15)

(17-19)

F - FINAL LIMITS

ADDRESS **6411 E. BRAINERD RD.**

TNC026450

108 1

CONCRETE PLT SETTLING POND

CHATTANOOGA

TE 37421

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
84 04 01 TO 84 04 30
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (12-27)		(1 Card Only) QUANTITY OR LOADING (46-53)			(1 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (54-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
00400 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
SUSPENDED	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
00530 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
(SOXHLET EXTR.) TOT.	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
00550 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
FLOW, IN CONDUIT OR	SAMPLE MEASUREMENT	0.027	0.068	*****	*****	*****	*****	*****	*****	*****
THRU TREATMENT PLANT	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
00050 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
EFFLUENT GROSS VALUE	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 KNOWLEDGE OF THE INFORMATION IMMEDIATELY RESPONSIBLE FOR CORRECTING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE 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 18 U.S.C. § 1011. (Violations under these statutes may include fines up to \$10,000 and 5 years imprisonment or a higher fine and/or term of years.)	TELEPHONE	DATE	
MARTIN E. RIVERS, DIRECTOR OF ENVIRONMENTAL QUALITY STAFF		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FTS AREA CODE	856-6601 NUMBER
TYPED OR PRINTED		84	05	28
		YEAR	MO	DAY

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

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

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

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

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

EMERGENCY DIESEL GENERATOR
 NO. 5 COOLING WATER EFFLUENT

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

MONITORING PERIOD
 FROM YEAR 84 MO 04 DAY 01 TO YEAR 84 MO 04 DAY 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) 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			
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 MARTIN E. RIVERS, 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		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FTS AREA CODE	856-6601 NUMBER	84 YEAR	05 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)

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.**
CHAFFANOOGA TN 37421

TN0026450
PERMIT NUMBER

110 1
DISCHARGE NUMBER

F - FINAL LIMITS
RECYCLED COOLING WATER FLOW

FACILITY
LOCATION

MONITORING PERIOD							
FROM				TO			
YEAR	MO	DAY		YEAR	MO	DAY	
84	04	01		84	04	30	
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)	

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (4 Card Only) (46-53)			QUALITY OR CONCENTRATION (4 Card Only) (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 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	NO DISCHARGE						
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	101.0	DEG.F		DAILY	GRAB
PH 00400 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****		*****					
	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	9.0	SU		WEEKLY	GRAB
CHLORINE, TOTAL RESIDUAL 50060 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****		*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.10	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
MARTIN E. RIVERS, DIRECTOR
OF ENVIRONMENTAL QUALITY
STAFF

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILAR 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 15 USC 810(d) AND 15 USC 813(d). Penalties under these statutes may include fines up to \$250,000 and/or maximum imprisonment of between 6 months and 5 years.

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE
856-6601
DATE
84 05 28

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 PISE DISTRESS/KILL AND CHLORINATION LEVEL.

PERMITTEE NAME/ADDRESS (1-14)
 Facility Name/Location (if different)

NAME **IVA - SEQUOIA NUCLEAR**
 ADDRESS **6411 E. BRainerd Rd.**
CHATTANOOGA TN 37421

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

12-101
TN0026450
 PERMIT NUMBER

17-19
111 1
 DISCHARGE NUMBER

F - FINAL LIMITS
STP DISCHARGE

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

FACILITY

LOCATION

ATTN: SAM VANDEGRIFT

MONITORING PERIOD
 FROM YEAR **84** MO **04** DAY **01** TO YEAR **84** MO **04** DAY **30**
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (12-17)		QUANTITY OR LOADING (46-54)			QUALITY OR CONCENTRATION (54-61)			UNITS	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	2.1	2.6		*****	16	21	MG/L	0	2/30	GR
00310 1 0	PERMIT REQUIREMENT	3.8	5.0 9.4	LBS/DY	*****	30 DA AVG	40 DAILY MAX			TWICE/GRAB	
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX							MONTH	
Pb	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	SD		SEE	
00400 1 0	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	*****			PERMIT	
EFFLUENT GROSS VALUE											
SOLIDS, TOTAL	SAMPLE MEASUREMENT	1.9	2.4		*****	16	19		0	2/30	GR
SUSPENDED	PERMIT REQUIREMENT	3.8 5.3	5.0 5.6	LBS/DY	*****	30	40 45	MG/L		TWICE/GRAB	
00530 1 0		30DA AVG	DAILY MX			30DA AVG	DAILY MX			MONTH	
EFFLUENT GROSS VALUE											
FLOW, IN CONDUIT OR	SAMPLE MEASUREMENT	0.015*	0.015*		*****	*****	*****	*****	0	21/30	GR
THRU TREATMENT PLANT	PERMIT REQUIREMENT	0.015	NA *****	MGD	*****	*****	*****	*****		WEEK-	FLOWING
50050 1 0		DAILY AV	DAILY MX							DAYS	
EFFLUENT GROSS VALUE											
CHLORINE, TOTAL	SAMPLE MEASUREMENT	*****	*****	*****	<0.1	<0.5	2.0		0	21/30	GR
RESIDUAL	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	2.0	MG/L		WEEK-	GRAB
50060 1 0						DAILY AV	DAILY MX			DAYS	
EFFLUENT GROSS VALUE											
FECAL COLIFORM	SAMPLE MEASUREMENT				<10	1005	>2000	N/100 ML	1	2/30	GR
	PERMIT REQUIREMENT				NA	NA	1000			2/30	GR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER
MARTIN E. RIVERS, 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 KNOWLEDGE OF THESE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE AND CORRECT AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE PENALTY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 18 USC § 1003. Penalties under these statutes may include fines up to \$100,000 and/or 5 years imprisonment or both for a first offense and up to \$250,000 and/or 10 years imprisonment or both for a second offense.

Martin E. Rivers
 SIGNATURE OF PRINCIPAL EXECUTIVE
 OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

FTS **856-6601** **84** **05** **28**
 AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VARIATIONS (Attach any documents here)

A NOTIFICATION OF NONCOMPLIANCE IS ATTACHED.
 *ESTIMATED FLOW.

NOTIFICATION OF NONCOMPLIANCE WITH EFFLUENT LIMITATIONS - NPDES PERMIT
NO. TN0026430 - SEQUOYAH NUCLEAR PLANT

Description of the discharge--Discharge No. 11 - Sewage treatment plant effluent. A routine sample collected on April 5 had a fecal coliform concentration of greater than 2000 N/100 ml, exceeding the permit limit of 1000 N/100 ml.

Cause and period of the noncompliance--The noncompliance was caused by a very low chlorine residual on April 5. Additional grab samples taken on this date indicated concentrations of BOD₅ and TSS of 21 and 19 mg/L, respectively. A grab sample collected on April 24 contained a fecal coliform concentration of less than 10 organisms per 100 ml. Therefore, the maximum period of noncompliance was 19 days.

Steps taken to reduce, eliminate, or prevent recurrence of the noncomplying discharge--Plant personnel were instructed to increase the chlorine feed rate.

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 **TVE - SEQUOYAH NUCLEAR**
ADDRESS **6411 E. PRAINER RD.**
CHAFFALOCCA TN 37421

PERMIT NUMBER
TN0026450

DISCHARGE NUMBER
112 1

F - FINAL LIMITS
SEE DISCHARGE

FACILITY
LOCATION

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	84	04	01		84	04	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			
FLOW	SAMPLE MEASUREMENT	NO DISCHARGE								
	PERMIT REQUIREMENT	0.025	NA	MGD					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
SETTLEABLE SOLIDS	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT						1.0		2/7	GR
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE, PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE	
MARTIN E. RIVERS, DIRECTOR OF ENVIRONMENTAL QUALITY STAFF		856-6601		84 05 28	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	

FOR COMMENT AND EXPLANATION OF ANY VIOLATIONS (Provide all within month here)

PERMITTEE NAME/ADDRESS (Print)
(Include Name, if different)

NAME TVA - SIQUOYAH NUCLEAR

ADDRESS 6411 E. BRAINARD RD.

CHATTANOOGA

TN 37421

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(12-16)

180026450

PERMIT NUMBER

(17-19)
113 1

DISCHARGE NUMBER

P - FINAL LIMITS

STEP TO COND COOLING WATER CHAN

Form Approved

OMB No. 2040-0004

Expires 2-29-84

FACILITY

LOCATION

ATTN: SAM VANDEGRIFF

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	84	04	01		84	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (45-51)			QUALITY OR CONCENTRATION (52-58)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (54-58)	SAMPLE TYPE (69-70)
		AVERAGE (45-51)	MAXIMUM (52-53)	UNITS (54-55)	MINIMUM (56-57)	AVERAGE (58-59)	MAXIMUM (60-61)			
BOD, 5-DAY (20 DEG. C) 00310 1 0	SAMPLE MEASUREMENT	0.18	0.22		*****	5.6	6.6	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			GRAB MONTH
PH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
00400 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			SEE PERMIT
EFFLUENT GROSS VALUE					MINIMUM		MAXIMUM			
SOLIDS, TOTAL SUSPENDED 00530 1 0	SAMPLE MEASUREMENT	1.3	1.7		*****	40	50	1	2/30	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7.5 30DA AVG	10.0 DAILY MX	LBS/DY	*****	30 30DA AVG	40 DAILY MX			GRAB MONTH
SOLIDS, SETTLABLE	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	0	20/30	GR
00540 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1.0 DAILY AV DAILY MX			WEEK - GRAB DAYS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0	SAMPLE MEASUREMENT	0.005	0.021		*****	*****	*****	0	20/30	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.030 DAILY AV	NA DAILY MX	MGD	*****	*****	*****			WEEK - FLOIING DAYS
CHLORINE, TOTAL RESIDUAL 50060 1 0	SAMPLE MEASUREMENT	*****	*****	*****	0.5	1.2	2.0	0	20/30	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	2.0 DAILY AV DAILY MX			WEEK - GRAB DAYS
FECAL COLIFORM	SAMPLE MEASUREMENT				<10	<10	<10	0	2/30	GR
	PERMIT REQUIREMENT				NA	NA	1,000		2/30	GR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

MARTIN E. RIVERS, DIRECTOR
OF ENVIRONMENTAL QUALITY
STAFF

TYPED OR PRINTED

I, _____, 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 SEVERAL PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING PROBATION, FINE AND IMPRISONMENT. SEE 18 USC 1001 AND 18 USC 1003. I declare under these penalties that I have not knowingly made any statement of false or misleading information.

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

PTS
AREA
CODE

856-6601
NUMBER

84 05 28
YEAR MO DAY

A NOTIFICATION OF NONCOMPLIANCE IS ATTACHED.

Description of the discharge - Discharge No. 113 - Sewage treatment plant (STP) effluent to the condenser cooling water channel. Grab samples collected on March 27 and April 24, 1984, contained a total suspended solids (TSS) concentrations of 82 mg/l and 50 mg/l, respectively, exceeding the daily maximum permit limitation of 45 mg/l. The instantaneous flow rate at the time of sampling was 5,500 gal/d on both dates.

Cause and period of the noncompliance - We believe a high solids inventory and old sludge within the plant (11,000 mg/l of MLSS) produced solids with poor settling characteristics, thereby causing these noncompliances. In addition, a clogged sludge return line from the plant clarifier probably contributed to the April 24 noncompliance.

Grab samples collected on March 1, April 5, and May 8 contained TSS concentrations of 7.1 mg/l, 30 mg/l and 70 mg/l, respectively. The first period of noncompliance, therefore, was less than 35 days. The second period of noncompliance continues.

Steps taken to reduce, eliminate, and prevent recurrence of the noncomplying discharge - A solids wasting program was initiated on April 9 and solids were removed on April 16 and 23 in an effort to reduce the MLSS concentration and sludge age. This program will be continued to achieve optimum operating conditions.

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 **1VA - SEQUOYAH NUCLEAR**
ADDRESS **6411 E. CHAINLARD RD.**
CHATTANOOGA TN 37421

TN0026450
PERMIT NUMBER

114 1
DISCHARGE NUMBER

F - FINAL LIMITS
STP DISCHARGE TO TENN RIVER

FACILITY
LOCATION

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	84	04	01		84	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(1 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	UNITS			
DO, 5-DAY (20 DEG. C) 00310 1 0 EFFLUENT GROSS VALUE	3.8	5.0	LBS/DY	3.0	3.8	0	2/30	GR			
PH	6.4	6.0	MINIMUM	7.0	9.0	0	9/30	GR			
00400 1 0 EFFLUENT GROSS VALUE	3.8	5.0	LBS/DY	3.0	4.0	0	2/30	GR			
SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE	0.60	1.0	LBS/DY	9.0	15	0	2/30	GR			
SOLIDS, SETTLEABLE 00545 1 0 EFFLUENT GROSS VALUE	0.010	0.029	BGD	0.015	NA	0	20/30	WEIR			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	0.015	NA	BGD	0.015	NA	0	20/30	WEIR			
COLIFORM, FECAL GENERAL 74055 1 0 EFFLUENT GROSS VALUE	0.015	NA	BGD	0.015	NA	0	20/30	WEIR			
TOTAL CHLORINE RESIDUAL	0.5	0.8	2.0	0.5	0.8	0	20/30	GR			
						0	5/7	GR			

NAME TITLE PRINCIPAL EXECUTIVE OFFICER
**MARTIN E. RIVERS, DIRECTOR
OF ENVIRONMENTAL QUALITY
STAFF**

TYPED OR PRINTED

TELEPHONE
856-6601

DATE
84 05 28

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference to attachment here)

A NOTIFICATION OF NONCOMPLIANCE IS ATTACHED.

Description of the discharge - Discharge No. 114 - Sewage treatment plant (STP) effluent to the Tennessee River. Grab samples collected on April 23 and May 3, 1984, contained settleable solids (SS) concentrations of 200 mg/l and 50 ml/l, respectively, exceeding the daily maximum permit limitation of 1.0 ml/l.

Cause and period of the noncompliances - The influent flow rate for this 15,000 gal/d STP average 5 gal/m; however, at the time of each noncompliance the instantaneous flow rate was approximately 20 gal/m. This surge of flow resulted in the solid losses and produced the noncompliances. The source of this extraneous flow has not been fully accounted for. However, we suspected infiltration resulting from 0.7-inch and 3.0-inch heavy rainfalls during the 24-hour periods preceding each noncompliance (0.7 inch on April 23 and 3.0 inches on May 5) was a contributing factor.

Grab samples collected on April 20 and 25 contained SS concentrations of less than 0.1 ml/l each. The maximum duration of the first noncompliance, therefore, was five days.

Grab samples collected on May 2 and May 4 contained SS concentrations of less than 0.1 ml/l each. The maximum duration of the second noncompliance, therefore, was one day.

Steps taken to reduce, eliminate, and prevent recurrence of the noncomplying discharge - We plan to observe upstream collection lines to locate any major sources of infiltration that may exist. Line repairs will be made where feasible.

We suspect additional sources of extraneous flow may exist. We will increase administrative surveillance in order to locate and eliminate any extraneous flow to the STP that may exist.

PERMITTEE NAME (Address (Include
Facility Name (if different))

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

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

PERMIT NUMBER TN0026450

DISCHARGE NUMBER 114 2

F - FINAL LIMITS
STP DISCHARGE TO TENN RIVER

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

FACILITY

LOCATION

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	84	04	01		84	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (22-27)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (46-53)			QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
00310 1 0 EFFLUENT GROSS VALUE PH	PERMIT REQUIREMENT	3.8 30DA AVG	5.6 DAILY MX	LBS/DY	*****	30 30DA AVG	45 DAILY MX	MG/L	TWICE/GRAB MONTH	
00400 1 0 EFFLUENT GROSS VALUE SOLIDS, TOTAL SUSPENDED	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SD	TWICE/GRAB WEEK	
00530 1 0 EFFLUENT GROSS VALUE SOLIDS, SETTLEABLE	PERMIT REQUIREMENT	3.8 30DA AVG	5.6 DAILY MX	LBS/DY	*****	30 30DA AVG	45 DAILY MX	MG/L	TWICE/GRAB MONTH	
00545 1 0 EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1.0 DAILY MX	MG/L	TWICE/GRAB WEEK	
50050 1 0 EFFLUENT GROSS VALUE COLIFORMS, FECAL GENERAL	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
74055 1 0 EFFLUENT GROSS VALUE DISSOLVED OXYGEN	PERMIT REQUIREMENT	*****	*****	*****	*****	30DA GEO	DAILY MX	1000 100ML	TWICE/GRAB MONTH	
	SAMPLE MEASUREMENT				1.3	4.1	5.4		0	20/30 GR
	PERMIT REQUIREMENT				1.0				5/7	GR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
MARTIN E. RIVERS, 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 KNOWLEDGE 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 8 U.S.C. 1001 AND
18 U.S.C. 1001. Penalties under these statutes may include fines up to \$10,000
and/or imprisonment of between 6 months and 5 years.

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE
856-6601
DATE
84 05 28
YEAR MO DAY

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

NAME TVA - SEQUOYA NUCLEAR

ADDRESS 6911 E. BRAINARD RD.

CHATTANOOGA

TA 37421

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

(2-16)

(17-19)

TA0026450

PERMIT NUMBER

115 1

DISCHARGE NUMBER

F - FINAL LIMITS

VEHICLE WASH POND EFFLUENT

Form Approved

OMB No. 2040-0004

Expires 2-29-84

FACILITY

LOCATION

ATTN: SAM VANDEGRIFT

MONITORING PERIOD						
FROM			TO			
YEAR	MO	DAY	YEAR	MO	DAY	
84	04	01	84	04	30	
(26-27)	(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				UNITS
PH	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.3		0	1/30	GR
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SD		ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	*****	*****	28	50		1	4/30	GR
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAILY AV	40 DAILY MX	MG/L		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	ML/L		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	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.006*	0.006*	MGD	*****	*****	*****	*****	0	4/30	WEIR
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		WEEKLY	FLOIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
MARTIN E. RIVERS, 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 KNOWLEDGE OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE AND CORRECT AND COMPLETE. I AM AWARE THAT THERE ARE SEVERAL PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING FINE, IMPRISONMENT, OR BOTH. I AM AWARE THAT THERE ARE SEVERAL PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING FINE, IMPRISONMENT, OR BOTH. I AM AWARE THAT THERE ARE SEVERAL PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING FINE, IMPRISONMENT, OR BOTH.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

ETS 856-6601
AREA CODE NUMBER

84 05 28
YEAR MO DAY

*ESTIMATED FLOW.

A NOTIFICATION OF NONCOMPLIANCE IS ATTACHED.

Description of the discharge - Discharge No. 115 - Vehicle wash pond effluent to the Tennessee River. A grab sample collected on April 25, 1984, contained a total suspended solids (TSS) concentration of 50 mg/l, exceeding the daily maximum permit limitation of 40 mg/l.

Cause and period of the noncompliance - As a result of a March 7, 1984, TSS noncompliance, TVA committed to removing accumulated sediments from the pond. Sediments were being removed at the time of sampling. This maintenance operation resuspended settled solids which were subsequently discharged via the pond effluent.

Grab samples collected on April 18 and May 3 contained TSS concentrations of 5 mg/l and 8 mg/l, respectively. The maximum potential period of noncompliance, therefore, was 15 days. We suspect, however, the actual period of noncompliance was less than one day.

Steps taken to reduce, eliminate, and prevent recurrence of the noncomplying discharge - We believe the sample collected during removal of sediment from the wash pond was not representative of the treated discharge from this pond. Since such maintenance is anticipated no more than twice a year, TVA plans no other further action in regard to this noncompliance.