

NAME TVA - SEQUOIAH NUCLEAR  
ADDRESS 8411 E. DRAINED RD.  
CHATTANOOGA TN 37421

FACILITY \_\_\_\_\_  
LOCATION \_\_\_\_\_  
ALTN: SAM VANDEGRIF

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

(2-16)

(17-19)

F - FINAL LIMITS

Form Approved  
OMB No. 2000-0015

1N002645G

101 1

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY  
(12-21) (12-23) (12-25) (12-27) (12-29) (12-31)  
84 07 01 TO 84 07 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 (46-53)			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 U SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	*****	76.5	79.6	83.8	0	29/30 <sup>a)</sup>	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	SEE PERMIT	GRAB
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 Q U SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	*****	90.0	97.2	100.0	0	29/30 <sup>a)</sup>	REC
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	112.5	0	CONTINRCORD UOUS	
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 R U SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	*****			b)			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	97.0	0	CONTINRCORD UOUS	
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 S U DOWNSTREAM MONITOR	SAMPLE MEASUREMENT	*****	*****	*****			b)			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	101.0	0	DAILY GRAB	
TEMP DIFF. BETWEEN SAMPLE AND UPSTREAM 00016 M U UP- AND DOWN-STREAM	SAMPLE MEASUREMENT	*****	*****	*****	0.7	2.5	4.4	0	27/30 <sup>d)</sup>	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.4 INST MX	0	SEE PERMIT	GRAB
PH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
00400 1 U EFFLUENT CROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM		SEE PERMIT	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 U EFFLUENT CROSS VALUE	SAMPLE MEASUREMENT	749	1776	*****	*****	*****	*****	0	CONT <sup>c)</sup>	REC
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	CONTINRCORD 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 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

84

08

28

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
CLOSED MODE. INDICATE WHICH IS APPROPRIATE.  
SEE PERMIT FOR FURTHER MONITORING REQUIREMENTS.

IT CORRESPONDS TO AMBIENT TEMPERATURE, 'Q' TO OPEN MODE, 'S' TO  
a) COMPUTER MALFUNCTIONED TWO DAYS THIS REPORTING PERIOD.  
b) PLANT OPERATED IN OPEN MODE ALL MONTH.  
c) COMPUTER MALFUNCTIONED DAYS THIS REPORTING PERIOD.  
d) COMPUTER MALFUNCTIONED FOUR DAYS THIS REPORTING PERIOD.

NAME JVA - SEQUOIAH NUCLEAR  
ADDRESS 6411 E. BRAINERD RD.  
CHATTANOOGA TN 37421

DISCHARGE MONITORING REPORT (DMR)

PERMIT NUMBER TN0020450  
DISCHARGE NUMBER 1011

F - FINAL LIMITS  
DIFFUSER GATE TO TENN RIVER

FACILITY  
LOCATION  
ATTN: SAM VANDEGRIFF

MONITORING PERIOD  
FROM 84 07 01 TO 84 07 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 (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
CHLORINE, TOTAL RESIDUAL 50060 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	<0.1	<0.1	<0.1	0	22/30	CALC
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		WEEK- DAYS	CALC
TEMPERATURE RATE OF CHANGE DEG. F/HOUR 74029 6 0 DOWNSTREAM MONITOR	SAMPLE MEASUREMENT	0.73	2.7	DEG F/ HOUR	*****	*****	*****	0	27/30*	REC
	PERMIT REQUIREMENT	*****	3.6 INST MX		*****	*****	*****		SEE PERMIT	CALC
DOWNSTREAM TEMPERATURE	SAMPLE MEASUREMENT	80.1	82.5	DEG. F				0	27/30*	REC
	PERMIT REQUIREMENT		86.9						CONT	REC
	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 856-6601 FTS AREA CODE NUMBER	DATE 84 08 28 YEAR MO DAY
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
CLOSED MODE. INDICATE WHICH IS APPROPRIATE. \*COMPUTER MALFUNCTIONED FOUR DAYS THIS REPORTING PERIOD.  
SEE PERMIT FOR FURTHER MONITORING REQUIREMENTS.

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

(2-16) TND026450  
PERMIT NUMBER  
(17-19) 102 1  
DISCHARGE NUMBER

F - FINAL LIMITS  
YARD DRAINAGE POND EFFLUENT

FACILITY  
LOCATION  
ATTN: SAM VANDEGRIFT

MONITORING PERIOD  
YEAR MO DAY TO YEAR MO DAY  
(20-21) 84 07 01 (24-25) (26-27) 84 07 31 (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	8.9		0	18/30	GR
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	5.0 MINIMUM	*****	9.0 MAXIMUM	30		THREE/GRAB WEEK	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	*****	*****	36	179		1	22/30	GR
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAILY AV	100 DAILY MX	MG/L		WEEK-GRAB DAYS	
OIL AND GREASE (SOXHLET EXTR.) TOT.	SAMPLE MEASUREMENT	*****	*****	*****	*****	<6.5	17		0	8/30	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	2.0	3.5		*****	*****	*****	*****	0	31/30	REC
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	DAILY AV	DAILY MX	MGD	*****	*****	*****	*****		CONTINUOUS	
	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	08
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.  
A NOTIFICATION OF NONCOMPLIANCE IS ATTACHED.



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

Description of the discharge--Discharge No. 102 - Yard drainage pond effluent. A routine sample collected on July 2 had a total suspended solids (TSS) concentration of 179 mg/L, exceeding the permitted limit of 100 mg/L.

Cause and period of the noncompliance--Between June 30 at 6 a.m. and July 1 at 6 a.m. a 0.75-inch rain occurred, and between July 1 at 6 a.m. and July 2 at 6 a.m. a 0.89-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>
6/29	9:30 a.m.	27.2
7/03	9:00 a.m.	38.4

Therefore, the maximum period of noncompliance was 95.5 hours.

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

AUG 23 1994



Facility Name/Location (if different)

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

FACILITY \_\_\_\_\_  
 LOCATION \_\_\_\_\_  
 ATTN: SAM VANDEGRIF

DISCHARGE MONITORING REPORT (DMR)

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

F - FINAL LIMITS  
 LOW VOL WASTE TREAT POND EFFL

Form Approved  
 OMB No. 2000-0015

MONITORING PERIOD  
 FROM YEAR 84 MO 07 DAY 01 TO YEAR 84 MO 07 DAY 31  
 (12-21) (12-23) (12-25) (24-27) (24-29) (24-31)

NOTE: Read instructions before completing this form.

PARAMETER (12-17)		(1 Card Only) QUANTITY OR LOADING (46-53)			(1 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*** **	*** **	*** **	6.6	*** **	9.6	1	15/30	GR
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*** **	*** **	*** **	6.0 MINIMUM	*** **	9.0 MAXIMUM		THREE/ WEEK	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	<27	44		*** **	<5.3	14	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		THREE/GRAB WEEK	
OIL AND GREASE (SDXHLET EXTR.) TOT	SAMPLE MEASUREMENT	<25	<52		*** **	<5.0	<5.0	0	10/30	GR
00550 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	190 DAILY AV	250 DAILY MX	LBS/DY	*** **	15 DAILY AV	20 DAILY MX		TWICE/GRAB WEEK	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.69	1.3		*** **	*** **	*** **	0	31/30	CAL
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*** ** DAILY AV	*** ** DAILY MX	ACD	*** **	*** **	*** **		DAILY TOTAL	
	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  
 AREA  
 CODE

856-6601

84

08

28

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

IN THE EVENT OF DISCHARGE OF TURBINE BLDG SUMP TO COHD COOL WATER CHANNEL OR DRAINAGE POND, TSS, OIL AND GREASE, AND PH SHALL BE MONITORED 5/WEEK.  
 A NOTIFICATION OF NONCOMPLIANCE IS ATTACHED.

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

Description of the discharge--Discharge No. 103 - Low-volume waste treatment pond effluent. Routine samples collected with pH values exceeding the maximum permit limit of 9.0 standard units (s.u.) were as follows.

<u>Date</u>	<u>Time</u>	<u>pH (s.u.)</u>
6/20	9:00 a.m.	9.33
6/27	8:55 a.m.	9.37, 9.42
7/18	11:00 a.m.	9.57

Cause and period of the noncompliance--The June 20 noncompliance was a result of overflow from the lined metal-cleaning waste pond (DSN 107) into the low-volume waste treatment pond. DSN 107 contained regenerant wastes from the temporary demineralizer system and had a pH of 11.0 s.u.

The June 27 noncompliance was caused by caustic regenerant wastes from the temporary demineralizer system.

The July 18 noncompliance was caused by leaking valves on the NaOH tank associated with the temporary demineralizer system. These valves leaked NaOH into the building overflow sump that discharges into DSN 103 via the main turbine building sump piping.

DSN 103 was isolated because of these noncompliances. Other samples collected were as follows.

<u>Date</u>	<u>Time of Sample</u>	<u>pH (s.u.)</u>	<u>Time of Pond Isolation</u>
6/19	9:15 a.m.	8.76	
6/20	---	---	2:20 p.m.
6/26	9:00 a.m.	8.93	
6/27	---	---	1:55 p.m.
7/17	9:05 a.m.	8.75	
7/18	---	---	11:24 a.m.

Thus, the maximum noncompliance periods for the June 20, June 27, and July 18 noncompliances were 29, 29, and 26 hours, respectively.

Steps taken to reduce, eliminate, or prevent recurrence of the noncomplying discharge--June 20 noncompliance: The overflow of the lined pond, DSN 107, has been alleviated by the installation of additional piping to provide alternate usage of the lined and the unlined metal-cleaning waste ponds associated with DSN 107.

June 27 noncompliance: Operating instructions have been improved to prevent future routing of temporary demineralizer wastes to DSN 103. These wastes are to be routed to DSN 107 for treatment and will be discharged on a batch basis.

July 18 noncompliance: The diaphragms on the leaking valves have been replaced.

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

IN0026450  
PERMIT NUMBER  
104 1  
DISCHARGE NUMBER

F - FINAL LIMITS  
RADWASTE SYST TO COOL TWR BLWDN

FACILITY  
LOCATION  
ATTN: SAM VANDEGRIFT

MONITORING PERIOD  
YEAR MO DAY  
FROM 84 07 01 TO 84 07 31  
(17-19) (17-19)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (45-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	***	***	***	6.6	***	8.0	0	10/30	GR
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM		TWICE/GRAB WEEK	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	<3.8	26		*****	<14	74	0	9/30	COMP
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	13 DAILY AV	42 DAILY MX	LBS/DY	*****	30 DAILY AV	100 DAILY MX		TWICE/COMP WEEK	
OIL AND GREASE (SOXHLET EXTR.) TOT.	SAMPLE MEASUREMENT	<1.2	<2.0		*****	<5.0	<5.3	0	7/30*	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		TWICE/GRAB WEEK	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.028	0.048		*****	*****	*****	0	9/30	REC
50050 1 0 EFFLUENT GROSS VALUE	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 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 08 28 YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
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.  
ISS 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. 2000-0015

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

(2-16)  
TN0026450  
PERMIT NUMBER

(17-19)  
105 1  
DISCHARGE NUMBER

F - FINAL LIMITS  
REGEN TO COOL TWR BLWON LINE

FACILITY  
LOCATION  
ATTN: SAM VANDEGRIFT

MONITORING PERIOD  
FROM 84 07 01 TO 84 07 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			
PH	SAMPLE MEASUREMENT	*****	*****	*****	6.0	*****	9.0	0	61/30	GR
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM		ONCE/	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	<4.1	14		*****	<24	79	0	21	BATCHES GR
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	25	83	LBS/DY	*****	30	100		ONCE/	COMPOS
		DAILY AV	DAILY MX			DAILY AV	DAILY MX		BATCH	
OIL AND GREASE (SOXHLET EXTR.) TOT.	SAMPLE MEASUREMENT	<1.7	<6.4		*****	<5.0	<5.0	0	21	BATCHES GR
00550 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	13	17	LBS/DY	*****	15	20		DAILY	GRAB
		DAILY AV	DAILY MX			DAILY AV	DAILY MX			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.04	0.154		*****	*****	*****	0	21	BATCHES CAL
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****		ONCE/	CALCTD
		DAILY AV	DAILY MX						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.)	TELEPHONE		DATE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FTS AREA CODE	856-6601	84	08 28

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. A NOTIFICATION OF NONCOMPLIANCE IS ATTACHED.

NAME TVA - SEQUOYAH NUCLEAR  
ADDRESS 6411 E. BRAINEKD RD.  
CHATTANOUGA TN 37421

DISCHARGE MONITORING REPORT (DMR)

IN0020450  
PERMIT NUMBER  
1001  
DISCHARGE NUMBER

F - FINAL LIMITS  
S/M GEN BLWON TO COOL TWR BLDN

FACILITY  
LOCATION

MONITORING PERIOD  
YEAR MO DAY YEAR MO DAY  
FROM 84 07 01 TO 84 07 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 (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
00400 1 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	SU	SEE PERMIT	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT				*****					
00530 1 0 EFFLUENT GROSS VALU	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 VALU	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.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			FTS	856-6601	84	08	28
			AREA CODE	NUMBER	YEAR	MO	DAY

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

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

TNO020450  
PERMIT NUMBER

1071  
DISCHARGE NUMBER

F - FINAL LIMITS  
METAL CLN WASTE AND TO COND CH

FACILITY:  
LOCATION:

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	07	01	84	07	31
(20-21)	(12-13)	(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			
CHEM. OXYGEN DEMAND (HIGH LEVEL) (COD) 00340 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT		*	LBS/DAY	*****		*			
	PERMIT REQUIREMENT		834		*****	DAILY AV	100 DAILY MX		WEEKLY	COMP-B
PH 00400 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	6.4	*****	7.9	0	12/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	10	19	LBS/DAY	*****	5.3	10	0	8/30	8-HR COMP
	PERMIT REQUIREMENT		250		*****	DAILY AV	30 DAILY MX		WEEKLY	COMP-B
OIL AND GREASE (SOXHLET EXTR.) TOT. 00550 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	<14	<34	LBS/DAY	*****	<5.0	<5.0	0	8/30	GR
	PERMIT REQUIREMENT		125		*****	DAILY AV	15 DAILY MX		WEEKLY	GRAB
PHOSPHORUS, TOTAL (AS P) 00665 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT		*	LBS/DAY	*****		*			
	PERMIT REQUIREMENT		8.3		*****	DAILY AV	1.0 DAILY MX		WEEKLY	COMP-B
COPPER, TOTAL (AS CU) 01042 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	<0.02	<0.08	LBS/DAY	*****	<0.01	<0.01	0	8/30	8-HR COMP
	PERMIT REQUIREMENT		8.3		*****	DAILY AV	1.0 DAILY MX		WEEKLY	COMP-B
IRON, TOTAL (AS FE) 01045 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.2	1.9	LBS/DAY	*****	0.63	1.0	0	8/30	8-HR COMP
	PERMIT REQUIREMENT		8.3		*****	DAILY AV	1.0 DAILY MX		WEEKLY	COMP-B

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE		DATE		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FTS AREA CODE	NUMBER	YEAR	MO DAY
MARTIN E. RIVERS, DIRECTOR OF ENVIRONMENTAL QUALITY STAFF			856-6601	84	08	28

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):  
IN NO CASE SHALL THE QUANTITY DISCHARGED EXCEED THE QUANTITY DETERMINED BY MULTIPLYING THE VOLUME OF THE BATCH OF METAL CLEANING WASTE GENERATED BY THE CONCENTRATION. SEE PERMIT FOR ADDITIONAL SAMPLING REQUIREMENTS.  
\*NO PHOSPHORUS OR ORGANIC CHEMICAL COMPOUNDS WERE USED.



NAME TVA - SEQUOYAH NUCLEAR  
ADDRESS 6411 E. BRAINERD RD.  
CHATTANOOGA TN 37421  
FACILITY \_\_\_\_\_  
LOCATION \_\_\_\_\_  
ATTN: SAM VANDEGRIFF

(2-16) TN0026450  
PERMIT NUMBER

(17-19) 107 1  
DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
84	7	01	84	07	31

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

F - FINAL LIMITS  
METAL CLN WASTE PND TO COND CH

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.30	0.80	MSD	*****	*****	*****	*****	0	4.5**	BATCHES CALC
	PERMIT REQUIREMENT	***** DAILY AV	***** DAILY MX		*****	*****	*****	*****			ONCE/ CALC TO BATCH
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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	08

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.

\*\*ONE BATCH DISCHARGED TO LOW VOLUME WASTE POND.

NAME TVA - SEQUOYAH NUCLEAR

ADDRESS 6411 E. BRAINERD RD.

CHATTANOOGA

TN 37421

## DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

F - FINAL LIMITS

CONCRETE PLT SETTLING POND

TNOU26450

103 1

PERMIT NUMBER

DISCHARGE NUMBER

FACILITY

LOCATION

ATTN: SAM VANDEGRIFF

## MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
84	07	01	84	07	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 (38-43)			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	*****	*****	*****	*****	*****	*****	50	SEE PERMIT	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	*****	*****	23	39		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	0.070	0.157		*****	*****	*****	*****	0	4/30 WEIR
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****	*****		WEEKLY FLOWING
	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  
NUMBER

 84 08 28  
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)

(17-19)

TN0026450

PERMIT NUMBER

109

DISCHARGE NUMBER

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

EMERGENCY DIESEL GENERATOR  
NO. 5 COOLING WATER EFFLUENT

MONITORING PERIOD

FROM 

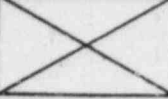
YEAR	MO	DAY
84	07	01

 (20-21) (22-23) (24-25) TO 

YEAR	MO	DAY
84	07	31

 (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (2-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	NO DISCHARGE			MGD						
	PERMIT REQUIREMENT									1/14	P LOG
ERCW SYSTEM TOTAL	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 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE  
OFFICER OR AUTHORIZED AGENT

TELEPHONE

FTS 856-6601

AREA  
CODE

NUMBER

DATE

84 08 28

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.



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

(2-16) TNO026450  
PERMIT NUMBER  
(17-19) 110 1  
DISCHARGE NUMBER

F - FINAL LIMITS  
RECYCLED COOLING WATER FLOW

FACILITY  
LOCATION  
ATTN: SAM VANDEGRIFF

MONITORING PERIOD  
YEAR MO DAY TO YEAR MO DAY  
FROM 84 07 01 TO 84 07 31  
(10-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
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 MINIMUM	*****	9.0 MAXIMUM	U		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										
	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	856-6601	84	08 28
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO DAY

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

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

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

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

F - FINAL LIMITS  
STP DISCHARGE

FACILITY  
LOCATION  
ATTN: SAM VANDEGRIFF

MONITORING PERIOD								
YEAR			MO			DAY		
FROM	84	07	01	TO	84	07	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) 00310 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.56	0.93	LBS/DY	*****	4.4	7.4	MG/L	0 2/30	GR
	PERMIT REQUIREMENT	3.8 30DA AVG	9.3 DAILY MX		*****	30 DA AVG	40 DAILY MAX			TWICE/GRAB MONTH
PH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	SU	SEE PERMIT	
SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.3	2.4	LBS/DY	*****	10	19	MG/L	0 2/30	GR
	PERMIT REQUIREMENT	3.8 30DA AVG	5.0 DAILY MX		*****	30 30DA AVG	40 45 DAILY MX			TWICE/GRAB MONTH
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.0085	0.0085	MGD	*****	*****	*****	*****	0 22/30	GR
	PERMIT REQUIREMENT	0.015 DAILY AV	***** DAILY MX		*****	*****	*****	*****		WEEK- DAYS FLOIN
CHLORINE, TOTAL RESIDUAL 50060 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	<0.1	<0.6	3.0	MG/L	2 22/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	2.0 DAILY AV DAILY MX			WEEK- DAYS GRAB
FECAL COLIFORM	SAMPLE MEASUREMENT				<10	<30005	60000	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	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		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FTS AREA CODE	856-6601 NUMBER	84 YEAR	08 MO

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

A NOTIFICATION OF NONCOMPLIANCE IS ATTACHED.

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

Description of the discharge--Discharge No. 111 - Sewage treatment plant effluent. Routine samples collected on June 26 and July 5 had fecal coliform concentrations of 8,000 and 60,000 N/100 ml, respectively, exceeding the permit limit of 1,000 N/100 ml. Routine samples collected on July 13 and 24 had total residual chlorine (TRC) concentrations of 3.0 and 2.95 mg/L, respectively, exceeding the permit limit of 2.0 mg/L.

Cause and period of the noncompliances--The fecal coliform noncompliances were caused by sodium hypochlorite feed pump problems and this resulted in low chlorine residuals of less than 0.1 mg/L. Other samples collected were as follows.

<u>Date</u>	<u>Time</u>	<u>Fecal Coliform Concentration</u>
6/6	4:15 p.m.	<10 N/100 ml
7/9	2:00 p.m.	<10 N/100 ml

Thus, the maximum duration of the fecal coliform noncompliance was 34 days.

The TRC noncompliances resulted from improper pump stroke settings. Sand filters A and B were in the process of being removed from service during the week of June 25. Removing sand filters A and B from service reduces the estimated effluent flow from 14,500 gpd to 8,500 gpd. The flow was being reduced but the NaOCl pump stroke had not been adjusted and resulted in a TRC concentration greater than 2.0 mg/L. Other samples collected were as follows.

<u>Date</u>	<u>Time</u>	<u>TRC (mg/L)</u>
7/12	9:00 a.m.	<0.1
7/16	4:00 p.m.	<0.1
7/23	8:00 a.m.	<0.1
7/25	8:00 a.m.	<0.1

Thus, the maximum durations for the July 13 and 24 noncompliances were 103 and 48 hours, respectively.

Steps taken to reduce, eliminate, or prevent recurrence of the noncomplying discharge--The stroke setting of the sodium hypochlorite feed pump is being adjusted and monitored more closely to prevent future fecal coliform and TRC noncompliances.

AUG 24 1984



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

(2-16) TNO020450  
PERMIT NUMBER  
(17-19) 112 1  
DISCHARGE NUMBER

F - FINAL LIMITS  
STOP DISCHARGE

FACILITY  
LOCATION  
ATTN: SAM VANDEGRIFF

MONITORING PERIOD  
YEAR MO DAY  
FROM 84 07 01 TO 84 07 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 (45-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	0.027	0.051						0	8/30	WEIR
	PERMIT REQUIREMENT	0.025	NA							5/7	WEIR
BOD <sub>5</sub>	SAMPLE MEASUREMENT			LBS/DAY			*	MG/L			
	PERMIT REQUIREMENT	6.3	8.3			30	40			2/30	GR
SUSPENDED SOLIDS	SAMPLE MEASUREMENT			LBS/DAY			*	MG/L			
	PERMIT REQUIREMENT	6.3	8.3			30	40			2/30	GR
TOTAL CHLORINE RESIDUAL	SAMPLE MEASUREMENT				<0.1	<0.4	1.3	MG/L	0	8/30	GR
	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						*	MG/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 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		PTS AREA CODE	856-6601	84 08 28

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

\*THERE WAS NO FLOW ON DAY OF SAMPLE COLLECTION, THEREFORE, NO POUNDAGE COULD BE CALCULATED.

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

 (2-16)  
TNO026450  
PERMIT NUMBER

 (17-19)  
113 1  
DISCHARGE NUMBER

 F - FINAL LIMITS  
STP TO COND COOLING WATER CHAN

 FACILITY  
LOCATION  
ATTN: SAM VANDEGRIF

 MONITORING PERIOD  
FROM YEAR MO DAY TO YEAR MO DAY  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)  
84 07 01 TO 84 07 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 (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
BOD, 5-DAY (20 DEG. C) 00310 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT		0.003	LBS/DY	*****		1.8	0	1/30*	GR
	PERMIT REQUIREMENT	7.5 30DA AVG	10.0 DAILY MX		*****	30 30DA AVG	40 DAILY MX		TWICE/GRAB MONTH	
PH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		SEE PERMIT	
SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT		0.092	LBS/DY	*****	30 30DA AVG	55 DAILY MX	1	1/30*	GR
	PERMIT REQUIREMENT	7.5 30DA AVG	12.5 DAILY MX		*****	30 30DA AVG	45 DAILY MX		TWICE/GRAB MONTH	
SOLIDS, SETTLEABLE 00545 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	0	4/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1.0 DAILY AV DAILY MX		WEEK- DAYS	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.001	0.002	MGD	*****	*****	*****	0	4/30	GR
	PERMIT REQUIREMENT	0.030 DAILY AV	***** DAILY MX		*****	*****	*****		WEEK- DAYS	FLOINJ
CHLORINE, TOTAL RESIDUAL 50060 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	1.0	1.2	1.3	0	4/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	2.0 DAILY AV DAILY MX		WEEK- DAYS	GRAB
FECAL COLIFORM	SAMPLE MEASUREMENT						<10	0	1/30	GR
	PERMIT REQUIREMENT				NA	NA	1,000		2/30	GR
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)				TELEPHONE		DATE		
MARTIN E. RIVERS, DIRECTOR OF ENVIRONMENTAL QUALITY STAFF						856-6601		84 08 28		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				FTS AREA CODE	NUMBER	YEAR	MO	DAY

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

A NOTIFICATION OF NONCOMPLIANCE IS ATTACHED.

\*PLANT WAS RELOCATED JULY 7, THEREFORE, ONLY ONE SAMPLE WAS COLLECTED THIS MONTH.

Description of the discharge - Discharge No. 113 - Construction sewage treatment plant (STP) effluent to the CCW channel. Grab samples of this discharge from May 8 through July 5, 1984, indicate the following noncompliances.

<u>Date</u>	<u>Flow</u>	<u>Parameter</u>	<u>Concentration</u>	<u>Maximum Permit Limitation</u>
May 8	5,000 gpd	Fecal Coliform	>2,000 colonies/ 100 ml sample	1,000 colonies/ 100 ml sample
		Total Suspended Solids	70 mg/l	45 mg/l
May 22	4,000 gpd	Total Suspended Solids	96 mg/l	45 mg/l
June 26	2,000 gpd	Total Suspended Solids	58 mg/l	45 mg/l
July 5	200 gpd	Total Suspended Solids	55 mg/l	45 mg/l

Cause and period of the noncompliance - The exact cause of the fecal coliform noncompliance is unknown. However, we suspect an increase in flow due to infiltration was not accompanied by a proportionate increase in the hypochlorite feed rate, resulting in incomplete disinfection.

Fecal coliform samples taken on April 24 and May 22 had fecal coliform counts of less than 10 and 100 colonies per 100 ml of sample, respectively. Therefore, the maximum possible duration of this noncompliance was approximately 28 days.

The total suspended solids (TSS) noncompliances were due to denitrification and rising solids. The wastewater flow to this treatment plant had been significantly reduced as construction at SQN nears completion. Flow rate on the dates of the TSS noncompliance are given in the table above. The flow rates resulted in long retention times promoting denitrification.

Grab samples collected on April 5 and June 6 contained a TSS concentration of 30 and 35 mg/l, respectively. Therefore, the possible period of the first noncompliance was 31 days. The remaining influent flow to this STP was rerouted to the new sand filter, DSN 112, on July 7. Therefore, the possible duration of the second period of noncompliance was approximately 31 days.

Steps taken to reduce, eliminate, and prevent recurrence of the noncomplying discharge - As mentioned above, this STP was taken out of service on July 7. TVA plans to relocate this STP onsite to serve a temporary office building which will accommodate approximately 165 to 200 persons relocated to the SQN site from its Chattanooga and Knoxville offices. The STP should be back in service on or about September 1, 1984. Modified permit pages to reflect plant relocation will be provided.



J. A. Nicholls



NAME: IVA - 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

114 1

DISCHARGE NUMBER

F - FINAL LIMITS

STP DISCHARGE TO TENN RIVER

FACILITY

LOCATION

ATTN: SAM VANDEGRIFF

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	07	01	84	07	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 (38-43)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
BOD, 5-DAY (20 DEG. C) 00310 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.14	0.15		*****	1.6	2.0	0	2/30	GR
	PERMIT REQUIREMENT	3.8 30DA AVG	5.0 DAILY MX	LOS/DY	*****	30 30DA AVG	40 DAILY MX		TWICE/GRAB MONTH	
PH 00400 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	6.5	0	11/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM		TWICE/GRAB WEEK	
SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.68	1.0		*****	7.0	8.0	0	2/30	GR
	PERMIT REQUIREMENT	3.8 30DA AVG	5.0 DAILY MX	LES/DY	*****	30 30DA AVG	40 DAILY MX		TWICE/GRAB MONTH	
SOLIDS, SETTLEABLE 00545 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	0	21/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	30DA AVG	1.0 DAILY MX		TWICE/GRAB WEEK	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.016	0.106		*****	*****	*****	0	21/30	WEIR
	PERMIT REQUIREMENT	0.015 DAILY AV	0.10 DAILY MX	MGD	*****	*****	*****		WEEK- DAYS	FLOW
COLIFORM, FECAL GENERAL 74055 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	50	50	0	2/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	30DA GED	1000 DAILY MX		TWICE/GRAB MONTH	
TOTAL CHLORINE RESIDUAL	SAMPLE MEASUREMENT				0.2	0.7	1.1	0	21/30	GR
	PERMIT REQUIREMENT						2.0		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 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  
NUMBER

 84 08 28  
YEAR MO DAY

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

NAME: TVA - SEQUOYAH NUCLEAR

ADDRESS: 6411 E. BRAINEKD RD.

CHATTANOOGA

TN 37421

## DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

F - FINAL LIMITS

STP DISCHARGE TO TENN RIVER

TN0026450

114 2

PERMIT NUMBER

DISCHARGE NUMBER

FACILITY

LOCATION

ATTN: SAM VANDEGRIFF

## MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
84	07	01	84	07	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	3.6	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 SUSPENDED	SAMPLE MEASUREMENT				*****					
00530 1 0	PERMIT REQUIREMENT	3.6	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 THRU TREATMENT PLANT	SAMPLE MEASUREMENT				*****	*****	*****	*****		
50050 1 0	PERMIT REQUIREMENT	.005	*****	MGD	*****	*****	*****	*****	WEEK- FLOWING	
EFFLUENT GROSS VALUE		DAILY AV	DAILY MX						DAYS	
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****	*****	*****			#/		
74055 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1000		TWICE/GRAB	
EFFLUENT GROSS VALUE						30DA GEO	DAILY MX		MONTH	
DISSOLVED OXYGEN	SAMPLE MEASUREMENT				3.4	4.2	5.1	0	21/30	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 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 08 28  
YEAR MO DAY

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

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

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

Form Approved  
OMB No. 2000-0015

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

TN0026450  
PERMIT NUMBER

115 1  
DISCHARGE NUMBER

F - FINAL LIMITS  
VEHICLE WASH POND EFFLUENT

FACILITY  
LOCATION

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	07	01	84	07	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

ATTN: SAM VANDEGRIFT

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	*****	7.0	*****	7.0	0	1/30	GR
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	0	ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	*****	*****	11	16	0	4/30	GR
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAILY AV	40 DAILY MX	0	WEEKLY	GRAB
SOLIDS, SETTLEABLE	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	0	4/30	GR
00545 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	DAILY AV	DAILY MX	0	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	0	WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.003	0.004	MGD	*****	*****	*****	0	4/30	WEIR
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	WEEKLY	FLOW
	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	856-6601	84	08	28
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY

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



SEQUOYAH NUCLEAR PLANT - TN0026450  
WATER TEMPERATURE DATA FOR DISCHARGE SERIAL NUMBER 101  
DIFFUSER GATE TO TENNESSEE RIVER

Date	Maximum Downstream Temperature (°F)	Maximum River ΔT Rise (°F)	Maximum Ambient Temperature (°F)
05/01/84	64.2	3.15	63.8
05/02/84	64.7	2.12	63.1
05/03/84	63.1	2.39	61.5
05/04/84	62.6	1.15	61.5
05/05/84	61.8	0.94	61.1
05/06/84	61.5	0.67	61.1
05/07/84	62.0	0.88	61.5
05/08/84	61.5	*	92.1
05/09/84	60.9	*	60.4*
05/10/84	61.1	*	60.4
05/11/84	61.7	-0.13	69.4
05/12/84	61.7	0.04	71.6
05/13/84	62.4	0.00	67.2
05/14/84	63.8	0.09	64.9
05/15/84	63.8	0.09	65.6
05/16/84	64.0	3.89	78.6
05/17/84	63.5	-0.02	61.8
05/18/84	63.6	0.00	61.8
05/19/84	64.4	-0.02	62.7
05/20/84	65.4	0.04	63.8
05/21/84	0.00	0.00	0.00
05/22/84	66.5	0.00	64.4
05/23/84	67.1	0.00	64.9
05/24/84	67.4	2.93	66.2
05/25/84	67.2	6.41	65.3
05/26/84	68.0	0.00	67.2
05/27/84	69.4	0.00	70.5
05/28/84	69.9	0.00	70.7
05/29/84	69.6	0.00	68.0
05/30/84	68.9	0.00	66.7
05/31/84	68.1	0.02	66.0

\*Station flooded.

SEQUOYAH NUCLEAR PLANT - IN0026450  
WATER TEMPERATURE DATA FOR DISCHARGE SERIAL NUMBER 101  
DIFFUSER GATE TO TENNESSEE RIVER

<u>Date</u>	<u>Maximum Downstream Temperature (°F)</u>	<u>Maximum River ΔT Rise (°F)</u>	<u>Maximum Ambient Temperature (°F)</u>
06/01/84	68.0	0.02	66.3
06/02/84	69.9	-0.02	69.0
06/03/84	70.3	0.14	72.5
06/04/84	72.6	0.05	73.9
06/05/84	71.0	0.05	72.8
06/06/84	72.3	-0.49	72.3
06/07/84	73.9	0.00	74.1
06/08/84	73.7	0.02	74.1
06/09/84	74.6	0.00	75.5
06/10/84	76.1	-2.20	77.9
06/11/84	80.2	0.07	78.8
06/12/84	0.00	0.00	0.00
06/13/84	79.3	-4.90	82.5
06/14/84	78.4	3.82	79.1
06/15/84	78.4	2.99	78.0
06/16/84	79.5	4.10	79.8
06/17/84	80.0	3.51	79.5
06/18/84	78.6	-3.82	80.7
06/19/84	82.7	-4.21	81.5
06/20/84	0.00	0.00	0.00
06/21/84	25.4	25.37	0.00
06/22/84	79.7	*	79.8
06/23/84	79.8	4.97	77.7
06/24/84	80.7	3.24	78.9
06/25/84	81.3	4.66	78.8
06/26/84	81.3	5.72	79.1
06/27/84	80.9	5.20	77.9
06/28/84	80.4	4.48	78.9
06/29/84	80.7	4.20	78.4
06/30/84	80.7	4.21	78.4

\*Station flooded.

SEQUOYAH NUCLEAR PLANT - TN0026450  
WATER TEMPERATURE DATA FOR DISCHARGE SERIAL NUMBER 101  
DIFFUSER GATE TO TENNESSEE RIVER

<u>Date</u>	<u>Maximum Downstream Temperature (°F)</u>	<u>Maximum River ΔT Rise (°F)</u>	<u>Maximum Ambient Temperature (°F)</u>
07/01/84	80.4	*	79.5
07/02/84	*	0.00	*
07/03/84	79.8	4.46	80.0
07/04/84	80.0	3.19	78.6
07/05/84	80.2	3.87	77.9
07/06/84	79.8	3.89	78.2
07/07/84	80.4	*	77.1
07/08/84	80.4	*	79.3
07/09/84	79.7	4.01	81.1
07/10/84	80.7	*	82.0
07/11/84	80.9	*	82.2
07/12/84	82.7	4.28	83.8
07/13/84	82.9	3.44	81.8
07/14/84	*	*	*
07/15/84	*	*	*
07/16/84	82.2	3.26	80.6
07/17/84	82.0	3.74	79.8
07/18/84	81.5	4.27	79.1
07/19/84	81.1	*	79.5
07/20/84	80.9	*	80.2
07/21/84	81.1	*	80.0
07/22/84	81.8	*	79.8
07/23/84	82.5	*	80.0
07/24/84	81.5	*	79.5
07/25/84	81.6	*	80.2
07/26/84	82.7	*	80.7
07/27/84	82.2	3.74	79.7
07/28/84	82.0	*	79.5
07/29/84	80.9	4.3	78.2
07/30/84	80.0	3.7	77.0
07/31/84	79.5	4.27	76.4

\*Computer malfunction.