

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 VI - JOUDYAN NUCLEAR
ADDRESS 1111 S. BENTLEY BLVD.
CHATTANOOGA 37421

(2-16)
INJ 2845
PERMIT NUMBER

(17-19)
1 1 1
DISCHARGE NUMBER

F - FINAL LIMITS
DIFFUSER CAT. TO TENN RIVER

FACILITY
LOCATION
SITE: VANDEGRIFT

MONITORING PERIOD							
YEAR			MO		DA		
FROM					TO		
	84	10	01			84	10
	(20-21)	(22-23)	(24-25)			(26-27)	(28-29)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
TEMPERATURE, WATER deg. FAHRENHEIT 0011 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	***	***	***	76.0	79.3	80.5	0	31/30	GR
	PERMIT REQUIREMENT	***	***	***	***	***	***	DEC.F	SEE	GRAD.
TEMPERATURE, WATER deg. FAHRENHEIT 0011 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	***	***	***	80.7	94.6	96.9	0	26/30*	REC
	PERMIT REQUIREMENT	***	***	***	***	***	112.5	DEC.F	CONTIN	REC
TEMPERATURE, WATER deg. FAHRENHEIT 0011 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	***	***	***			**			
	PERMIT REQUIREMENT	***	***	***	***	***	97.0	DEC.F	CONTIN	REC
TEMPERATURE, WATER deg. FAHRENHEIT 0011 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	***	***	***			**			
	PERMIT REQUIREMENT	***	***	***	***	***	101.0	DEC.F	DAILY	GRAD.
TEMP. DIFF. BETWEEN SAMPLE AND UPSTREAM 0011 0 0 INST AND DOWN-STREAM	SAMPLE MEASUREMENT	***	***	***	0.1	2.6	4.8	0	31/30	GR
	PERMIT REQUIREMENT	***	***	***	***	***	5.4	DEC.F	SEE	GRAD.
						INST MAX			PERMIT	
PH	SAMPLE MEASUREMENT	***	***	***						
	PERMIT REQUIREMENT	***	***	***	6.0	***	9.0	SD	SEE	PERMIT
FLOW, IN CUMMITS OR THRU TREATMENT PLANT 0011 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	1858	2070	MSD	8412070505	841031		0	31/30	REC
	PERMIT REQUIREMENT	***	***	***	PDR ADOCK 05000327	PDR		***	CONTIN	REC

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.)

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

TELEPHONE
856-6601
DATE
84 11 20

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
CORRESPONDS TO AMBIENT TEMPERATURE, '0' TO OPEN MODE, 'S' TO
*MONITOR INOPERABLE FIVE DAYS THIS REPORTING PERIOD.
SEE PERMIT FOR FURTHER MONITORING REQUIREMENTS. **PLANT OPERATED IN OPEN MODE ALL MONTH.

IE25
01

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 - SEQUOYA NUCLEAR
ADDRESS 3111 E. CRAINFIELD RD.
CHATTANOOGA TN 37421

(2-16)
IND026450
PERMIT NUMBER

(17-19)
101 1
DISCHARGE NUMBER

F - FINAL LIMITS
DIFFUSER GATE TO TENN RIVER

FACILITY
LOCATION
TIN: SAM VANDEGRIFT

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	06	11	84	03	31
(12-21)	(12-21)	(12-25)	(12-27)	(12-29)	(10-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (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 VALU	SAMPLE MEASUREMENT	*****	*****	*****	<0.1	<0.1	<0.1	0	23/30	CALC
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	WEEK- DAYS	CALC
TEMPERATURE RATE OF CHANGE DEG. F/HOUR 74029 0 0 DOWNSTREAM MONITOR	SAMPLE MEASUREMENT	0.5	1.6	DEG F/ HOUR	*****	*****	*****	0	31/30	CALC
	PERMIT REQUIREMENT	*****	3.0 INST MX	*****	*****	*****	*****	0	SEE PERMIT	CALC
DOWNSTREAM TEMPERATURE	SAMPLE MEASUREMENT	80.9	82.5	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		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	11	28
TYPED OR PRINTED				AREA CODE	NUMBER	YEAR	MO	DAY

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

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

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

Form Approved
OMB No. 2000-0001

NAME IWA - SEQUOIAH NUCLEAR
ADDRESS 611 E. BRAINARD RD.
ST. LOUIS, MO 63104

(2-16) IN0026450
PERMIT NUMBER
(17-19) 102 1
DISCHARGE NUMBER

F - FINAL LIMITS
YARD DRAINAGE POND EFFLUENT

FACILITY
LOCATION
ATTN: MR. VANDEGRIFT

MONITORING PERIOD
FROM 84 08 01 TO 84 08 31
(10-21) (12-23) (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			
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	***	***	***	7.3	***	7.8	0	16/30	GR
	PERMIT REQUIREMENT	***	***	***	6.0 MINIMUM	***	9.0 MAXIMUM			
SOLIDS, TOTAL SUSPENDED EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	***	***	***	***	46	121	3	20/30**	GR
	PERMIT REQUIREMENT	***	***	***	***	30 DAILY AV	100 DAILY MX			
OIL AND GREASE (GRAVITY EXTRACTION) TLT EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	***	***	***	***	<5.0	<5.0	0	7/30	GR
	PERMIT REQUIREMENT	***	***	***	***	5 DAILY AV	20 DAILY MX			
FLECK, IN CONDUIT OR THRU TREATMENT PLANT EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.6	5.3	MGD	***	***	***	0	31/30*	REC
	PERMIT REQUIREMENT	DAILY AV	DAILY MX		***	***	***			
	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	856-6601	84	11 28

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments, here):
 **FLOW METER MALFUNCTIONED FOURTEEN DAYS THIS REPORTING PERIOD.
 **TWO TSS SAMPLES WERE INADVERTENTLY NOT COLLECTED.
 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. A grab sample collected at 0940 on August 23 had a pH value of 9.58 standard units (s.u.), exceeding the maximum permit limitation of 9.0 s.u.

Cause and period of the noncompliance--We suspect that the pH noncompliance resulted from regenerant waste discharges from the condensate demineralizer system or the in-plant makeup water demineralizer system via the turbine building sump (TBS). The discharge began at 0900 on August 23 (pond had been isolated) and ended at 1200 on August 23 when the pond was isolated again. Therefore, the maximum period of noncompliance was three hours.

Steps taken to reduce, eliminate, and prevent recurrence of the noncomplying discharge--A pH analyzer system for monitoring the TBS has been requested. This system will help identify the source of noncomplying pH wastewater and thereby enable personnel to take appropriate preventive or corrective actions.

NOV 21 1984

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

Description of the discharge--Discharge No. 103 - Turbine building sump (TBS) discharge to the yard drainage pond. Grab samples collected at 0830 on August 7 and at 0630 on August 9 had pH values of 4.06 and 9.09 standard units (s.u.), respectively. The permit requires that the TBS sump discharge pH be within the range of 6 to 9 s.u. when operated in this mode.

Cause and period of the noncompliance--The pH noncompliances were caused by the release of condensate demineralizer (CD) wastes to the TBS. Other samples collected are as follows.

<u>Date</u>	<u>Time</u>	<u>pH (s.u.)</u>
8/6	1000	8.33
8/7	1035	8.10
8/8	0720	8.18
8/9	1450	8.30

Therefore, the durations of the August 7 and 9 noncompliances were less than 24.6 hours and less than 31.5 hours, respectively.

Steps taken to reduce, eliminate, and prevent recurrence of the noncomplying discharge--In the future, SQN personnel will attempt to mix the acid and caustic CD drains to achieve a relatively neutral pH before the combined wastes are released to the sump.

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

Description of the discharge--Discharge No. 102 - Yard drainage pond effluent. The following grab samples had total suspended solids (TSS) concentrations which exceeded the NPDES permit limitation of 100 mg/L.

<u>Date</u>	<u>Time</u>	<u>TSS Concentration (mg/L)</u>
08/24	0955	121.2
08/25	1330	104.3
08/27	0900	105.5
10/08	0900	173.4
	1630	106.2
10/09	1240	145.0

Cause and period of the noncompliance--A total of 2.95 inches of rainfall was recorded at SQN on October 8 and 9. Rainfall totals for October 7 and 10 were 0.04 and 0.01 inches, respectively. The noncompliances of October 8 and 9 were caused by insufficient settling time during the period of high rainfall runoff. The exact cause of the August noncompliances is not known. No rainfall was recorded during the period August 23-27.

Other samples collected were as follows.

<u>Date</u>	<u>Time</u>	<u>TSS Concentration (mg/L)</u>
08/23	0930	57.4
08/28	0900	46.2
10/05	0910	86.6
10/10	0905	24.6

Therefore, the durations of the August and October noncompliances were less than 119.5 hours and less than 119.9 hours, respectively.

Steps taken to reduce, eliminate, and prevent recurrence of the noncomplying discharge--The overflow elevation of the pond discharge structure will be raised by December 31. This action will increase the retention time of the pond and reduce the likelihood of future noncompliances.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)F - FINAL LIMITS
LOW VOL WASTE TREAT POND EFFLPERMITTEE NAME/ADDRESS (Include
Facility Name/Location if different)NAME TVA - SEQUOYAH NUCLEAR
ADDRESS 6411 E. DRAINAGE RD.
CARTERSVILLE GA 30121

TN0026420

PERMIT NUMBER

1001

DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR 84 MO 03 DAY 01 TO YEAR 84 MO 08 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) 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	*****	*****	*****	4.1	*****	9.6	*****	7	21/30	GR
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	*****		THREE WEEK	
SOLIDS, TOTAL	SAMPLE MEASUREMENT	81	355	*****	*****	15	64	*****	0	9/30	GR
00430 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	380	1250	LBS/DY	*****	30	100	MG/L		THREE WEEK	
OIL AND GREASE (SOLUBLE EXTRACT) TOT.	SAMPLE MEASUREMENT	<25	<28	*****	*****	<5.0	<5.0	*****	0	9/30	GR
00450 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	190	250	LBS/DY	*****	15	20	MG/L		TWICE WEEK	
FLOW, IN CONDUIT OR TREATMENT PLANT	SAMPLE MEASUREMENT	0.64	1.0	*****	*****	*****	*****	*****	0	31/30	CAL
00460 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****	*****		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 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
CODE856-6601
NUMBER84
YEAR11
MO25
DAY

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

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

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

F - FINAL LIMITS

RADWASTE SYST TO COOL TRK BLWON

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

NAME IWA - SEQUOYAH NUCLEAR
ADDRESS 5411 E. GRAINLAND RD.
CHATTANOOGA TN 37421

FACILITY _____

LOCATION _____

ATTN: SAM VANDEGRIFT

1N0025450
PERMIT NUMBER

104 1
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
84	08	01		84	08	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	*****	*****	*****	6.3	*****	7.6	0	8/30	GR
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	0.0 MINIMUM	*****	9.0 MAXIMUM		TWICE/GRAB WEEK	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	<0.69	1.2		*****	<3.5	8.4	0	8/30	COMP
00550 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	13 DAILY AV	42 DAILY MX	LBS/DY	*****	30 DAILY AV	100 DAILY MX		TWICE/COMPO WEEK	
OIL AND GREASE (EXCEPT EXTRACT)	SAMPLE MEASUREMENT	<1.1	<1.8		*****	<5.0	<5.0	0	7/30*	GR
00550 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.3 DAILY AV	8.3 DAILY MX	LBS/DY	*****	15 DAILY AV	20 DAILY MX		TWICE/GRAB WEEK	
FLOW, IN CONDUIT LE TARD TREATMENT PLANT	SAMPLE MEASUREMENT	0.029	0.060		*****	*****	*****	0	31/30	REC
00150 2 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****		ONCE/RCORD 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 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 11 28
TYPED OR PRINTED		AREA CODE	NUMBER	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.
TSS SAMPLE TYPE = 1 GRAB/BATCH COMPOSITED FOR ANALYSIS OVER A 24 HOUR DAY.
*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
OMB No. 2000-0015

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

IN0026450
PERMIT NUMBER

105 1
DISCHARGE NUMBER

F - FINAL LIMITS
REGEN TO COOL TWR BLWDN LINE

FACILITY
LOCATION
ATTN: SAM VANDELGRIFF

MONITORING PERIOD
FROM YEAR MO DAY TO YEAR MO DAY
84 08 01 TO 84 08 31
(28-21) (22-21) (24-25) (28-27) (28-29) (10-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			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	71	GR
004.0 1 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	0	ONCE/	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	14	75		*****	18	83	0	16	COMP
00530 1 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	25 DAILY AV	83 DAILY MX	LBS/DY	*****	30 DAILY AV	100 DAILY MX	0	ONCE/	COMPO
OIL AND GREASE (SOLUBLE EXTR.) TOT	SAMPLE MEASUREMENT	<2.6	<5.2		*****	<5.0	<5.0	0	16	GR
00550 1 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	13 DAILY AV	17 DAILY MX	LBS/DY	*****	15 DAILY AV	20 DAILY MX	0	DAILY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.066	0.125		*****	*****	*****	0	16	GR
00100 1 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	***** DAILY AV	***** DAILY MX	MGD	*****	*****	*****	0	ONCE/	CALC
	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.)

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

FTS 856-6601

84 11 28

AREA
CODE

NUMBER

YEAR MO DAY

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.

NAME IVA - SEQUOIAH NUCLEAR
 ADDRESS 444 E. BRAINERD RD.
CHATTANOOGA IN 37421
 FACILITY _____
 LOCATION _____
 ATTENTION MR. VANDEKRIFF

(2-16) IND020450 (17-19) 100 1
 PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 FROM 84 06 01 TO 84 06 31
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

F - FINAL LIMITS
 JIM GEN. DOWN TO COOL TWR. CLON

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OF 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	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
00500 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
00000 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
	SAMPLE MEASUREMENT		0.98				1.7		0	1/30	GR
	PERMIT REQUIREMENT	50 DAILY AV	170 DAILY MX	LBS/DY	***** MINIMUM	30 DAILY AV	100 DAILY MX	MG/L		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT		0.070						0	1/30	INST
	PERMIT REQUIREMENT	***** DAILY AV	***** DAILY MX	MGD	*****	*****	*****	*****		ONCE/ MONTH	INST
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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	11

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 ABOVE INTERNAL PLANT CHEMISTRY REQUIREMENTS NECESSITATE INCREASED
 DOWNGRADE 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. 2000-0055

NAME TVA - SEQUOYA NUCLEAR
ADDRESS 6414 E. BRAINERD RD.
CHATTANOOGA IN 37421

(2-16) 120026450
PERMIT NUMBER

(17-19) 1071
DISCHARGE NUMBER

F - FINAL LIMITS
METAL CLN WASTE FND TO COND CH

FACILITY
LOCATION
ATTN: SAM VANDEGRIFT

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	08	01	84	08	31
(12-21)	(12-21)	(12-25)	(12-27)	(12-29)	(12-31)

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			
CHEM. OXYGEN DEMAND (HIGH LEVEL) (COD) 00340 1 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT		*	LBS/DY	*****		*			
	PERMIT REQUIREMENT		834		*****	*****	100 MG/L		WEEKLY	COMP
PH	SAMPLE MEASUREMENT	*****	*****	*****	6.1	*****	7.1	0	8/30	GR
00400 1 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	<19	24	LBS/DY	*****	<9.6	19	0	9/30	8-HR COMP
	PERMIT REQUIREMENT		250		*****	*****	30 MG/L		WEEKLY	COMP
OIL AND GREASE (SOLUBLE EXTR.) TOT 00550 1 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	<11	<24	LBS/DY	*****	<5.0	<5.0	0	8/30**	GR
	PERMIT REQUIREMENT		125		*****	*****	15 MG/L		WEEKLY	GRAB
PHOSPHORUS, TOTAL (AS P) 00650 1 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT		*	LBS/DY	*****		*			
	PERMIT REQUIREMENT		8.3		*****	*****	1.0 MG/L		WEEKLY	COMP
COPPER, TOTAL (AS CU) 01040 1 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	<0.02	0.08	LBS/DY	*****	<0.009	0.017	0	9/30	8-HR COMP
	PERMIT REQUIREMENT		8.3		*****	*****	1.0 MG/L		WEEKLY	COMP
IRON, TOTAL (AS FE) 01040 1 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	6.0	32	LBS/DY	*****	3.9	16	3	9/30	8-HR COMP
	PERMIT REQUIREMENT		8.3		*****	*****	1.0 MG/L		WEEKLY	COMP

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.)

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

FTS 856-6601 84 11 28
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. A NOTIFICATION OF NONCOMPLIANCE IS ATTACHED.
SEE PERMIT FOR ADDITIONAL SAMPLING REQUIREMENTS. **ONE SAMPLE LOST IN SHIPPING.
NO PHOSPHORUS OR ORGANIC CHEMICAL BEARING COMPOUNDS WERE USED.

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

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

NAME TVA - SECOYIAH NUCLEAR
ADDRESS 111 E. BRAINERD RD.
CHATTANOOGA TN 37421

(2-16)

(17-19)

F - FINAL LIMITS

METAL CLN WASTE PND TO COND CH

110028450

10/1

PERMIT NUMBER

DISCHARGE NUMBER

FACILITY
LOCATION

ATTN: JAM VANDEKRIFF

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
84	08	01	TO	84	05	31
(20-21)	(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) (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, IN CONDUIT IN THRU TREATMENT PLANT 00050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.242	0.564	MGD	*****	*****	*****	*****	0	11/30	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										

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 11 28	
TYPED OR PRINTED		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.

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

Description of the discharge--Discharge No. 107 - Metal-cleaning waste pond effluent. Composite samples collected during batch discharges that had total iron concentrations exceeding the permit limitation of 1.0 mg/L were as follows.

<u>Date of Composite Sample</u>	<u>Total Iron Concentration (mg/L)</u>
8/01	14.0
8/12	1.7
8/23	16.0
9/25	1.7

Cause and period of the noncompliance--On August 12 the pond was pumped down to a very low level (staff gage read 0.0 feet), and we suspect that iron floc was entrained in the pump suction near the end of the discharge. The pH of the effluent decreased during the periods that the August 1, August 23, and September 25 composite samples were collected, and we suspect that the pH decreases caused some of the precipitated iron to redissolve.

The beginning and ending times for the noncomplying discharges are as follows.

<u>Date</u>	<u>Time of Discharge</u>	
	<u>Begin</u>	<u>End</u>
8/01	1030	1830
8/12	0900	1700
8/23	0030	0930
9/25	1600	2400

Steps taken to reduce, eliminate, and prevent recurrence of the noncomplying discharge--In the future, pond discharges will be terminated when the staff gage reading approaches one foot. In addition, discharges will be terminated whenever the pH falls below 7.5 s.u. and will not resume until the pH has been increased to the range of 7.5 to 8.5 s.u. and the wastes have been allowed to settle.

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

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

Form Approved
OMB No. 2000-06

NAME IVN - JECQUYAH NUCLEAR
ADDRESS 211 E. BRAINARD RD.
CHATTANOOGA TN 37421

IND020450
PERMIT NUMBER

1091
DISCHARGE NUMBER

F - FINAL LIMITS
CONCRETE PLT SETTLING POND

FACILITY
LOCATION

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	08	11	84	08	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 (69-71)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
DO400 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
EFFLUENT GROSS VALUE					MINIMUM		MAXIMUM		SEE	PERMIT
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	*****	*****	17	47		1	5/30 GR
DO500 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	DAILY AV	40 DAILY MX	MG/L	WEEKLY	GRAM
EFFLUENT GROSS VALUE										
OIL AND GREASE (SUXTNET EXTR.) TOT.	SAMPLE MEASUREMENT	*****	*****	*****	*****		<5.0		0	1/30 GR
DO500 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	DAILY AV	20 DAILY MX	MG/L	ONCE/	GRAM
EFFLUENT GROSS VALUE									MONTH	
FLOW, IN CONDUIT UN- TREATED TREATMENT PLANT	SAMPLE MEASUREMENT	0.017	0.046		*****	*****	*****	*****	0	5/30 WEIR
DO000 1 0	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****	*****	WEEKLY	FLOW
EFFLUENT GROSS VALUE										
	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 11 28
AREA CODE NUMBER YEAR MO DAY

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. 108 - Concrete batch plant settling pond effluent to the condenser cooling water channel. A grab sample collected on August 8 contained a total suspended solids (TSS) concentration of 47 mg/L, exceeding the instantaneous maximum permit limitation of 40 mg/L. The instantaneous flow rates for this date were 0.046 MGD.

Cause and period of the noncompliance--Extraneous flow entering the settling pond from a 0.3-inch rainfall event on the sampling date caused this noncompliance.

Earthwork adjacent to the settling pond eliminated an interceptor ditch carrying runoff from a nearby road around the settling pond. Therefore, runoff from the earthwork area (approximately one-quarter acre in size) and the road entered the pond. The runoff volume exceeded the settling capacity of the pond resulting in the noncompliance. The concrete batch plant was not in operation on this date.

Grab samples collected on August 2 and 15 contained TSS concentrations of 20 and 10 mg/L, respectively. Therefore, the maximum possible period of noncompliance was approximately 13 days.

Steps taken to reduce, eliminate, and prevent recurrence of the noncomplying discharge--The interceptor ditch between the road, earthwork, and the settling pond was reestablished on September 20 to eliminate this extraneous source of water. The soil exposed by the adjacent earthwork will be seeded and mulched this fall and appropriate sediment controls utilized as necessary.

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

TN0026450
PERMIT NUMBER

109
DISCHARGE NUMBER

EMERGENCY DIESEL GENERATOR
NO. 5 COOLING WATER EFFLUENT

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	08	01	84	08	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 (58-65)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-71)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	NO DISCHARGE		MGD						
	PERMIT REQUIREMENT								1/14	P LOC
ERCW SYSTEM TOTAL CHLORINE RESIDUAL	SAMPLE MEASUREMENT									
	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		DATE		
			FTS	856-6601	84	11	28
			AREA CODE	NUMBER	YEAR	MO	DA

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. 2000-001

NAME IVA - SEQUOYA NUCLEAR
ADDRESS STATE OF BRANFORD RD.
CHATTANOOGA TN 37421

PERMIT NUMBER
TN0026450

DISCHARGE NUMBER
110 1

F - FINAL LIMITS
RECYCLED COOLING WATER FLOW

FACILITY
LOCATION
ATTN: SAM VANDEGRIFT

MONITORING PERIOD							
YEAR			MO			DAY	
FROM	04	03	01	TO	14	00	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			
TEMPERATURE, WATER DEG. FAHRENHEIT 0011 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	NO DISCHARGE					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	101.0 DAILY AV DAILY MX		DAILY	GRAB
PH 00400 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****		*****				
	PERMIT REQUIREMENT	*****	*****	*****	0.0 MINIMUM	*****	9.0 MAXIMUM		WEEKLY	GRAB
CHLORINE, TOTAL RESIDUAL 00060 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.10 DAILY AV DAILY MX		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 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.)	TELEPHONE		DATE		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FTS AREA CODE	856-6601	84	11 28

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 PA - SQUAWAM NUCLEAR
ADDRESS 574 E. GRAIN RD.
CAHILLANDUGA IN 37441
FACILITY PA - SQUAWAM NUCLEAR
LOCATION PA - SQUAWAM NUCLEAR

(17-19) F - FINAL LIMITS
STP DISCHARGE

11111
DISCHARGE NUMBER

110026450
PERMIT NUMBER

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
84	06	01	TO	84	06	31

(20-21) (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) (46-53)			(4 Card Only) (38-45)				QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS						
SOLIDS, TOTAL (20 LBS. C) 00010 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.14	0.18		*****	1.8	2.4	MG/L	0	2/30	GR			
PH 0.410 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	3.0 30DA AVG	5.0 DAILY MAX	LBS/DY	*****	30 DA AVG	40 DA MAX			TWICE MONTH	GR			
PH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****							
PH 0.410 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	SU		SEE PERMIT				
SOLIDS, TOTAL SUSPENDED 00030 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.3	1.5		*****	18	20		0	2/30	GR			
PH	PERMIT REQUIREMENT	3.8 30DA AVG	5.0 DAILY MX	LBS/DY	*****	30 30DA AVG	40 DAILY MX	MG/L		TWICE MONTH	GR			
FLOW, IN CONDUIT UN TREATMENT PLANT 00050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.009	0.009		*****	*****	*****	*****	0	23/30	WEIR			
PH	PERMIT REQUIREMENT	0.015 DAILY AV	***** DAILY MX	MGD	*****	*****	*****	*****		WEEK- DAYS	FLOID			
CHLORINE, TOTAL RESIDUAL 00060 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	<0.1	<1.5	8.5		6	23/30	GR			
PH	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	2.0 DAILY AV DAILY MX	MG/L		WEEK- DAYS	GR			
FECAL COLIFORM -	SAMPLE MEASUREMENT				<10	<10	<10	N/100 ML	0	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 84 11 26

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. Grab samples collected as follows had total residual chlorine (TRC) concentrations that exceeded the permit limitation of 2.0 mg/L.

<u>Date</u>	<u>Time</u>	<u>TRC Concentration (mg/L)</u>
8/13	1315	2.2
8/31	0900	2.1
9/13	0900	8.0
	1215	5.0
	1510	2.5

Cause and period of the noncompliance--The TRC concentration non-compliances resulted from improper sodium hypochlorite pump stroke settings. Additional grab samples collected were as follows.

<u>Date</u>	<u>Time</u>	<u>TRC Concentration (mg/L)</u>
8/13	0840	<0.1
	1800	1.9
8/30	0900	0.5
9/03	0900	0.3
9/12	0820	<0.1
9/14	0140	0.6

Therefore, the durations of the August 13, August 31, and September 13 noncompliances were less than 9.3 hours, less than 96 hours, and less than 41.3 hours, respectively.

Steps taken to reduce, eliminate, or prevent recurrence of the noncomplying discharge--The sodium hypochlorite feed pump stroke has been adjusted and will be monitored closely to help prevent future TRC noncompliances.

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

Description of the discharge--Discharge No. 111 - Sewage treatment plant effluent. Grab samples collected on August 6 and 7 had total residual chlorine (TRC) concentrations, exceeding the permit limitation of 2.0 mg/L.

<u>Date</u>	<u>Time</u>	<u>TRC Concentration (mg/L)</u>
8/6	0745	8.5
8/6	1710	7.1
8/6	2350	4.2
8/7	0745	3.6

Cause and period of the noncompliance--The TRC concentration noncompliances resulted from a malfunction of the sodium hypochlorite (NaOCl) feed pumps. Additional grab samples had the following TRC concentrations:

<u>Date</u>	<u>Time</u>	<u>TRC Concentration (mg/L)</u>
8/3	0800	<0.1
8/7	0415	1.1

Thus, the period of noncompliance was 104.25 hours.

Steps taken to reduce, eliminate, or prevent recurrence of the noncomplying discharge--The NaOCl feed pumps have been repaired by SQN personnel and these repairs should correct these noncomplying discharges.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME IVR - SEQUOIA NUCLEAR
ADDRESS 744 S. DRAINED RD.
CHATTANOOGA TN 37421
FACILITY _____
LOCATION _____
ATTN: EAR VANDLORIFF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2-16) (17-19)
1N0020450
PERMIT NUMBER
1121
DISCHARGE NUMBER

F - FINAL LIMITS
STP DISCHARGE

MONITORING PERIOD								
YEAR	MO	DAY	YEAR	MO	DAY			
FROM	84	08	11	TO	84	08	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			
FLOW	SAMPLE MEASUREMENT	0.032	0.062	MCD				0	23/30	WEIR
	PERMIT REQUIREMENT	0.025	NA						5/7	WEIR
BOD ₅	SAMPLE MEASUREMENT	2.5	3.3	LBS/DAY	5.8	9.9	14	0	2/30	GR
	PERMIT REQUIREMENT	6.3	8.3			30	40		2/30	GR
SUSPENDED SOLIDS	SAMPLE MEASUREMENT	1.1	1.2	LBS/DAY	4.0	4.0	4.0	0	2/30	GR
	PERMIT REQUIREMENT	6.3	8.3			30	40		2/30	GR
TOTAL CHLORINE RESIDUAL	SAMPLE MEASUREMENT				<0.1	<0.8	6.1	3	23/30	GR
	PERMIT REQUIREMENT						2.0		5/7	GR
FECAL COLIFORM	SAMPLE MEASUREMENT				<10	<25	40	0	2/30	GR
	PERMIT REQUIREMENT				NA	NA	1,000		2/30	GR
	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 11 28
---	--	--	-----------------------	------------------

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 (SQN)

Description of the discharge--Discharge No. 112 - Sewage treatment plant effluent. The following grab samples had total residual chlorine (TRC) concentrations in excess of the NPDES permit limitation of 2.0 mg/L.

<u>Date</u>	<u>Time</u>	<u>TRC Concentration (mg/L)</u>
08/31	0900	4.2
09/04	1200	2.9
09/28	0800	8.1
10/01	0815	2.6
	0815 (duplicate)	2.4

Cause and period of the noncompliance--The TRC noncompliances were caused by malfunctions of the sodium hypochlorite feed pumps. Other samples collected were as follows.

<u>Date</u>	<u>Time</u>	<u>TRC Concentration (mg/L)</u>
08/30	0900	0.1
09/03	0900	1.3
09/04	1600	1.0
09/27	0800	<0.1
10/01	1330	0.3

Therefore, the durations of the August 31, September 4, and September 28 TRC noncompliances were less than 96 hours, less than 31 hours, and less than 101.5 hours, respectively.

Steps taken to reduce, eliminate, or prevent recurrence of the noncomplying discharge--The sodium hypochlorite feed pumps have been repaired. In addition, efforts are being made by SQN personnel to establish a relatively constant effluent TRC concentration by adjusting the stroke(s) of the feed pump(s) and by varying the concentration of the sodium hypochlorite solution.

NAME TVA - SEQUOYA NUCLEAR
ADDRESS 111 E. BRAINARD RD.
CHATTANOOGA TN 37421

TNO020450
PERMIT NUMBER

113 1
DISCHARGE NUMBER

F - FINAL LIMITS
STP TO COND COOLING WATER CHAN

FACILITY
LOCATION
ATTN: SAM VANDEGRIFT

MONITORING PERIOD
FROM 84 08 01 TO 84 08 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 (69-71)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT				*****					
00010 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7.5 30DA AVG	11.3 DAILY MX	LBS/DY	*****	30 30DA AVG	45 DAILY MX		TWICE/MONTH	GRAB
PH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		SEE PERMIT	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT				*****					
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7.5 30DA AVG	11.3 DAILY MX	LBS/DY	*****	30 30DA AVG	45 DAILY MX		TWICE/MONTH	GRAB
SOLIDS, SETTLEABLE	SAMPLE MEASUREMENT	*****	*****	*****	*****					
00540 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	1.0 DAILY AV	1.0 DAILY MX		WEEK-DAYS	GRAB
FLOR, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE			*****	*****	*****	*****	*	
00050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.130 DAILY AV	***** DAILY MX	MGD	*****	*****	*****	*****	WEEK-DAYS	FLOW
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****	*****	*****					
00060 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	2.0 DAILY AV	2.0 DAILY MX		WEEK-DAYS	GRAB
	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	84
TYPED OR PRINTED					

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

*PLANT RELOCATED - NO SAMPLE TAKEN.

NAME TVA - SEQUOYA NUCLEAR
ADDRESS 441 E. BRAINARD RD.
CHATTANOOGA TN 37421
FACILITY
LOCATION

110020450
PERMIT NUMBER

114 1
DISCHARGE NUMBER

F - FINAL LIMITS
STP DISCHARGE TO TENN RIVER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	08	31	84	08	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			
300, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	0.55	0.98		*****	4.5	7.8	0	2/30	GR
00310 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	3.8 30DA AVG	5.05 DAILY MX	LBS/DY	*****	30 30DA AVG	45 DAILY MX		TWICE/GRAB MONTH	
PH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	7.3	0	10/30	GR
00410 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM		TWICE/GRAB WEEK	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	1.0	1.1		*****	8.5	9.0	0	2/30	GR
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	3.8 30DA AVG	5.05 DAILY MX	LBS/DY	*****	30 30DA AVG	45 DAILY MX		TWICE/GRAB MONTH	
SOLIDS, SETTLEABLE	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	0	23/30	GR
00640 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	30DA AVG	1.0 DAILY MX		TWICE/GRAB WEEK	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.013	0.021		*****	*****	*****	0	23/30	WEIR
00650 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.015 DAILY AV	NA DAILY MX	MGD	*****	*****	*****		WEEK- DAYS	
COLIFORMS, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****	*****	*****	>863	>2000	1	3/30	GR
74150 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	30DA GED	1000 DAILY MX		TWICE/GRAB MONTH	
TOTAL RESIDUAL CHLORINE	SAMPLE MEASUREMENT				0.4	0.7	1.8	0	23/30	GR
	PERMIT REQUIREMENT						2.0		WEEK- DAYS	GR

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 THE 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 11 26
AREA CODE NUMBER YEAR MO DA

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. 114 - Sewage treatment plant effluent. Grab samples collected on August 16 and September 7 had fecal coliform concentrations of greater than 2,000 and 1,600 N/100 ml, respectively, exceeding the NPDES permit limitation of 1,000 N/100 ml. This noncomplying discharge was only for the flow from the 0.010 MGD plant.

Cause and period of the noncompliance--The cause of the noncompliance is not known. The plant was operating properly and the effluent total residual chlorine concentration should have been adequate for disinfection as shown by the following data.

Effluent Parameter	Value	
	August 16	September 17
Flow (MGD)	0.011	0.014
BOD ₅ (mg/L)	7.8	15.0
TSS (mg/L)	9.0	12.0
TRC (mg/l.)	1.0	1.3
pH (s.u.)	6.9	7.5

Grab samples collected on August 3 and September 20 had fecal coliform counts of 10 and 160 N/100 ml, respectively. Therefore, the period of noncompliance was less than 48 days.

Steps taken to reduce, eliminate, and prevent recurrence of the noncomplying discharge--Because the fecal coliform count is now in compliance and the cause of the noncompliances is not known, no corrective action is planned at this time.

NOV 21 1984

F - FINAL LIMITS
STP DISCHARGE TO PENN RIVER

DISCHARGE NUMBER
1111

PERMIT NUMBER
IN020423

NAME 11A - SEQUYAN NUCLEAR
ADDRESS 374 E. EXAMINED RD.
CANTANUOGA TN 37521

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
04	06	01	04	06	31

FROM (20-21) 122-216 TO (24-25) 124-216

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	(1 Card Only) (46-53)			(4 Card Only) (38-45)			QUALITY OR CONCENTRATION (34-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-71)
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
SOLIDS 5-DAY UNTIL DEG. C)	SAMPLE MEASUREMENT	PERMIT REQUIREMENT	SAMPLE MEASUREMENT	PERMIT REQUIREMENT	UNITS	MAXIMUM	MINIMUM	AVERAGE	MAXIMUM	UNITS	TWICE MONTH	GRAB
PERMIT TOTAL SOLIDS	SAMPLE MEASUREMENT	PERMIT REQUIREMENT	SAMPLE MEASUREMENT	PERMIT REQUIREMENT	UNITS	MAXIMUM	MINIMUM	AVERAGE	MAXIMUM	UNITS	TWICE MONTH	GRAB
PERMIT GROSS VALUE SOLIDS, SETTLEABLE	SAMPLE MEASUREMENT	PERMIT REQUIREMENT	SAMPLE MEASUREMENT	PERMIT REQUIREMENT	UNITS	MAXIMUM	MINIMUM	AVERAGE	MAXIMUM	UNITS	TWICE WEEK	GRAB
PERMIT IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	PERMIT REQUIREMENT	SAMPLE MEASUREMENT	PERMIT REQUIREMENT	UNITS	MAXIMUM	MINIMUM	AVERAGE	MAXIMUM	UNITS	TWICE MONTH	GRAB
PERMIT GROSS VALUE COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	PERMIT REQUIREMENT	SAMPLE MEASUREMENT	PERMIT REQUIREMENT	UNITS	MAXIMUM	MINIMUM	AVERAGE	MAXIMUM	UNITS	WEEK- DAYS	FLUID
PERMIT GROSS VALUE DISSOLVED OXYGEN	SAMPLE MEASUREMENT	PERMIT REQUIREMENT	SAMPLE MEASUREMENT	PERMIT REQUIREMENT	UNITS	MAXIMUM	MINIMUM	AVERAGE	MAXIMUM	UNITS	TWICE MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE		TELEPHONE	DATE
MARTIN E. RIVERS, DIRECTOR OF ENVIRONMENTAL QUALITY STAFF	FTS 856-6601		856-6601	84 11 28

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

NAME IN - SQUYAH NUCLEAR
ADDRESS 144 E. DRAIN RD.
WATKINS

IN 3/4/21

(17-19)

F - FINAL LIMITS

VEHICLE WASH POND EFFLUENT

PERMIT NUMBER IND026453

DISCHARGE NUMBER 1101

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
84	06	01	84	06	31

FROM (38-23) (22-23) (24-25) TO (26-27) (28-28) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (34-37)			QUALITY OR CONCENTRATION (46-51)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE (46-51)	MAXIMUM (34-37)	UNITS (34-37)	AVERAGE (46-51)	MINIMUM (38-43)	MAXIMUM (34-41)			
PH	SAMPLE MEASUREMENT	***	***	***	***	***	***		**	
UNION 1.0	PERMIT REQUIREMENT	***	***	***	***	***	***		UNCL/ MONTH	GRAB
SOLUBLE TOTAL SUSPENDED SOLIDS 1.0	SAMPLE MEASUREMENT	***	***	***	***	***	***			
PERMIT REQUIREMENT	***	***	***	***	***	***	***	0	5/30	GR
SOLUBLE SOLIDS 1.0	SAMPLE MEASUREMENT	***	***	***	***	***	***		WEEKLY	GRAB
PERMIT REQUIREMENT	***	***	***	***	***	***	***	0	5/30	GR
OIL AND GREASE (SAMPLE EXTRA.) TUI	SAMPLE MEASUREMENT	***	***	***	***	***	***		WEEKLY	GRAB
PERMIT REQUIREMENT	***	***	***	***	***	***	***	0	5/30	GR
FLOW IN CONDUIT OR TANK TREATMENT PLANT	SAMPLE MEASUREMENT	***	***	***	***	***	***		WEEKLY	GRAB
PERMIT REQUIREMENT	***	***	***	***	***	***	***	0	5/30	WEIR
SOLUBLE SOLIDS 1.0	SAMPLE MEASUREMENT	***	***	***	***	***	***		WEEKLY	FLUENT
PERMIT REQUIREMENT	***	***	***	***	***	***	***			
SAMPLE MEASUREMENT	***	***	***	***	***	***	***			
PERMIT REQUIREMENT	***	***	***	***	***	***	***			
SAMPLE MEASUREMENT	***	***	***	***	***	***	***			
PERMIT REQUIREMENT	***	***	***	***	***	***	***			

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

TELEPHONE
856-6601

DATE
84 11 25

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER
OFFICER OR AUTHORIZED AGENT

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
*FLOW WAS ESTIMATED FOUR WEEKS THIS REPORTING PERIOD.
**SAMPLE INADVERTENTLY NOT COLLECTED.

NAME TVA - SEQUOYA NUCLEAR
ADDRESS 6442 E. DRAINAGE RD.
CHATTANOOGA TN 37421

(2-16) INJ026450
PERMIT NUMBER
(17-19) 1011
DISCHARGE NUMBER

F - FINAL LIMITS
DIFFUSER GATE TO TENN RIVER

FACILITY
LOCATION
ATtn: JAN VANDEGRIFT

MONITORING PERIOD
YEAR MO DAY
FROM 84 09 01 TO 84 09 30
(28-21) (22-21) (24-25) (28-27) (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	UNITS			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 P 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	*****	70.3	75.8	79.3	DEG.F	0	30/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	DEG.F		SEE PERMIT	GRAD
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 R 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	*****	77.3	94.1	103.3	DEG.F	0	28/30**	REC
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	112.5	DEG.F		CONTINRCOR	UOUS
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 K 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	*****			*	DEG.F			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	97.0	DEG.F		CONTINRCOR	UOUS
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 O 0 DOWNSTREAM MONITOR	SAMPLE MEASUREMENT	*****	*****	*****			*	DEG.F			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	101.0	DEG.F		DAILY	GRAD
TEMP DIFF. BETWEEN SAMPLE AND UPSTREAM 00011 N 0 UP- AND DOWN-STREAM	SAMPLE MEASUREMENT	*****	*****	*****	1.6	3.0	4.3	DEG.F	0	30/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.4	DEG.F		SEE PERMIT	GRAD
PERMIT	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	INST MX			
00400 I 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	9.0	SU		SEE PERMIT	
					MINIMUM		MAXIMUM				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 00050 I 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1833	2056	MGD	*****	*****	*****	*****	0	CONT	REC
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		CONTINRCOR	UOUS

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 11 28
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):
CORRESPONDS TO AMBIENT TEMPERATURE, 'P' TO OPEN MODE, 'S' TO
CLOSED MODE. INDICATE WHICH IS APPROPRIATE. *PLANT OPERATED IN OPEN MODE ALL MONTH.
SEE PERMIT FOR FURTHER MONITORING REQUIREMENTS. **DATA NOT AVAILABLE TWO DAYS THIS REPORTING PERIOD.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)F - FINAL LIMITS
DIFFUSER GATE TO TENN RIVERPERMITTEE NAME/ADDRESS (Include
Facility Name/Location if different)NAME TVA - SEVODYAH NUCLEAR
ADDRESS 3711 E. BRAINERD RD.
CHATTANOOGA TN 37421

(2-16)

IND026450

PERMIT NUMBER

(17-19)

101 1

DISCHARGE NUMBER

FACILITY

LOCATION

ALVIN S. VANDEGRIFF

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
84	09	01	84	09	30
(10-21)	(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 (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
CHLORINE, TOTAL RESIDUAL 50000 1 0 EFFLUENT CROSS VALU		SAMPLE MEASUREMENT	*****	*****	*****	<0.1	<0.1	<0.1		0	20/30	CALC
		PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			WEEK- DAYS	CALC
TEMPERATURE RATE OF CHANGE DEG. F/HOUR 74029 0 1 DOWNSTREAM MONITOR		SAMPLE MEASUREMENT	0.4	0.9	DEG F	*****	*****	*****		0	30/30	REC
		PERMIT REQUIREMENT	*****	3.0 INST MX	*****	*****	*****	*****			SEE PERMIT	CALC
DOWNSTREAM TEMPERATURE		SAMPLE MEASUREMENT	77.9	81.5	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										

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		
MARTIN E. RIVERS, DIRECTOR OF ENVIRONMENTAL QUALITY STAFF		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FTS AREA CODE	856-6601	84	11
TYPED OR PRINTED		NUMBER	YEAR	MO	DAY	

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

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

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

Form Approved
OMB No. 2000-0015

NAME IVA - SEQUOIA NUCLEAR
ADDRESS 5411 E. BRAINERD RD.
CHATTANOOGA TN 37421

(2-16) IND026450
PERMIT NUMBER
(17-19) 102 1
DISCHARGE NUMBER

F - FINAL LIMITS
YARD DRAINAGE POND EFFLUENT

FACILITY
LOCATION

MONITORING PERIOD
FROM YEAR 84 MO 09 DAY 01 TO YEAR 84 MO 09 DAY 30
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-71)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH 00400 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	8.1		0	13/30 GR
	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM			1X/LE/GRAB WEEK
SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	56	99		1	21/30 GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAILY AV	100 DAILY MX	MG/L		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	MG/L		WEEKLY GRAB
FLOW, IN CONDUIT OR TANK TREATMENT PLANT 00000 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT		*		*****	*****	*****	*****		
	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
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 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 856-6601 84 11 28
AREA CODE NUMBER YEAR MO DAY

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

UNLESS DETERMINED OTHERWISE.

PH MEASUREMENT FREQUENCY SHALL NOT BE LESS THAN 1/WEEK AFTER 1 YEAR,
*FLOWMETER OUT 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. 2000-0016

NAME IVA - SEQUOIA NUCLEAR
ADDRESS 5111 E. BRAINERD RD.
CHATTANOOGA TN 37421

IN0028430
PERMIT NUMBER

1031
DISCHARGE NUMBER

F - FINAL LIMITS
LOW VOL WASTE TREAT POND EFFL

FACILITY
LOCATION
ATTN: SAM VANDEGRUFF

MONITORING PERIOD
FROM: YEAR 84 MO 09 DAY 01 TO YEAR 84 MO 09 DAY 30
(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 (58-65)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	*****	8.5	*****	8.9	0	10/30	GR
00420 1 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM		THREE/ WEEK	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	54	69		*****	8.1	12	0	3/30*	GR
00530 1 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	380 DAILY AV	1250 DAILY MX	LBS/DY	*****	30 DAILY AV	100 DAILY MX		THREE/ WEEK	GRAB
OIL AND GREASE (SOLUBLE EXTR.) TOT	SAMPLE MEASUREMENT	<35	<43		*****	<5.0	<5.0	0	3/30*	GR
00550 1 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	190 DAILY AV	250 DAILY MX	LBS/DY	*****	15 DAILY AV	20 DAILY MX		TWICE/ WEEK	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.82	1.28		*****	*****	*****	0	30/30	CAL
00000 1 0 EFFLUENT GROSS VALU	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 § 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	11	28
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
IN THE EVENT OF DISCHARGE OF TURBINE BLOD SUMP TO COND COOL WATER CHANNEL OR DRAINAGE POND, TSS, OIL AND GREASE, AND PH SHALL BE MONITORED 3/WEEK. POND ISOLATED FOUR WEEKS THIS REPORTING PERIOD.

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved
OMB No. 2000-0015

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

DISCHARGE MONITORING REPORT (DMR)

(2-16) TNO020450
PERMIT NUMBER
(17-19) 104 1
DISCHARGE NUMBER

F - FINAL LIMITS
RADWASTE SYST TO COOL TWR BLWON

FACILITY
LOCATION

MONITORING PERIOD
FROM YEAR MO DAY TO YEAR MO DAY
(20-21) 84 09 01 (22-23) 84 09 30 (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	*****	*****	*****	6.2	*****	7.9	0	9/30	GR
00400 1 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	0	TWICE/GRAB WEEK	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	<1.3	4.2		*****	<5.4	27	0	9/30	COMP
00520 1 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	13 DAILY AV	42 DAILY MX	LBS/DY	*****	30 DAILY AV	100 DAILY MX	0	TWICE/COMP WEEK	COMPOSITE
OIL AND GREASE (SUXHLET EXTR.) TOT	SAMPLE MEASUREMENT	<2.0	<4.6		*****	<6.0	<11	0	6/30*	GR
00550 1 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	6.0 DAILY AV	8.3 DAILY MX	LBS/DY	*****	15 DAILY AV	20 DAILY MX	0	TWICE/GRAB WEEK	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLAN	SAMPLE MEASUREMENT	0.038	0.062		*****	*****	*****	0	30/30	REC
00650 1 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	***** DAILY AV	***** DAILY MX	MGD	*****	*****	*****	0	ONCE/RECORD BATCH	RECORD
	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
AREA CODE NUMBER
DATE
YEAR MO DAY
FTS 856-6601 84 11 28

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

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

IND026450
PERMIT NUMBER

1001
DISCHARGE NUMBER

F - FINAL LIMITS
REGEN TO COOL TWR BLWLN LINE

FACILITY
LOCATION
ATTN: SAM VANDEGRIFT

MONITORING PERIOD
FROM 34 09 01 TO 34 09 30
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (58-63)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	9.0	0	6	GR
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	0	UNCE/ BATCH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	5.2	8.9		*****	33	67	1	6	COMP
00500 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	25 DAILY AV	85 DAILY MX	LBS/DY	*****	30 DAILY AV	100 DAILY MX	0	UNCE/ BATCH	COMPO
OIL AND GREASE (SOLUBLE EXTR.) TOT	SAMPLE MEASUREMENT	<0.79	<1.1		*****	<5.0	<5.0	0	6	GR
00200 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	13 DAILY AV	17 DAILY MX	LBS/DY	*****	15 DAILY AV	20 DAILY MX	0	DAILY	GRAB
FLOW, IN CONDUIT OF THIRD TREATMENT PLANT	SAMPLE MEASUREMENT	0.019	0.027		*****	*****	*****	0	6	CAL
00000 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	***** DAILY AV	***** DAILY MX	MGD	*****	*****	*****	0	UNCE/ BATCH	CALC
	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 11 28
AREA CODE NUMBER YEAR MO DAY

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

SHOULD A NORMAL 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.

NAME IVA - SEQUOYA NUCLEAR
ADDRESS 5411 E. BRAINARD RD.
CHATTANOOGA TN 37421
FACILITY _____
LOCATION _____
ATTN: DAN VANDEGRIFT

(2-16) TN0026450
PERMIT NUMBER

(17-19) 100 1
DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
84	09	01	84	09	30
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

F - FINAL LIMITS
STM GEN BLWN TO COOL TWR BLDR

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (58-65)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
00000 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	30	SEL	PERMI
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	35	104	*****	*****	8.8	23			
00000 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	DAILY AV	DAILY MX	*****	*****	DAILY AV	DAILY MX	MG/L	0 3/30	GR
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.16	0.54	*****	*****	*****	*****	*****	0 4/30	INST
00000 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	DAILY AV	DAILY MX	MGD	*****	*****	*****	*****	UNCL/ MONTH	INST
	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
TYPED OR PRINTED					

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

SHOULD INTERNAL PLANT CHEMISTRY REQUIREMENTS NECESSITATE INCREASED EFFLUENT 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. 2000-0016

NAME TVA - SEQUOYA NUCLEAR
ADDRESS 111 E. DRAIN RD.
CHATTANOOGA TN 37421

(2-16) IND020450
PERMIT NUMBER
(17-19) 1002
DISCHARGE NUMBER

F - FINAL LIMITS
STEAM GEN DEMON (QUARTERLY)

FACILITY
LOCATION

MONITORING PERIOD
FROM YEAR 84 MO 07 DAY 01 TO YEAR 84 MO 09 DAY 30
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OIL AND GREASE (SUXHEAT EXTRA.) TOT.	SAMPLE MEASUREMENT	<8.2	<23		*****	<5.0	<5.0		0	3/30	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	25 DAILY AV	33 DAILY MX	LBS/DY	*****	15 DAILY AV	20 DAILY MX	MG/L		QUARTLY	GRA
	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 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

AREA
CODE

856-6001
NUMBER

84
YEAR

11
MO

26
DA

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

SHOULD INTERNAL PLANT CHEMISTRY REQUIREMENTS NECESSITATE INCREASED
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 IWA - SEQUOYAH NUCLEAR
ADDRESS 6411 E. BRAINERD RD.
CHATTANOOGA TN 37421

(2-16) IND026430
PERMIT NUMBER
(17-19) 107 1
DISCHARGE NUMBER

F - FINAL LIMITS
METAL CLN WASTE FND TO COND CH

FACILITY
LOCATION

MONITORING PERIOD
FROM YEAR 84 MO 07 DAY 01 TO YEAR 84 MO 09 DAY 30
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (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		*		*****		*			
	PERMIT REQUIREMENT		834		*****	DAILY AV	100 DAILY MX		WEEKLY	COMP
PH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	8.6	0	10/30	GR
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	0.0 MINIMUM	*****	4.0 MAXIMUM		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	27	79		*****	7.5	16	0	7/30	8-HR COMP
	PERMIT REQUIREMENT		250		*****	DAILY AV	30 DAILY MX		WEEKLY	COMP
OIL AND GREASE (SOXHLET EXTR.) TOT. 00550 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	<18	<27		*****	<5.0	<5.0	0	7/30	GR
	PERMIT REQUIREMENT		125		*****	DAILY AV	15 DAILY MX		WEEKLY	GRAB
PHOSPHORUS, TOTAL (AS P) 00665 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT		*		*****		*			
	PERMIT REQUIREMENT		8.3		*****	DAILY AV	1.0 DAILY MX		WEEKLY	COMP
COPPER, TOTAL (AS CU) 01042 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	<0.04	0.06		*****	<0.01	0.02	0	7/30	8-HR COMP
	PERMIT REQUIREMENT		8.3		*****	DAILY AV	1.0 DAILY MX		WEEKLY	COMP
IRON, TOTAL (AS FE) 01045 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	2.8	5.9		*****	0.70	1.7	1	7/30	8-HR COMP
	PERMIT REQUIREMENT		8.3		*****	DAILY AV	1.0 DAILY MX		WEEKLY	COMP

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.)

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE
856-6601
DATE
84 11 28
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.
*NO PHOSPHORUS OR ORGANIC CHEMICAL BEARING COMPOUNDS WERE USED. A NOTIFICATION OF NONCOMPLIANCE IS ATTACHED.

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

(2-16)
TN0026450
PERMIT NUMBER

(17-19)
107 1
DISCHARGE NUMBER

F - FINAL LIMIT:
METAL CLN WASTE PND TO COND CH

FACILITY
LOCATION

MONITORING PERIOD
FROM YEAR MO DAY TO YEAR MO DAY
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)
84 09 01 TO 84 09 30

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	0.35	0.66	MGD	*****	*****	*****	*****	0	9/30	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	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		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FTS AREA CODE	856-6601 NUMBER	84 YEAR	11 MO

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)

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

Form Approved
OMB No. 2000-0014

NAME IVA - SEQUOIA NUCLEAR
ADDRESS CHATELAIN BRAINERD RD.
CHATTANOOGA TN 37421

(2-16) IN0020430
PERMIT NUMBER
(17-19) 108 1
DISCHARGE NUMBER

F - FINAL LIMITS
CONCRETE PLOT SETTLING POND

FACILITY
LOCATION
ATTN: SA VANDEGRIFT

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
FROM 84	09	01	TO 84	09	30
(12-21)	(12-23)	(12-25)	(12-27)	(12-29)	(12-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (58-65)			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	*****	*****	*****	*****	12	22		0 4/30	GR
00550 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	DAILY AV	DAILY MX	4L MG/L	WEEKLY	GRAB
OIL AND GREASE (SCARLET 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	0.029	0.104		*****	*****	*****	*****	0 4/30	WEIR
00050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****	*****	WEEKLY	FLOW
	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 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 856-6601 AREA CODE NUMBER

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
THERE WAS NO DISCHARGE ONE WEEK THIS REPORTING PERIOD.

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. 2040-0044
Expires 2-29-84

MONITORING PERIOD

FROM YEAR 84 MO 09 DAY 01 TO YEAR 84 MO 09 DAY 30
(20-21) (22-24) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			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 LOC
ERCW SYSTEM TOTAL CHLORINE RESIDUAL	SAMPLE MEASUREMENT									
	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									
	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 11 29

AREA
CODE

NUMBER

YEAR

MO

DA

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 IVA - LEJUDYAH NUCLEAR
ADDRESS 6411 E. BRAINERD RD.
CHATTANOUGA TN 37421

(2-16) IN0026450
PERMIT NUMBER
(17-19) 110 1
DISCHARGE NUMBER

F - FINAL LIMITS
RECYCLED COOLING WATER FLOW

FACILITY _____
LOCATION _____
ATTN: JAN VANDEKRIFF

MONITORING PERIOD
FROM YEAR 84 MO 09 DAY 11 TO YEAR 84 MO 09 DAY 30
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (58-65)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-71)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	NO DISCHARGE					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	101.0 DAILY AV DAILY MX		DAILY	GRAB
PH 00400 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****		*****				
	PERMIT REQUIREMENT	*****	*****	*****	0.0 MINIMUM	*****	9.0 MAXIMUM		WEEKLY	GRAB
CHLORINE, TOTAL RESIDUAL 50060 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.10 DAILY AV DAILY MX		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 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		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FTS AREA CODE	856-6601	84

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

ADDITIONAL MONITORING FROM TN DEPT OF PUBLIC HEALTH CERTIFICATION LETTER OF JAN 31, 1985.
SEE LETTER FOR REQUIREMENTS TO ESTABLISH RELATIONSHIP BETWEEN FISH DISTRESS/KILL AND CHLORINATION LEVEL.

NAME TVA - SEQUOYAH NUCLEAR
ADDRESS STATE E. BRAINARD RD.
CHATTANOOGA TN 37421

1N0026450
PERMIT NUMBER

111 1
DISCHARGE NUMBER

F - FINAL LIMITS
STP DISCHARGE

FACILITY
LOCATION

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	09	01	84	09	30
(12-21)	(12-21)	(12-25)	(12-27)	(12-29)	(10-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	<div></div>	(3 Card Only) QUANTITY OR LOADING (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) 00010 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.4	2.6		*****	18	35	MG/L	0	2/30	GR
	PERMIT REQUIREMENT	3.0 30DA AVG	5.0 DAILY MX	LBS/DY	*****	30 DA AVG	40 DAILY MAX			TWICE/GRAB MONTH	
PH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	SU		SEE PERMIT	
SOLIDS, TOTAL SUSPENDED 00030 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.8	1.0		*****	11	13		0	2/30	GR
	PERMIT REQUIREMENT	3.8 30DA AVG	5.0 DAILY MX	LBS/DY	*****	30 30DA AVG	40 DAILY MX	MG/L		TWICE/GRAB MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 00020 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.009*	0.009*		*****	*****	*****	*****	0	20/30	WEIR
	PERMIT REQUIREMENT	0.015 DAILY AV	***** DAILY MX	MGD	*****	*****	*****	*****		WEEK- DAYS	FLOW
CHLORINE, TOTAL RESIDUAL 00100 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	<0.1	<0.8	8.0		3	20/30	WEIR
	PERMIT REQUIREMENT	*****	*****	*****	*****	***** DAILY AV	2.0 DAILY MX	MG/L		WEEK- DAYS	GRAB
FECAL COLIFORM	SAMPLE MEASUREMENT				10	1105	2200	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		856-6601	84 11 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 LIMITATIONS - NPDES
PERMIT NO. TN0026450 - SEQUOYAH NUCLEAR PLANT

Description of the discharge--Discharge No. 111 - Sewage treatment plant effluent. Grab samples collected as follows had total residual chlorine (TRC) concentrations that exceeded the permit limitation of 2.0 mg/L.

<u>Date</u>	<u>Time</u>	<u>TRC Concentration (mg/L)</u>
8/13	1315	2.2
8/31	0900	2.1
9/13	0900	8.0
	1215	5.0
	1510	2.5

Cause and period of the noncompliance--The TRC concentration non-compliances resulted from improper sodium hypochlorite pump stroke settings. Additional grab samples collected were as follows.

<u>Date</u>	<u>Time</u>	<u>TRC Concentration (mg/L)</u>
8/13	0840	<0.1
	1800	1.9
8/30	0900	0.5
9/03	0900	0.3
9/12	0820	<0.1
9/14	0140	0.6

Therefore, the durations of the August 13, August 31, and September 13 noncompliances were less than 9.3 hours, less than 96 hours, and less than 41.3 hours, respectively.

Steps taken to reduce, eliminate, or prevent recurrence of the noncomplying discharge--The sodium hypochlorite feed pump stroke has been adjusted and will be monitored closely to help prevent future TRC noncompliances.

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

Description of the discharge--Discharge No. 111 - Sewage treatment plant effluent. A grab sample collected on September 20 had a fecal coliform concentration of 2200 N/100 ml, exceeding the permit limitation of 1000 N/100 ml.

Cause and period of the noncompliance--The noncompliance was caused by a low (less than 0.1 mg/L) total residual chlorine concentration. Samples collected on September 7 and October 4 had fecal coliform counts of 10 N/100 ml and 300 N/100 ml, respectively. Therefore, the period of noncompliance was less than 27 days.

Steps taken to reduce, eliminate, and prevent recurrence of the noncomplying discharge--The stroke setting of the chlorinator pump was adjusted to increase the residual chlorine concentration.

NOV 06 1984

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

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

Form Approved
OMB No. 2000-0011

NAME TPH - SEQUOYA NUCLEAR
ADDRESS 5414 E. DRAINERD RD.
CHATTANOOGA TN 37421

IND0020450
PERMIT NUMBER

112 1
DISCHARGE NUMBER

F - FINAL LIMITS
SIP DISCHARGE

FACILITY
LOCATION
ATTN: SAM VANDEGRIFF

MONITORING PERIOD
FROM 84 09 01 TO 84 09 30
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLING TYPE (69-71)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	0.036	0.120	MGD				0	13/30	GR
	PERMIT REQUIREMENT	0.025	NA						5/7	WEIR
BOD ₅	SAMPLE MEASUREMENT	4.5	8.3	LBS/DAY	3.6	6.0	8.4	0	2/30	GR
	PERMIT REQUIREMENT	6.3	8.3			30	40		2/30	GR
SUSPENDED SOLIDS	SAMPLE MEASUREMENT	<0.59	1.0	LBS/DAY	<1.0	<1.0	1.0	0	2/30	GR
	PERMIT REQUIREMENT	6.3	8.3			30	40		2/30	GR
TOTAL CHLORINE RESIDUAL	SAMPLE MEASUREMENT				<0.1	<0.8	8.1	2	20/30	GR
	PERMIT REQUIREMENT						2.0		5/7	GR
FECAL COLIFORM	SAMPLE MEASUREMENT				10	>1005	>2000	1	2/30	GR
	PERMIT REQUIREMENT				NA	NA	1,000		2/30	GR
	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 TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	ETS AREA CODE	856-6601 NUMBER	84 YEAR	11 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 (SQN)

Description of the discharge--Discharge No. 112 - Sewage treatment plant effluent. The following grab samples had total residual chlorine (TRC) concentrations in excess of the NPDES permit limitation of 2.0 mg/L.

<u>Date</u>	<u>Time</u>	<u>TRC Concentration (mg/L)</u>
08/31	0900	4.2
09/04	1200	2.9
09/28	0800	8.1
10/01	0815	2.6
	0815 (duplicate)	2.4

Cause and period of the noncompliance--The TRC noncompliances were caused by malfunctions of the sodium hypochlorite feed pumps. Other samples collected were as follows.

<u>Date</u>	<u>Time</u>	<u>TRC Concentration (mg/L)</u>
08/30	0900	0.1
09/03	0900	1.3
09/04	1600	1.0
09/27	0800	<0.1
10/01	1330	0.3

Therefore, the durations of the August 31, September 4, and September 28 TRC noncompliances were less than 96 hours, less than 31 hours, and less than 101.5 hours, respectively.

Steps taken to reduce, eliminate, or prevent recurrence of the noncomplying discharge--The sodium hypochlorite feed pumps have been repaired. In addition, efforts are being made by SQN personnel to establish a relatively constant effluent TRC concentration by adjusting the stroke(s) of the feed pump(s) and by varying the concentration of the sodium hypochlorite solution.

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

Description of the discharge--Discharge No. 112 - Sewage treatment plant effluent. A grab sample collected on September 20 had a fecal coliform concentration of greater than 2000 N/100 ml, exceeding the permit limitation of 1000 N/100 ml.

Cause and period of the noncompliance--The noncompliance was caused by a low (0.3 mg/L) total residual chlorine concentration. Samples collected on September 7 and October 4 had fecal coliform counts of 10 N/100 ml and less than 10 N/100 ml, respectively.

Therefore, the period of noncompliance was less than 27 days.

Steps taken to reduce, eliminate, and prevent recurrence of the noncomplying discharge--The stroke setting of the chlorinator pump was adjusted to increase the total residual chlorine concentration.

NAME TVA - JEDDYAH NUCLEAR
ADDRESS 911 E. BRAINARD RD.
CHATTANOOGA TN 37421

IND026450
PERMIT NUMBER

115 1
DISCHARGE NUMBER

F - FINAL LIMITS
STEP TO COND COOLING WATER CHAN

FACILITY
LOCATION
AT THE SAK VANDERKRIFF

MONITORING PERIOD
FROM 84 09 01 TO 84 09 30
(120-21) (122-23) (124-25) (126-27) (128-29) (130-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	<div></div>	(3 Card Only) QUANTITY OR LOADING (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			
DO, 1-DAY (20 LBS. C)	SAMPLE MEASUREMENT		0.013		*****		1.6		0	1/30	GR
DO=10 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7.5 30DA AVG	10.0 11.3 DAILY MX	LBS/DY	*****	30 20DA AVG	40 45 DAILY MX	MG/L		TWICE MONTH	GRA
PH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
PH=10 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	30		SEE PERMIT	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT		0.025		*****		3.0		0	1/30	GR
SOLIDS=10 1 0 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 MONTH	GRA
SOLIDS, SETTLEABLE	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1		0	4/30	GR
SOLIDS=10 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	DAILY AV	1.0 DAILY MX	ML/L		WEEK- DAYS	GRA
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.0008	0.0010		*****	*****	*****	*****	0	4/30	WEIR
FLOW=10 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.030 DAILY AV	NA ***** DAILY MX	MGD	*****	*****	*****	*****		WEEK- DAYS	FLOW
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****	*****	0.2	1.1	2.0		0	4/30	GR
CHLORINE=10 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	DAILY AV	2.0 DAILY MX	MG/L		WEEK- DAYS	GRA
FECAL COLIFORM	SAMPLE MEASUREMENT						200	N/100	0	1/30	GR
	PERMIT REQUIREMENT				NA	NA	1000			2/30	GR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE		DATE		
MARTIN E. RIVERS, DIRECTOR OF ENVIRONMENTAL QUALITY STAFF		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FTS 856-6601	84	11	28
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DA

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

NEW PLANT BECAME OPERATIONAL ON SEPTEMBER 20, 1984, HOWEVER THERE WAS NO FLOW THREE DAYS THIS REPORTING PERIOD.

NAME IVA - SEQUOIA NUCLEAR
ADDRESS 6411 E. BRAINERD RD.
CHATTANOOGA IN 37421

IND020430
PERMIT NUMBER

11-1
DISCHARGE NUMBER

F - FINAL LIMITS
STP DISCHARGE TO TENN RIVER

FACILITY
LOCATION

MONITORING PERIOD
FROM YEAR MO DAY TO YEAR MO DAY
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)
84 09 01 TO 84 09 30

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
BOD, 5-DAY (20 DEG. C) 00310 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.92	1.4	LBS/DY	*****	11	15	0	2/30	GR
	PERMIT REQUIREMENT	3.8 30DA AVG	5.0 DAILY MX		*****	30 30DA AVG	40 DAILY MX		TWICE/GRAB MONTH	
PH 00410 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.5	0	8/30	GR
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		TWICE/GRAB WEEK	
SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.73	1.1	LBS/DY	*****	9.0	12	0	2/30	GR
	PERMIT REQUIREMENT	3.8 30DA AVG	5.0 DAILY MX		*****	30 30DA AVG	40 DAILY MX		TWICE/GRAB MONTH	
SOLIDS, SETLEABLE 00540 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	0	19/30	GR
	PERMIT REQUIREMENT	*****	*****		*****	30DA AVG	1.0 DAILY MX		TWICE/GRAB WEEK	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 00600 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.010	0.014	MGD	*****	*****	*****	0	19/30	WEIR
	PERMIT REQUIREMENT	0.015 DAILY AV	NA DAILY MX		*****	*****	*****		WEEK- DAYS	
COLIFORM, FECAL GENERAL 74050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	8130	16100	1	2/30	GR
	PERMIT REQUIREMENT	*****	*****		*****	30DA GEO	1000 DAILY MX		TWICE/GRAB MONTH	
TOTAL RESIDUAL CHLORINE	SAMPLE MEASUREMENT				0.4	1.1	2.0	0	19/30	GR
	PERMIT REQUIREMENT						2.0		WEEK- DAYS	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
856-6601
DATE
84 11 28

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. 114 - Sewage treatment plant effluent. Grab samples collected on August 16 and September 7 had fecal coliform concentrations of greater than 2,000 and 1,600 N/100 ml, respectively, exceeding the NPDES permit limitation of 1,000 N/100 ml. This noncomplying discharge was only for the flow from the 0.010 MGD plant.

Cause and period of the noncompliance--The cause of the noncompliance is not known. The plant was operating properly and the effluent total residual chlorine concentration should have been adequate for disinfection as shown by the following data.

Effluent Parameter	Value	
	August 16	September 17
Flow (MGD)	0.011	0.014
BOD ₅ (mg/L)	7.8	15.0
TSS (mg/L)	9.0	12.0
TRC (mg/L)	1.0	1.3
pH (s.u.)	6.9	7.5

Grab samples collected on August 3 and September 20 had fecal coliform counts of 10 and 160 N/100 ml, respectively. Therefore, the period of noncompliance was less than 48 days.

Steps taken to reduce, eliminate, and prevent recurrence of the noncomplying discharge--Because the fecal coliform count is now in compliance and the cause of the noncompliances is not known, no corrective action is planned at this time.

NOV 21 1984

NAME TVA - SEQUOYAH NUCLEAR
ADDRESS 811 E. BRAINERD RD.
CHATTANOOGA TN 37421

TN0020450
PERMIT NUMBER

1172
DISCHARGE NUMBER

F - FINAL LIMITS
STP DISCHARGE TO TENN RIVER

FACILITY
LOCATION
ATTN: SAM VANDERKRIFF

MONITORING PERIOD
FROM 84 09 01 TO 84 09 30
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
BOD, 5-DAY (20-21) (22-23) (24-25)	SAMPLE MEASUREMENT				*****					
00310 1 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	3.0 30DA AVG	5.0 DAILY MX	LBS/DY	*****	3.0 30DA AVG	4.0 DAILY MX			TWICE/GRAB MONTH
PH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
00410 1 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM			TWICE/GRAB WEEK
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT				*****					
00530 1 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	3.0 30DA AVG	5.0 DAILY MX	LBS/DY	*****	3.0 30DA AVG	4.0 DAILY MX			TWICE/GRAB MONTH
SOLIDS, SETTLEABLE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
00640 1 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	*****	*****	3.0 30DA AVG	1.0 DAILY MX			TWICE/GRAB WEEK
FLOW, IN CONDUIT OR THROUGH TREATMENT PLANT	SAMPLE MEASUREMENT				*****	*****	*****	*****		
00750 1 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	0.005 DAILY AV	***** DAILY MX	MGD	*****	*****	*****	*****		WEEK - FLOW DAYS
GULFSTREAM, Fecal GENERAL	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
74050 1 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	*****	*****	1000 30DA GEG	1000 DAILY MX			TWICE/GRAB MONTH
DISSOLVED OXYGEN	SAMPLE MEASUREMENT				1.5	3.0	5.2	MG/L	0	19/30 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

ETS
AREA CODE

856-6601
NUMBER

84 11 28
YEAR MO DAY

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

DISCHARGE MONITORING REPORT (DMR)

NAME IVF - SEQUOYA NUCLEAR
ADDRESS 6414 S. BRAINARD RD.
CHAITANDUGA IN 57401

(2-16) 1N0028450
PERMIT NUMBER
(17-19) 110 1
DISCHARGE NUMBER

F - FINAL LIMITS
VEHICLE WASH POND EFFLUENT

FACILITY
LOCATION
ATTN: SAM VANDEGRIFT

MONITORING PERIOD
FROM YEAR 84 MO 09 DAY 01 TO YEAR 84 MO 09 DAY 30
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	<div></div>	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			(54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMP. TYPE (69-71)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
PH	SAMPLE MEASUREMENT	*****	*****	*****	7.7	*****	7.7	SU	0	1/30	GR		
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM				ONCL/ MONTH		
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	*****	*****	12	13	MG/L	0	3/30	GR		
00330 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAILY AV	40 DAILY MX				WEEKLY GRAB		
SOLIDS, SETTLEABLE	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	ML/L	0	3/30	GR		
00340 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.5 DAILY MX				WEEKLY GRAB		
OIL AND GREASE (SOXHLET EXTR.) TOT.	SAMPLE MEASUREMENT	*****	*****	*****	*****	<5.0	<5.0	MG/L	0	3/30	GR		
00350 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	15 DAILY AV	20 DAILY MX				WEEKLY GRAB		
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.004*	0.006*	MGD	*****	*****	*****	*****	0	4/30	WEIR		
00030 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	***** DAILY AV	***** DAILY MX		*****	*****	*****	*****			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	11

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

THERE WAS NO DISCHARGE ONE WEEK THIS REPORTING PERIOD.
*FLOW WAS ESTIMATED ONE WEEK THIS REPORTING PERIOD.

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

DIFFUSER GATE

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

NAME TENNESSEE VALLEY AUTHORITY
ADDRESS 6411 EAST BRAINERD ROAD
CHATTANOOGA, TN 37421

TN0026450
PERMIT NUMBER

101
DISCHARGE NUMBER

FACILITY SEQUOYAH NUCLEAR PLANT
LOCATION SODDY, TN 37379

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	10	01	84	10	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	1266	1619	MGD				0	CONT	REC
	PERMIT REQUIREMENT		NA						CONT	REC
AMBIENT TEMPERATURE	SAMPLE MEASUREMENT	69.9	71.4	°F				0	31/30	REC
	PERMIT REQUIREMENT		NA						CONT	REC
DISCHARGE TEMPERATURE (OPEN MODE)	SAMPLE MEASUREMENT	93.3	97.4	°F				0	31/30	REC
	PERMIT REQUIREMENT		112.5						CONT	REC
DISCHARGE TEMPERATURE (HELPER MODE)	SAMPLE MEASUREMENT		*	°F						
	PERMIT REQUIREMENT		97.0						CONT	REC
DISCHARGE TEMPERATURE (CLOSED MODE)	SAMPLE MEASUREMENT		*	°F						
	PERMIT REQUIREMENT		101.0						1/1	GR
DOWNSTREAM TEMPERATURE	SAMPLE MEASUREMENT	72.7	74.4	°F				0	31/30	REC
	PERMIT REQUIREMENT		86.9						CONT	REC
RESERVOIR TEMPERATURE RISE	SAMPLE MEASUREMENT	3.6	4.0	°F				0	31/30	GR
	PERMIT REQUIREMENT		5.4						CONT	CAL

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 11
AREA CODE NUMBER YEAR MO DAY

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

*PLANT OPERATED IN OPEN MODE ALL MONTH.

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

NAME TENNESSEE VALLEY AUTHORITY
ADDRESS 6411 EAST BRAINERD ROAD
CHATTANOOGA, TN 37421

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

(2-16)
TN0026450
PERMIT NUMBER

(17-19)
101
DISCHARGE NUMBER

DIFFUSER GATE

Form Approved
OMB No. 2040-0044
Expires 2-29-84

FACILITY SEQUOYAH NUCLEAR PLANT
LOCATION SODDY, TN 37379

MONITORING PERIOD							
YEAR			MO			DAY	
FROM	84	10	01	TO	84	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
RESERVOIR TEMPERATURE RATE OF CHANGE	SAMPLE MEASUREMENT	0.60	1.6	°F/HR				0	31/30	REC
	PERMIT REQUIREMENT		3.6						CONT	CAL
TOTAL CHLORINE RESIDUAL	SAMPLE MEASUREMENT				<0.1	<0.1	<0.1	0	23/30	CALC
	PERMIT REQUIREMENT						0.10		5/7	CAL
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
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	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	84 YEAR	11 MO	28 DAY

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

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

NAME 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)

TN0026450
PERMIT NUMBER

102
DISCHARGE NUMBER

YARD DRAINAGE POND

Form Approved
OMB No. 2040-0001
Expires 2-29-84

MONITORING PERIOD

FROM

YEAR	MO	DAY
84	10	01

 TO

YEAR	MO	DAY
84	10	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 (38-45)			(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	QUALITY OR CONCENTRATION (54-61)							
						AVERAGE	MAXIMUM						
FLOW	SAMPLE MEASUREMENT		*	MGD									
	PERMIT REQUIREMENT	NA	NA									CONT	REC
OIL AND GREASE	SAMPLE MEASUREMENT				<5.0	<5.0	<5.0	MG/L	0	4/30	GR		
	PERMIT REQUIREMENT					15	20			1/7	GR		
SUSPENDED SOLIDS	SAMPLE MEASUREMENT				13	52	173	MG/L	3	24/30	GR		
	PERMIT REQUIREMENT					30	100			5/7	GR		
pH	SAMPLE MEASUREMENT				7.4		8.1	UNITS	0	12/30	GR		
	PERMIT REQUIREMENT					6.0			9.0		3/7	GR	
	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
AREA
CODE

856-6601

84

11

28

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

*FLOWMETER MALFUNCTIONED 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. 102 - Yard drainage pond effluent. The following grab samples had total suspended solids (TSS) concentrations which exceeded the NPDES permit limitation of 100 mg/L.

<u>Date</u>	<u>Time</u>	<u>TSS Concentration (mg/L)</u>
08/24	0955	121.2
08/25	1330	104.3
08/27	0900	105.5
10/08	0900	173.4
	1630	106.2
10/09	1240	145.0

Cause and period of the noncompliance--A total of 2.95 inches of rainfall was recorded at SQN on October 8 and 9. Rainfall totals for October 7 and 10 were 0.04 and 0.01 inches, respectively. The noncompliances of October 8 and 9 were caused by insufficient settling time during the period of high rainfall runoff. The exact cause of the August noncompliances is not known. No rainfall was recorded during the period August 23-27.

Other samples collected were as follows.

<u>Date</u>	<u>Time</u>	<u>TSS Concentration (mg/L)</u>
08/23	0930	57.4
08/28	0900	46.2
10/05	0910	86.6
10/10	0905	24.6

Therefore, the durations of the August and October noncompliances were less than 119.5 hours and less than 119.9 hours, respectively.

Steps taken to reduce, eliminate, and prevent recurrence of the noncomplying discharge--The overflow elevation of the pond discharge structure will be raised by December 31. This action will increase the retention time of the pond and reduce the likelihood of future noncompliances.

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

TN0026450
PERMIT NUMBER

103
DISCHARGE NUMBER

LOW VOLUME WASTE TREATMENT POND

MONITORING PERIOD
FROM

YEAR	MO	DAY
84	10	01

 TO

YEAR	MO	DAY
84	10	31

(20-21) (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) (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	1.82	2.51	MGD					0	31/30	CALC
	PERMIT REQUIREMENT	NA	NA							1/1	TOTAL-IZER
OIL AND GREASE	SAMPLE MEASUREMENT	<89	197	LBS/DAY	<5.0	<5.8	13	MG/L	0	12/30	GR
	PERMIT REQUIREMENT	190	250			15	20			2/7	GR
SUSPENDED SOLIDS	SAMPLE MEASUREMENT	73	116	LBS/DAY	3.6	4.7	7.7	MG/L	0	12/30	GR
	PERMIT REQUIREMENT	380	1,250			30	100			3/7	GR
pH	SAMPLE MEASUREMENT				7.5		8.8	UNITS	0	19/30	GR
	PERMIT REQUIREMENT				6.0		9.0			3/7	GR
PCB *	SAMPLE MEASUREMENT						<0.1	µG/L	0	1/180	GR
	PERMIT REQUIREMENT									1/180	GR
	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 here)

*THIS REQUIREMENT FORM THE TN DEPARTMENT OF PUBLIC HEALTH CERTIFICATION OF JANUARY 31, 1983.

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

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

Form Approved
OMB No. 2040-0001
Expires 2-29-84

NAME TENNESSEE VALLEY AUTHORITY
ADDRESS 6411 EAST BRAINERD ROAD
CHATTANOOGA, TN 37421

(2-16)
TN0026450
PERMIT NUMBER

(17-19)
104
DISCHARGE NUMBER

LIQUID RADWASTE SYSTEM

FACILITY SEQUOYAH NUCLEAR PLANT
LOCATION SODDY, TN 37379

MONITORING PERIOD
FROM YEAR MO DAY TO YEAR MO DAY
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)
84 10 01 TO 84 10 31

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	0.030	0.049	MGD				0	27/30	REC
	PERMIT REQUIREMENT	NA	NA						1/ BATCH	P LOC
OIL AND GREASE	SAMPLE MEASUREMENT	<1.1	<2.0	LBS/DAY	<5.0	<5.0	<5.0	0	7/30*	GR
	PERMIT REQUIREMENT	6.3	8.3			15	20		2/7	GR
SUSPENDED SOLIDS	SAMPLE MEASUREMENT	1.6	2.9	LBS/DAY	3.1	9.9	25	0	9/30	COMP
	PERMIT REQUIREMENT	13	42			30	100		2/7	24-HR COMP
pH	SAMPLE MEASUREMENT				6.2		8.0	0	9/30	GR
	PERMIT REQUIREMENT				6.0		9.0		2/7	GR
	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 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

11

28

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

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

Form Approved
OMB No. 2040-0044
Expires 2-29-84

NAME TENNESSEE VALLEY AUTHORITY
ADDRESS 6411 EAST BRAINERD ROAD
CHATTANOOGA, TN 37421

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

CONDENSATE DEMINERALIZER
REGENERATION

FACILITY SEQUOYAH NUCLEAR PLANT
LOCATION SODDY, TN 37429

MONITORING PERIOD
FROM YEAR 84 MO 10 DAY 01 TO YEAR 84 MO 10 DAY 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. RX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	0.082	0.169	MGD				0	12 BATCHES	CALC
	PERMIT REQUIREMENT		NA						1/ BATCH	CAL
OIL AND GREASE	SAMPLE MEASUREMENT	<3.4	<6.8	LBS/DAY	<5.0	<5.0	<5.0	0	12/30	GR
	PERMIT REQUIREMENT	13	17			15	20		1/1	GR
SUSPENDED SOLIDS	SAMPLE MEASUREMENT	<3.1	8.8	LBS/DAY	<1.0	<8.1	59	0	12/30	COMP
	PERMIT REQUIREMENT	25	83			30	100		1/ BATCH	24-HR COMP
pH	SAMPLE MEASUREMENT				6.0		9.2	1	62 BATCHES	GR
	PERMIT REQUIREMENT				6.0		9.0		1/ BATCH	GR
	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 NUMBER		DATE 84 11 28 YEAR MO DA	

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 (SQN)

Description of the discharge--Discharge No. 105 - Condensate demineralizer regeneration waste (CDRW). A grab sample of the batch discharge of 18,620 gallons on October 16 had a pH value of 9.19 standard units (s.u.).

Cause and period of noncompliance--The pH of the wastes in the neutralization tank was not adjusted to the range of 6.0 to 9.0 s.u. prior to being released. The duration of the release was approximately 97 minutes.

Steps taken to reduce, eliminate, and prevent recurrence of the noncomplying discharge--The appropriate SQN personnel have been informed of the requirement to adjust the pH of CDRW to the range of 6.0 to 9.0 s.u. prior to being released.

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

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

Form Approved
OMB No. 2040-0062
Expires 2-29-84

NAME TENNESSEE VALLEY AUTHORITY
ADDRESS 6411 EAST BRAINERD ROAD
CHATTANOOGA, TN 37421

(2-16)	(17-19)
TN0026450	106
PERMIT NUMBER	DISCHARGE NUMBER

STEAM GENERATOR BLOWDOWN

FACILITY SEQUOYAH NUCLEAR PLANT
LOCATION SODDY, TN 37379

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	10	01	84	10	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (66-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	NO DISCHARGE			MGD					
	PERMIT REQUIREMENT	NA	NA						1/30	INST
OIL AND GREASE	SAMPLE MEASUREMENT			LBS/DAY				MG/L		
	PERMIT REQUIREMENT	25	33			15	20		1/90	GR
SUSPENDED SOLIDS	SAMPLE MEASUREMENT			LBS/DAY				MG/L		
	PERMIT REQUIREMENT	50	170			30	100		1/30	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 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.)

MARTIN E. RIVERS, DIRECTOR
OF ENVIRONMENTAL QUALITY
STAFF

TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

FTS 856-6601 84 11 28
AREA CODE NUMBER YEAR MO DAY

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

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

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

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

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

TN0026450
PERMIT NUMBER

107
DISCHARGE NUMBER

METAL CLEANING WASTE POND

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	10	01	84	10	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	0.26	0.33	MG/BATCH				0	3/30	CAL
	PERMIT REQUIREMENT		NA						1/BATCH	CAL
OIL AND GREASE	SAMPLE MEASUREMENT	<11	<14	LBS/BATCH	<5.0	<5.0	<5.0	0	3/30	GR
	PERMIT REQUIREMENT		125				15		5/BATCH	GR
SUSPENDED SOLIDS	SAMPLE MEASUREMENT	18	26	LBS/BATCH	7.0	8.3	10	0	3/30	8-HR COMP
	PERMIT REQUIREMENT		250				30		3/BATCH	8-HR COMP
TOTAL COPPER	SAMPLE MEASUREMENT	<0.05	0.12	LBS/BATCH	<0.01	<0.02	0.04	0	3/30	8-HR COMP
	PERMIT REQUIREMENT		8.3				1.0		3/BATCH	8-HR COMP
TOTAL IRON	SAMPLE MEASUREMENT	1.2	1.8	LBS/BATCH	0.12	0.46	0.65	0	3/30	8-HR COMP
	PERMIT REQUIREMENT		8.3				1.0		3/BATCH	8-HR COMP
TOTAL PHOSPHORUS	SAMPLE MEASUREMENT			LBS/BATCH			*			
	PERMIT REQUIREMENT		8.3				1.0		3/BATCH	8-HR COMP
COD	SAMPLE MEASUREMENT			LBS/BATCH			*			
	PERMIT REQUIREMENT		835				100		3/BATCH	8-HR COMP
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	11
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 h-c-e)

*NO PHOSPORUS OR ORGANIC CHEMICAL BEARING COMPOUNDS WERE USED.

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

(2-16) TN0026450
PERMIT NUMBER
(17-19) 107
DISCHARGE NUMBER

METAL CLEANING WASTE POND

FACILITY SEQUOYAH NUCLEAR PLANT
LOCATION SODDY, TN 37379

MONITORING PERIOD
FROM YEAR 84 MO 10 DAY 01 TO YEAR 84 MO 10 DAY 31
(20-23) (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				7.1		8.7	0	5/30	GR
	PERMIT REQUIREMENT				6.0		9.0		5/ BATCH	GR
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE		DATE		
MARTIN E. RIVERS, DIRECTOR OF ENVIRONMENTAL QUALITY STAFF TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FTS AREA CODE	856-6601 NUMBER	84 YEAR	11 MO

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
PERMIT NUMBER
(17-19) 108
DISCHARGE NUMBER

CONCRETE BATCH PLANT SETTLING POND

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

MONITORING PERIOD
FROM YEAR 84 MO 10 DAY 01 TO YEAR 84 MO 10 DAY 31
(120-21) (122-23) (124-25) (126-27) (128-29) (130-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(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	SAMPLE MEASUREMENT	0.008	0.024	MGD				0	5/30	WEIR
	PERMIT REQUIREMENT	NA	NA						1/7	WEIR
OIL AND GREASE	SAMPLE MEASUREMENT						*			
	PERMIT REQUIREMENT						20		1/30	GR
SUSPENDED SOLIDS	SAMPLE MEASUREMENT				2.0	8.0	16	0	4/30	GR
	PERMIT REQUIREMENT						40		1/7	GR
	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 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
YEAR

11
MO

28
DAY

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

*SAMPLE WAS INADVERTENTLY NOT COLLECTED.
THERE WAS NO DISCHARGE ONE WEEK 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. 2040-00
Expires 2-29-84

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

TN0026450
PERMIT NUMBER

109
DISCHARGE NUMBER

EMERGENCY DIESEL GENERATOR
NO. 5 COOLING WATER EFFLUENT

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	10	01	84	10	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			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			MGD					1/14	P LOG
ERCW SYSTEM TOTAL CHLORINE RESIDUAL	SAMPLE MEASUREMENT									
	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 \$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 11

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

(2-16) TN0026450		(17-19) 110	
PERMIT NUMBER		DISCHARGE NUMBER	

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	10	01	84	10	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

RECYCLED COOLING WATER

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			
TOTAL CHLORINE RESIDUAL	SAMPLE MEASUREMENT	NO DISCHARGE								
	PERMIT REQUIREMENT						0.10		1/7	MULT GR
TEMPERATURE	SAMPLE MEASUREMENT			OF						
	PERMIT REQUIREMENT		101.0						1/1	MULT GR
pH	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT				6.0		9.0		1/7	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 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

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

LIMITATIONS AND MONITORING ARE APPLICABLE ONLY DURING PERIODS OF CLOSED-CYCLE OPERATION.

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)
111
DISCHARGE NUMBER

SEWAGE TREATMENT PLANT TO YARD
DRAINAGE POND

MONITORING PERIOD
FROM YEAR 84 MO 10 DAY 01 TO YEAR 84 MO 10 DAY 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 (66-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	0.009	0.009	MGD				0	23/30	WEIR
	PERMIT REQUIREMENT		0.015						5/7	WEIR
BOD ₅	SAMPLE MEASUREMENT	1.4	1.5	LBS/DAY	18	19	20	0	2/30	GR
	PERMIT REQUIREMENT	3.8	5.0			30	40		2/30	GR
SUSPENDED SOLIDS	SAMPLE MEASUREMENT	0.83	0.90	LBS/DAY	10	11	12	0	2/30	GR
	PERMIT REQUIREMENT	3.8	5.0			30	40		2/30	GR
TOTAL CHLORINE RESIDUAL	SAMPLE MEASUREMENT				<0.1	<0.8	3.0	3	25/30	GR
	PERMIT REQUIREMENT						2.0		5/7	GR
FECAL COLIFORM	SAMPLE MEASUREMENT				<10	<155	300	0	2/30	GR
	PERMIT REQUIREMENT				NA	NA	1,000		2/30	GR
	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
AREA CODE NUMBER YEAR MO DAY
FTS 856-6601 84 11 2

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. The following grab samples had total residual chlorine (TRC) concentrations in excess of the permit limitation of 2.0 mg/L.

<u>Date</u>	<u>Time</u>	<u>TRC Concentration (mg/L)</u>
10/04	0800	3.0
10/24	0830	2.6
10/24	1745	2.5

Cause and period of the noncompliance--The TRC noncompliances were caused by improper sodium hypochlorite pump stroke settings. The following additional grab samples were collected.

<u>Date</u>	<u>Time</u>	<u>TRC Concentration (mg/L)</u>
10/03	0800	0.8
10/04	1400	0.6
10/23	0920	0.1
10/25	0007	1.3

Therefore, the periods of noncompliance for the October 4 and 24 noncompliances were less than 30 hours and less than 38.75 hours, respectively.

Steps taken to reduce, eliminate, and prevent recurrence of the noncomplying discharge--The pump stroke setting was decreased to bring the TRC concentration into compliance.

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

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

Form Approved
OMB No. 2040-06
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)
112
DISCHARGE NUMBER

SEWAGE TREATMENT PLANT TO INTAKE
BASIN

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	10	01	84	10	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	0.023	0.078	MGD				0	23/30*	WEIR
	PERMIT REQUIREMENT	0.025							5/7	WEIR
BOD ₅	SAMPLE MEASUREMENT	2.3	3.3	LBS/DAY	10	18	26	0	2/30	GR
	PERMIT REQUIREMENT	6.3	8.3			30	40		2/30	GR
SUSPENDED SOLIDS	SAMPLE MEASUREMENT	0.63	1.0	LBS/DAY	2.0	5.0	8.0	0	2/30	GR
	PERMIT REQUIREMENT	6.3	8.3			30	40		2/30	GR
TOTAL CHLORINE RESIDUAL	SAMPLE MEASUREMENT				<0.1	<0.8	6.4	7	29/30	GR
	PERMIT REQUIREMENT						2.0		5/7	GR
FECAL COLIFORM	SAMPLE MEASUREMENT				<10	1005	>2000	1	2/30	GR
	PERMIT REQUIREMENT				NA	NA	1,000		2/30	GR
	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	11 MO	28 DAY
TYPED OR PRINTED								

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

FLOWMETER MALFUNCTIONED ONE DAY THIS REPORTING PERIOD.

A NOTIFICATION OF NONCOMPLIANCE IS ATTACHED.

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

Description of the discharge--Discharge No. 112 - Sewage treatment plant effluent. The following grab samples had total residual chlorine (TRC) concentrations in excess of the permit limitation of 2.0 mg/L.

<u>Date</u>	<u>Time</u>	<u>TRC Concentration (mg/L)</u>
10/24	1530	6.4
10/25	0017	4.8
	0800	3.5
	1620	3.5
	2340	4.2

Cause and period of the noncompliance--The TRC noncompliances were caused by improper sodium hypochlorite pump stroke settings. Grab samples collected at 0315 on October 24 and 0930 on October 26 had TRC concentrations of less than 0.1 and 0.2 mg/L, respectively. Therefore, the period of noncompliance was less than 49.25 hours.

Steps taken to reduce, eliminate, and prevent recurrence of the noncomplying discharge--The chlorinator pump stroke was adjusted to a lower setting to bring the effluent into compliance.

NOV 21 1994

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

Description of the discharge--Discharge No. 112 - Sewage treatment plant effluent. A grab sample collected on October 18 had a fecal coliform count greater than 2000 N/100 ml, exceeding the NPDES permit limitation of 100 N/100 ml.

Cause and period of the noncompliance--The fecal coliform noncompliance was caused by a low (0.2 mg/L) total residual chlorine (TRC) concentration. A sample collected on October 4 had a fecal coliform count of less than 10 N/100 ml. However, the duration of the noncompliance is not known at this time.

Steps taken to reduce, eliminate, and prevent recurrence of the noncomplying discharge--SQN personnel will attempt to maintain a proper TRC concentration by adjusting the stroke(s) of the feed pump(s) and by varying the concentration of the sodium hypochlorite solution.

NOV 21 1984

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

Description of the discharge--Discharge No. 112 - Sewage treatment plant effluent. The following grab samples had total residual chlorine (TRC) concentrations in excess of the NPDES permit limitation of 2.0 mg/L.

<u>Date</u>	<u>Time</u>	<u>TRC Concentration (mg/L)</u>
08/31	0900	4.2
09/04	1200	2.9
09/28	0800	8.1
10/01	0815	2.6
	0815 (duplicate)	2.4

Cause and period of the noncompliance--The TRC noncompliances were caused by malfunctions of the sodium hypochlorite feed pumps. Other samples collected were as follows.

<u>Date</u>	<u>Time</u>	<u>TRC Concentration (mg/L)</u>
08/30	0900	0.1
09/03	0900	1.3
09/04	1600	1.0
09/27	0800	<0.1
10/01	1330	0.3

Therefore, the durations of the August 31, September 4, and September 28 TRC noncompliances were less than 96 hours, less than 31 hours, and less than 101.5 hours, respectively.

Steps taken to reduce, eliminate, or prevent recurrence of the noncomplying discharge--The sodium hypochlorite feed pumps have been repaired. In addition, efforts are being made by SQN personnel to establish a relatively constant effluent TRC concentration by adjusting the stroke(s) of the feed pump(s) and by varying the concentration of the sodium hypochlorite solution.

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

113
DISCHARGE NUMBER

SEWAGE TREATMENT PLANT TO CONDENSED
COOLING WATER CHANNEL

Form Approved
OMB No. 2040-0064
Expires 2-29-84

MONITORING PERIOD

FROM

YEAR	MO	DAY
84	10	01

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

YEAR	MO	DAY
84	10	31

 (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) (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	0.0005	0.0020	MGD					0	23/30	WEIR
	PERMIT REQUIREMENT		0.030							5/7	WEIR
BOD ₅	SAMPLE MEASUREMENT	0.007	0.010	LBS/DAY	3.1	5.6	8.0	MG/L	0	2/30	GR
	PERMIT REQUIREMENT	7.5	10.0			30	40			2/30	GR
SUSPENDED SOLIDS	SAMPLE MEASUREMENT	0.07	0.13	LBS/DAY	4.0	8.0	12	MG/L	0	2/30	GR
	PERMIT REQUIREMENT	7.5	10.0			30	40			2/30	GR
TOTAL CHLORINE RESIDUAL	SAMPLE MEASUREMENT				0.3	1.1	2.7	MG/L	1	23/30	GR
	PERMIT REQUIREMENT						2.0			5/7	GR
FECAL COLIFORM	SAMPLE MEASUREMENT				<10	<10	<10	N/100 ML	0	2/30	GR
	PERMIT REQUIREMENT				NA	NA	1,000			2/30	GR
SETTLABLE SOLIDS	SAMPLE MEASUREMENT				<0.1	<0.1	<0.1	ML/L	0	23/30	GR
	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 11 28 NUMBER YEAR MO DAY

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. 113 - Sewage treatment plant effluent. A grab sample collected at 1330 on October 15 had a total residual chlorine (TRC) concentration of 2.7 mg/L, exceeding the NPDES permit limitation of 2.0 mg/L.

Cause and period of the noncompliance--The noncompliance was caused by inadequate dilution of the sodium hypochlorite solution. Samples collected at 0730 on October 12 and 0730 on October 16 had TRC concentrations of 0.8 and 1.5 mg/L, respectively. Therefore, the period of noncompliance was less than 96 hours.

Steps taken to reduce, eliminate, and prevent recurrence of the noncomplying discharge--The sodium hypochlorite solution was diluted to bring the TRC concentration into compliance.

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) 114
DISCHARGE NUMBER

SEWAGE TREATMENT PLANT TO THE
TENNESSEE RIVER

Form Approved
OMB No. 2040-0008
Expires 2-29-84

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	10	01	84	10	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (66-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	0.011	0.018	MGD				0	23/30	WEIR
	PERMIT REQUIREMENT		0.015						5/7	WEIR
BOD ₅	SAMPLE MEASUREMENT	0.37	0.39	LBS/DAY	6.0	6.3	6.6	0	2/30	GR
	PERMIT REQUIREMENT	3.8	5.0			30	40		2/30	GR
SUSPENDED SOLIDS	SAMPLE MEASUREMENT	0.85	1.2	LBS/DAY	8.0	15	21	0	2/30	GR
	PERMIT REQUIREMENT	3.8	5.0			30	40		2/30	GR
TOTAL CHLORINE RESIDUAL	SAMPLE MEASUREMENT				0.3	0.7	1.5	0	23/30	GR
	PERMIT REQUIREMENT						2.0		5/7	GR
pH	SAMPLE MEASUREMENT				6.4		7.0	0	9/30	GR
	PERMIT REQUIREMENT				6.0		9.0		2/7	GR
FECAL COLIFORM	SAMPLE MEASUREMENT				170	440	710	0	2/30	GR
	PERMIT REQUIREMENT				NA	NA	1,000		2/30	GR
SETTLABLE SOLIDS	SAMPLE MEASUREMENT				<0.1	<0.1	<0.1	0	23/30	GR
	PERMIT REQUIREMENT						1.0		2/7	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 11 25
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. 2040-0060
Expires 2-29-84

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

PERMIT NUMBER
TN0026450

DISCHARGE NUMBER
114

SEWAGE TREATMENT PLANT TO THE
TENNESSEE RIVER

MONITORING PERIOD
FROM

YEAR	MO	DAY
84	10	01

 TO

YEAR	MO	DAY
84	10	31

(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DISSOLVED OXYGEN	SAMPLE MEASUREMENT				1.0	2.5	4.4	MG/L	0	23/30	GR
	PERMIT REQUIREMENT						1.0			5/7	GR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

MARTIN E. RIVERS, DIRECTOR
OF ENVIRONMENTAL QUALITY
STAFF

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

FTS
AREA
CODE

856-6601
NUMBER

84
YEAR

11
MO

26
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. 2040-0062
Expires 2-29-84

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

TN0026450
PERMIT NUMBER

115
DISCHARGE NUMBER

VEHICLE WASH POND

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	10	01	84	10	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	0.004*	0.006*	MGD				0	5/30	WEIR
	PERMIT REQUIREMENT	NA	NA						1/7	WEIR
OIL AND GREASE	SAMPLE MEASUREMENT				<5.0	<5.0	<5.0	0	5/30	GR
	PERMIT REQUIREMENT					15	20		1/7	GR
SUSPENDED SOLIDS	SAMPLE MEASUREMENT				3.0	5.8	8.0	0	5/30	GR
	PERMIT REQUIREMENT					30	40		1/7	GR
SETTLABLE SOLIDS	SAMPLE MEASUREMENT				<0.1	<0.1	<0.1	0	5/30	GR
	PERMIT REQUIREMENT					NA	0.5		1/7	GR
pH	SAMPLE MEASUREMENT				8.1		8.1	0	1/30	GR
	PERMIT REQUIREMENT				6.0		9.0		1/30	GR
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

MARTIN E. RIVERS, DIRECTOR
OF ENVIRONMENTAL QUALITY
STAFF

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

FTS
AREA
CODE

856-6601

84

11

28

YEAR MO DA

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

*FLOW WAS ESTIMATED ONE WEEK THIS REPORTING PERIOD.

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 (°F)</u>	<u>Maximum Ambient Temperature (°F)</u>
08/01/84	79.3	4.70	75.9
08/02/84	79.3	4.30	76.1
08/03/84	79.8	*	77.9
08/04/84	80.7	*	78.9
08/05/84	80.4	4.01	78.4
08/06/84	80.9	4.21	79.1
08/07/84	80.7	4.10	78.9
08/08/84	80.6	4.27	78.0
08/09/84	81.3	4.25	79.5
08/10/84	81.1	4.34	79.8
08/11/84	81.3	4.36	79.3
08/12/84	81.5	4.30	79.7
08/13/84	81.5	3.91	80.0
08/14/84	81.6	4.66	78.6
08/15/84	82.2	*	80.0
08/16/84	82.2	4.66	79.7
08/17/84	82.4	4.45	80.4
08/18/84	82.5	4.37	78.9
08/19/84	82.0	4.82	80.2
08/20/84	81.8	3.78	79.8
08/21/84	80.6	3.33	78.8
08/22/84	80.4	2.47	79.3
08/23/84	81.5	2.77	79.8
08/24/84	81.5	3.11	79.7
08/25/84	80.7	3.06	79.8
08/26/84	80.6	2.52	79.3
08/27/84	80.6	2.34	80.0
08/28/84	79.5	1.04	78.9
08/29/84	78.9	-0.85	78.8
08/30/84	78.4	0.76	78.2
08/31/84	80.6	2.65	78.9

*Computer malfunction.

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 (°F)	Maximum Ambient Temperature (°F)
09/01/84	80.6	3.42	78.8
09/02/84	81.5	4.14	79.3
09/03/84	81.1	*	78.4
09/04/84	80.9	3.56	78.2
09/05/84	80.7	3.71	77.3
09/06/84	78.4	2.61	77.7
09/07/84	78.6	2.72	77.0
09/08/84	79.1	3.91	76.8
09/09/84	80.4	5.06	76.2
09/10/84	77.9	2.65	76.6
09/11/84	77.9	2.52	76.6
09/12/84	78.0	2.30	77.9
09/13/84	78.6	2.68	77.7
09/14/84	79.1	2.95	77.7
09/15/84	79.1	3.17	77.0
09/16/84	78.6	3.17	76.1
09/17/84	77.7	4.01	75.5
09/18/84	77.5	3.80	74.4
09/19/84	77.1	4.25	74.1
09/20/84	76.8	3.89	74.1
09/21/84	77.0	3.96	75.0
09/22/84	76.2	3.47	73.7
09/23/84	76.4	4.10	74.3
09/24/84	76.6	3.47	74.8
09/25/84	76.6	3.47	75.5
09/26/84	77.1	4.45	74.1
09/27/84	76.4	3.67	73.4
09/28/84	75.5	3.83	72.6
09/29/84	74.4	2.61	71.6
09/30/84	72.1	1.60	70.3

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 (°F)	Maximum Ambient Temperature (°F)
10/01/84	71.4	2.7	69.2
10/02/84	71.6	2.8	70.7
10/03/84	71.7	3.6	68.5
10/04/84	71.2	3.7	68.3
10/05/84	71.4	3.7	69.0
10/06/84	71.4	3.6	68.3
10/07/84	72.1	3.6	68.1
10/08/84	72.3	3.6	68.1
10/09/84	71.9	4.0	68.1
10/10/84	71.7	3.9	68.9
10/11/84	71.4	3.8	69.4
10/12/84	72.1	3.6	68.9
10/13/84	72.1	3.7	70.1
10/14/84	72.8	3.5	71.2
10/15/84	73.2	3.5	70.1
10/16/84	73.2	3.7	70.8
10/17/84	73.4	3.4	70.3
10/18/84	73.2	3.6	71.0
10/19/84	73.9	3.5	71.4
10/20/84	74.3	3.7	70.7
10/21/84	74.4	3.7	70.1
10/22/84	74.3	3.9	69.8
10/23/84	72.8	3.7	69.9
10/24/84	72.6	3.6	70.7
10/25/84	72.6	3.5	69.9
10/26/84	72.5	3.9	71.4
10/27/84	73.2	3.9	69.9
10/28/84	73.5	3.9	70.3
10/29/84	73.7	3.8	71.2
10/30/84	73.7	3.6	71.0
10/31/84	74.1	3.5	71.4