

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
GSA No. 20-0-0004
Expires 2-29-84

FACILITY - SEQUOYAH NUCLEAR PLANT
LOCATION - SODDY, TN 37379

MONITORING PERIOD
FROM YEAR 85 MO 07 DAY 01 TO YEAR 85 MO 07 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 (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	1688	1869	MGD					0	CONT	REC
	PERMIT REQUIREMENT		NA							CONT	REC
AMBIENT TEMPERATURE	SAMPLE MEASUREMENT	83.3	86.7	°F					0	31/30	GR
	PERMIT REQUIREMENT		NA							CONT	REC
DISCHARGE TEMPERATURE (OPEN MODE)	SAMPLE MEASUREMENT	104.4	107.3	°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	84.2	85.7	°F					0	31/30	REC
	PERMIT REQUIREMENT		86.9							CONT	REC
RESERVOIR TEMPERATURE RISE	SAMPLE MEASUREMENT	2.4	4.6	°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
AREA
CODE

856-6601
NUMBER

85 08 28
YEAR MO DAY

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

*PLANT OPERATED IN OPEN MODE ALL MONTH.

8509030501 850731
PDR ADOCK 05000259
R PDR

IE25
0/1

1/0
5235

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

101
DISCHARGE NUMBER

DIFFUSER GATE

MONITORING PERIOD								
YEAR			MO			DAY		
FROM	85	07	01	TO	85	07	31	
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)	

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
RESERVOIR TEMPERATURE RATE OF CHANGE	SAMPLE MEASUREMENT	0.22	2.0	°F/HR				0	31/30	CAL	
	PERMIT REQUIREMENT		3.6						CONT	CAL	
TOTAL CHLORINE RESIDUAL	SAMPLE MEASUREMENT				<0.1	<0.1	<0.1	0	23/30	CAL	
	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		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							FTS	856-6601	85	08	28
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR	MO	DAY

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

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

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

Form Approved
OMB No. 2040-0064
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)
102
DISCHARGE NUMBER

YARD DRAINAGE POND

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
85	07	01	85	07	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (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	0.62	3.9	MGD					0	CONT*	REC
	PERMIT REQUIREMENT	NA	NA							CONT	REC
OIL AND GREASE	SAMPLE MEASUREMENT				<5.0	<5.0	<5.0	MG/L	0	6/30	GR
	PERMIT REQUIREMENT					15	20			1/7	GR
SUSPENDED SOLIDS	SAMPLE MEASUREMENT				3.4	13	24	MG/L	0	23/30	GR
	PERMIT REQUIREMENT					30	100			5/7	GR
pH	SAMPLE MEASUREMENT				7.6		8.8	UNITS	0	21/30	GR
	PERMIT REQUIREMENT				6.0		9.0			3/7	GR
	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						
TYPED OR PRINTED						
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FTS AREA CODE	856-6601 NUMBER	85 YEAR	08 MO	28 DAY

*FLOWMETER OUT 25 DAYS THIS REPORTING PERIOD.

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

NAME

ADDRESS

FACILITY

LOCATION

TENNESSEE VALLEY AUTHORITY

6411 EAST BRAINERD ROAD

CHATTANOOGA, TN 37421

SEQUOYAH NUCLEAR PLANT

SODDY, TN 37379

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

TN0026450

PERMIT NUMBER

(17-19)

103

DISCHARGE NUMBER

LOW VOLUME WASTE TREATMENT POND

MONITORING PERIOD

FROM

YEAR

MO

DAY

TO

YEAR

MO

DAY

85

07

01

85

07

31

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	<div></div>	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (66-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	0.72	0.94	MGD				0	30/30*	GR
	PERMIT REQUIREMENT	NA	NA						1/1	TOTAL-IZER
OIL AND GREASE	SAMPLE MEASUREMENT	<28	<32	LBS/DAY	<5.0	<5.0	<5.0	0	3/30	GR
	PERMIT REQUIREMENT	190	250			15	20		2/7	GR
SUSPENDED SOLIDS	SAMPLE MEASUREMENT	<14	31	LBS/DAY	<1.0	<2.3	4.7	0	3/30	GR
	PERMIT REQUIREMENT	380	1,250			30	100		3/7	GR
pH	SAMPLE MEASUREMENT				3.6		9.25	4	19/30	GR
	PERMIT REQUIREMENT				6.0		9.0		3/7	GR
PCB	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT								1/180	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	FTS	856-6601	85	08
			AREA CODE	NUMBER	YEAR	MO	DAY

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

*UNABLE TO DETERMINE FLOW ONE DAY THIS REPORTING PERIOD.

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

Description of the discharge--Discharge No. 103 - Low Volume Waste Treatment (LVWT) pond effluent. Grab samples collected on the following days violated the NPDES permit limitation for pH as follows:

<u>Date</u>	<u>Min. or Max. pH Value</u>
7/16	4.91 5.27
7/19	3.61
7/24	9.25

Cause and period of the noncompliance--The new makeup water treatment plant was being started and tested. A pressurized drain valve on the acid storage tank was inadvertently opened which resulted in concentrated sulfuric acid being siphoned out of the tank through the waste neutralization tank and into the regeneration waste sump which was pumped out to the LVWT pond. The maximum periods of noncompliance during this occurrence were as follows:

<u>Date</u>	<u>Time(hours)</u>
7/11 - 7/16	120
7/18 - 7/19	27
7/23 - 7/24	15

Steps taken to reduce, eliminate, and prevent recurrence of the noncomplying discharge--The regeneration waste sump was pumped to the LVWT pond during the night shift on 7/15/85. The low pH was discovered during a routine sample the next morning and the LVWT pond discharge was stopped at 1345 hours on 7/16/85. Approximately 120 gallons of NaOH was added to the LVWT pond on 7/16/85 and 7/17/85 which raised the pond pH to 6.28, and the discharge was begun again at 1210 on 7/18/85. No further sump releases were made, but the pH dropped to 3.61 at 1000 on 7/19/85. The discharge was terminated again at 1215 on 7/19/85.

Approximately 500 gallons of NaOH were added to the pond on 7/23/85, and by 2330 on 7/23/85 the pH near the pond outlet was reading 6.71, so the discharge was restarted. However, by 1300 on 7/24/85 the pH of the discharge had risen to 9.25, and the discharge was stopped again at 1450 on 7/24/85. The pH dropped to 8.62 at 2040 on 7/25/85, and the discharge was restarted at 2308 on 7/25/85.

The contents of the sump were then pumped out into the small rubber lined pond and batch neutralized before discharging to the LVWT pond. The pH of the sump will be checked manually and the contents pumped manually while repairs are being made to the valves, pumps, and instrumentation related to the waste neutralization tank and the waste sump. Also, the acid storage tank drain valve has been locked.

JRH:EAM
7/30/85

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)
104
DISCHARGE NUMBER

LIQUID RADWASTE SYSTEM

FACILITY SEQUOYAH NUCLEAR PLANT
LOCATION SODDY, TN 37379

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
FROM 85	07	01	TO	85	07	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(1 Card Only) QUANTITY OR LOADING (40-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	0.024	0.048	MGD				0	27/30	REC
	PERMIT REQUIREMENT	NA	NA						1/ BATCH	P LOG
OIL AND GREASE	SAMPLE MEASUREMENT	<1.0	<1.5	LBS/DAY	<5.0	<5.0	<5.0	0	9/30	GR
	PERMIT REQUIREMENT	6.3	8.3			15	20		2/7	GR
SUSPENDED SOLIDS	SAMPLE MEASUREMENT	0.95	3.4	LBS/DAY	1.4	4.4	12	0	9/30	COMP
	PERMIT REQUIREMENT	13	42			30	100		2/7	24-HR COMP
pH	SAMPLE MEASUREMENT				6.0		8.5	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									
	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	85 YEAR	08 28 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. 2040-0134
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

105
DISCHARGE NUMBER

CONDENSATE DEMINERALIZER
REGENERATION

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
85	07	01	85	07	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

FROM

TO

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(5 Card Only) (46-53) QUANTITY OR LOADING			(4 Card Only) (38-43) QUALITY OR CONCENTRATION			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	0.024	0.053	MGD				0	26 BATCHES	CALC
	PERMIT REQUIREMENT		NA						1/ BATCH	CAL
OIL AND GREASE	SAMPLE MEASUREMENT	<1.0	2.6	LBS/DAY	<5.0	<5.1	7.7	0	26 BATCHES	GR
	PERMIT REQUIREMENT	13	17			15	20		1/1	GR
SUSPENDED SOLIDS	SAMPLE MEASUREMENT	3.4	15	LBS/DAY	2.2	19	65	0	26 BATCHES	COMP
	PERMIT REQUIREMENT	25	83			30	100		1/ BATCH	24-HR COMP
pH	SAMPLE MEASUREMENT				6.4		9.0	0	40 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	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 TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FTS AREA CODE	856-6601 NUMBER	85 YEAR

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

(2-16)
TN0026450
PERMIT NUMBER

(17-19)
106
DISCHARGE NUMBER

STEAM GENERATOR BLOWDOWN

FACILITY SEQUOYAH NUCLEAR PLANT
LOCATION SODDY, TN 37379

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
FROM 85	07	01	TO 85	07	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT		0.139	MGD					0	1/30	INST
	PERMIT REQUIREMENT	NA	NA							1/30	INST
OIL AND GREASE	SAMPLE MEASUREMENT		<5.8	LBS/DAY			<5.0	MG/L	0	1/90	GR
	PERMIT REQUIREMENT	25	33			15	20			1/90	GR
SUSPENDED SOLIDS	SAMPLE MEASUREMENT		<1.2	LBS/DAY			<1.0	MG/L	0	1/30	GR
	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 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	85	08 28
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)						

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

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

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

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

(2-16)
TN0026450
PERMIT NUMBER

(17-19)
107
DISCHARGE NUMBER

METAL CLEANING WASTE POND

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
FROM 85	07	01	TO 85	07	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			
FLOW	SAMPLE MEASUREMENT	0.213	0.387	MG/BATCH					0	2/30	CALC
	PERMIT REQUIREMENT		NA							1/BATCH	CAL
OIL AND GREASE	SAMPLE MEASUREMENT	<8.9	<16	LBS/BATCH	<5.0	<5.0	<5.0	MG/L	0	2/30	GR
	PERMIT REQUIREMENT		125				15			5/BATCH	GR
SUSPENDED SOLIDS	SAMPLE MEASUREMENT	26	45	LBS/BATCH	14	18	21	MG/L	0	2/30	8-HR COMP
	PERMIT REQUIREMENT		250				30			3/BATCH	8-HR COMP
TOTAL COPPER	SAMPLE MEASUREMENT	<0.021	0.032	LBS/BATCH	<0.010	0.019	0.027	MG/L	0	2/30	8-HR COMP
	PERMIT REQUIREMENT		8.3				1.0			3/BATCH	8-HR COMP
TOTAL IRON	SAMPLE MEASUREMENT	1.7	3.2	LBS/BATCH	0.96	0.97	0.98	MG/L	0	2/30	8-HR COMP
	PERMIT REQUIREMENT		8.3				1.0			3/BATCH	8-HR COMP
TOTAL PHOSPHORUS	SAMPLE MEASUREMENT			LBS/BATCH			*	MG/L			
	PERMIT REQUIREMENT		8.3				1.0			3/BATCH	8-HR COMP
COD	SAMPLE MEASUREMENT			LBS/BATCH			*	MG/L			
	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								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		FTS AREA CODE	856-6601
TYPED OR PRINTED								NUMBER		YEAR MO DAY	
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)											

*NO PHOSPHORUS 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
FACILITY SEQUOYAH NUCLEAR PLANT
LOCATION SODDY, TN 37379

(2-16)
TN0026450
PERMIT NUMBER

(17-19)
107
DISCHARGE NUMBER

METAL CLEANING WASTE POND

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
85	07	01	85	07	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (58-65)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
pH	SAMPLE MEASUREMENT				8.4		8.6	0	2/30	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									
	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. (Signature under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE
FTS 856-6601
AREA CODE NUMBER
DATE
85 08 28
YEAR MO DAY

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

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

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

Form Approved
OMB No. 2060-0004
Expires 2-29-84

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

(2-16)
TN0026450
PERMIT NUMBER

(17-19)
108
DISCHARGE NUMBER

CONCRETE BATCH PLANT SETTLING POND

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
FROM 85	07	01	TO 85	07	31	
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)	

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (45-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	NO DISCHARGE*		MGD							
	PERMIT REQUIREMENT	NA	NA							1/7	WEIR
OIL AND GREASE	SAMPLE MEASUREMENT							MG/L			
	PERMIT REQUIREMENT						20			1/30	GR
SUSPENDED SOLIDS	SAMPLE MEASUREMENT							MG/L			
	PERMIT REQUIREMENT						40			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 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE		DATE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FTS AREA CODE	856-6601	85	08 28

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

*DISCHARGE IS IN THE PROCESS OF BEING ELIMINATED.

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

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

Form Approved
OMB No. 2040-0154
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
FROM


YEAR	MO	DAY
85	07	01

 TO

YEAR	MO	DAY
85	07	31

(120-21) (122-21) (124-25) (126-27) (128-29) (130-31)

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 (64-65)	SAMPLE TYPE (66-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	NO DISCHARGE									
	PERMIT REQUIREMENT									1/14	P LOG
ERCW SYSTEM TOTAL CHLORINE RESIDUAL	SAMPLE MEASUREMENT							MG/L			
	PERMIT REQUIREMENT						0.8			1/14	GR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE		DATE		
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	85 YEAR	08 MO

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

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

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)
110
DISCHARGE NUMBER

RECYCLED COOLING WATER

MONITORING PERIOD
FROM YEAR MO DAY TO YEAR MO DAY
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)
85 07 01 TO 85 07 31

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (45-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-43)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (54-55)	SAMPLE TYPE (66-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
TOTAL CHLORINE RESIDUAL	SAMPLE MEASUREMENT	NO DISCHARGE						MG/L		
	PERMIT REQUIREMENT						0.10		1/7	MULT GR
TEMPERATURE	SAMPLE MEASUREMENT			°F						
	PERMIT REQUIREMENT		101.0						1/1	MULT GR
pH	SAMPLE MEASUREMENT							UNITS		
	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 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

FTS 856-6601
AREA CODE NUMBER

DATE

85 08 28
YEAR MO DAY

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

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

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

111
DISCHARGE NUMBER

SEWAGE TREATMENT PLANT TO YARD
DRAINAGE POND

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
85	07	01	85	07	31
(28-29)	(22-23)	(24-25)	(28-29)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(1 Card Only) QUANTITY OR LOADING (45-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (54-61)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	0.029	0.066	MCD					0	22/30	WEIR
	PERMIT REQUIREMENT		0.015							5/7	WEIR
BOD ₅	SAMPLE MEASUREMENT	<0.40	0.60	LBS/DAY	<1.0	<2.5	4.0	MG/L	0	2/30	CR
	PERMIT REQUIREMENT	3.8	5.6			30	45			2/30	GR
SUSPENDED SOLIDS	SAMPLE MEASUREMENT	0.98	1.8	LBS/DAY	1.0	5.0	9.0	MG/L	0	2/30	GR
	PERMIT REQUIREMENT	3.8	5.6			30	45			2/30	GR
TOTAL CHLORINE RESIDUAL	SAMPLE MEASUREMENT				0.2	1.0	1.6	MG/L	0	22/30	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
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER MARTIN E. RIVERS, DIRECTOR OF ENVIRONMENTAL QUALITY STAFF TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FTS 856-6601 AREA CODE NUMBER	85 YEAR	08 28 MO DAY

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

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

(2-16)
TN0026450
PERMIT NUMBER

(17-19)
112
DISCHARGE NUMBER

SEWAGE TREATMENT PLANT TO INTAKE
BASIN

FACILITY SEQUOYAH NUCLEAR PLANT
LOCATION SODDY, TN 37379

MONITORING PERIOD
FROM YEAR 85 MO 07 DAY 01 TO YEAR 85 MO 07 DAY 31
(12-21) (21-25) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(1 Card Only) QUANTITY OR LOADING (45-53)			(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	0.025	0.061	MGD				0	19/30	GR
	PERMIT REQUIREMENT	0.025							5/7	WEIR
BOD ₅	SAMPLE MEASUREMENT	*	3.9	LBS/DAY	10	12	14	0	2/30	GR
	PERMIT REQUIREMENT	6.3	9.3			30	45		2/30	GR
SUSPENDED SOLIDS	SAMPLE MEASUREMENT	*	1.2	LBS/DAY	3.0	4.0	5.0	0	2/30	GR
	PERMIT REQUIREMENT	6.3	9.3			30	45		2/30	GR
TOTAL CHLORINE RESIDUAL	SAMPLE MEASUREMENT				0.0	0.7	1.9	0	22/30	GR
	PERMIT REQUIREMENT						2.0		5/7	GR
FECAL COLIFORM	SAMPLE MEASUREMENT				<10	<46	82	0	2/30	CR
	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 FAMILAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

FTS
AREA
CODE

856-6601

85 08 28

NUMBER YEAR MO DAY

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

* THE FLOWMETER WAS OUT ON ONE SAMPLING DAY: THEREFORE NO POUNDAGE COULD BE CALCULATED.

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)
113
DISCHARGE NUMBER

SEWAGE TREATMENT PLANT TO CONDENSER
COOLING WATER CHANNEL

MONITORING PERIOD
FROM YEAR MO DAY TO YEAR MO DAY
85 07 01 85 07 31
(20-21) (22-24) (25-26) (27-28) (29-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(1 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (66-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	0.001	0.012	MGD					0	21/30	GR
	PERMIT REQUIREMENT		0.030							5/7	WEIR
BOD ₅	SAMPLE MEASUREMENT	0.02	0.03	LBS/DAY	1.0	2.1	3.2	MG/L	0	2/30	GR
	PERMIT REQUIREMENT	7.5	11.3			30	45			2/30	GR
SUSPENDED SOLIDS	SAMPLE MEASUREMENT	0.13	0.23	LBS/DAY	14	21	28	MG/L	0	2/30	GR
	PERMIT REQUIREMENT	7.5	11.3			30	45			2/30	GR
TOTAL CHLORINE RESIDUAL	SAMPLE MEASUREMENT				0.0	0.8	1.8	MG/L	0	20/30	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	21/30	GR
	PERMIT REQUIREMENT						1.0			2/7	GR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER MARTIN E. RIVERS, DIRECTOR OF ENVIRONMENTAL QUALITY STAFF TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIG- NIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. Offenses 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	85 YEAR	08 MO

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

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

IN0026450
PERMIT NUMBER

114
DISCHARGE NUMBER

SEWAGE TREATMENT PLANT TO THE
TENNESSEE RIVER

MONITORING PERIOD
FROM YEAR MO DAY TO YEAR MO DAY
85 07 01 85 07 31
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(1 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-43)				NO. EX (52-53)	FREQUENCY OF ANALYSIS (54-55)	SAMPLE TYPE (56-57)		
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS (54-61)	MINIMUM (38-43)	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS (54-61)					
FLOW	SAMPLE MEASUREMENT	0.005	0.011	MGD					0	20/30	WEIR		
	PERMIT REQUIREMENT		0.015							5/7	WEIR		
BOD ₅	SAMPLE MEASUREMENT	<0.04	0.04	LBS/DAY	<1.0	<1.0	1.0	MG/L	0	2/30	CR		
	PERMIT REQUIREMENT	3.8	5.6			30	45			2/30	GR		
SUSPENDED SOLIDS	SAMPLE MEASUREMENT	<0.05	0.05	LBS/DAY	<1.0	<1.5	2.0	MG/L	0	2/30	GR		
	PERMIT REQUIREMENT	3.8	5.6			30	45			2/30	GR		
TOTAL CHLORINE RESIDUAL	SAMPLE MEASUREMENT				0.0	0.8	1.9	MG/L	0	20/30	GR		
	PERMIT REQUIREMENT						2.0			5/7	GR		
pH	SAMPLE MEASUREMENT				5.1		6.8	UNITS	0	9/30	GR		
	PERMIT REQUIREMENT				6.0		9.0			2/7	GR		
FECAL COLIFORM	SAMPLE MEASUREMENT				<10	<105	200	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	20/30	GR		
	PERMIT REQUIREMENT						1.0			2/7	GR		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)					TELEPHONE		DATE				
MARTIN E. RIVERS, DIRECTOR OF ENVIRONMENTAL QUALITY STAFF							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		FTS AREA CODE	856-6601	85	08	28
TYPED OR PRINTED													

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

TN0026450
PERMIT NUMBER

114
DISCHARGE NUMBER

SEWAGE TREATMENT PLANT TO THE
TENNESSEE RIVER

FACILITY SEQUOYAH NUCLEAR PLANT
LOCATION SODDY, TN 37379

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
85	07	01	85	07	31
(28-29)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

FROM TO

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(1 Card Only) QUANTITY OR LOADING (45-53)			(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	UNITS				
DISSOLVED OXYGEN	SAMPLE MEASUREMENT				2.7	4.1	5.5	MG/L	0	20/30	GR	
	PERMIT REQUIREMENT						1.0			5/7	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		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 \$70,000 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	85	08	28
								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

(2-16)
TN0026450
PERMIT NUMBER

(17-19)
115
DISCHARGE NUMBER

VEHICLE WASH POND

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
85	07	01	85	07	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

FROM TO

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(1 Card Only) (45-53) QUANTITY OR LOADING			(4 Card Only) (58-65) QUALITY OR CONCENTRATION			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	NO DISCHARGE*								
	PERMIT REQUIREMENT	NA	NA	MGD					1/7	WEIR
OIL AND GREASE	SAMPLE MEASUREMENT						MG/L			
	PERMIT REQUIREMENT					15	20		1/7	GR
SUSPENDED SOLIDS	SAMPLE MEASUREMENT						MG/L			
	PERMIT REQUIREMENT					30	40		1/7	GR
SETTLABLE SOLIDS	SAMPLE MEASUREMENT						ML/L			
	PERMIT REQUIREMENT					NA	0.5		1/7	GR
pH	SAMPLE MEASUREMENT						UNITS			
	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	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 3 years.)	TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FTS AREA CODE	856-6601 NUMBER	85 YEAR

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

*DISCHARGE IS IN THE PROCESS OF BEING ELIMINATED.

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>
05/01/85	71.9	-3.9	71.2
05/02/85	70.7	-2.2	69.8
05/03/85	70.8	-4.1	69.8
05/04/85	71.0	-2.5	69.8
05/05/85	72.5	-2.5	69.2
05/06/85	73.4	-4.2	70.5
05/07/85	73.2	-5.4	71.4
05/08/85	72.5	-5.6	71.6
05/09/85	69.2	-3.3	69.8
05/10/85	69.8	-2.6	69.2
05/11/85	71.7	-3.3	69.4
05/12/85	73.4	-4.5	70.7
05/13/85	74.3	-7.8	73.7
05/14/85	74.3	-7.8	74.3
05/15/85	75.5	-5.4	74.8
05/16/85	73.2	-5.1	74.6
05/17/85	73.2	2.2	72.3
05/18/85	73.5	2.4	73.0
05/19/85	73.7	1.0	73.2
05/20/85	74.3	-2.4	73.4
05/21/85	76.2	-3.7	74.6
05/22/85	73.5	-4.6	74.6
05/23/85	73.2	-4.6	71.9
05/24/85	72.5	-3.4	71.7
05/25/85	73.7	-1.1	73.2
05/26/85	74.4	1.2	73.5
05/27/85	75.3	0.6	72.8
05/28/85	75.2	1.2	74.3
05/29/85	75.0	-0.8	75.0
05/30/85	75.3	-0.7	75.2
05/31/85	75.2	0.2	75.2

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>
06/01/85	76.1	-0.1	77.1
06/02/85	79.1	-0.3	79.5
06/03/85	79.7	-2.7	80.9
06/04/85	80.0	-1.4	81.5
06/05/85	80.6	-1.2	81.5
06/06/85	81.1	-1.6	81.3
06/07/85	79.3	*	78.9
06/08/85	79.1	*	77.1
06/09/85	81.8	*	78.0
06/10/85	81.6	0.1	81.1
06/11/85	80.2	0.4	79.3
06/12/85	79.3	0.9	78.6
06/13/85	79.8	2.2	79.5
06/14/85	80.0	2.2	79.7
06/15/85	80.0	1.6	78.8
06/16/85	80.6	1.7	79.1
06/17/85	80.4	0.5	79.3
06/18/85	79.8	2.0	78.2
06/19/85	79.8	1.8	77.5
06/20/85	80.0	1.6	78.2
06/21/85	80.0	1.7	78.8
06/22/85	79.8	1.7	78.8
06/23/85	80.2	1.7	80.0
06/24/85	82.2	0.8	82.7
06/25/85	81.8	0.9	81.1
06/26/85	82.2	0.7	82.7
06/27/85	82.0	1.6	83.3
06/28/85	83.3	*	80.7
06/29/85	84.7	*	82.9
06/30/85	84.2	*	82.7

* Computer out

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)
07/01/85	84.2	3.2	82.0
07/02/85	84.0	3.2	82.0
07/03/85	83.8	2.4	82.0
07/04/85	84.2	2.5	81.8
07/05/85	84.3	3.8	80.9
07/06/85	84.0	3.8	81.5
07/07/85	84.2	2.6	84.2
07/08/85	84.2	0.3	83.8
07/09/85	84.5	0.1	86.7
07/10/85	84.2	0.7	84.0
07/11/85	84.9	0.2	86.7
07/12/85	86.0	0.2	85.4
07/13/85	85.6	0.8	84.7
07/14/85	86.0	0.9	84.3
07/15/85	86.1	2.1	83.8
07/16/85	86.3	3.0	83.6
07/17/85	87.0	3.2	84.3
07/18/85	87.0	3.0	84.5
07/19/85	86.3	2.8	84.9
07/20/85	84.7	-0.3	85.6
07/21/85	84.9	-0.8	85.6
07/22/85	84.2	0.6	84.2
07/23/85	85.6	2.6	83.4
07/24/85	86.3	3.7	82.2
07/25/85	85.4	3.9	81.1
07/26/85	84.3	3.8	80.7
07/27/85	84.5	4.0	81.1
07/28/85	84.3	4.5	79.8
07/29/85	84.0	4.6	81.5
07/30/85	84.0	4.5	82.9
07/31/85	83.6	3.2	83.8

Page 15
 17-0000
 10/1/15

17-0000

DIFFUSER DISCHARGE

Traverse Valley Authority
 Evans Ferry Airlock Plant

July 19 85

August 1985

Station	Flow	Water Level	Water Temp	Water Temp	Water Temp	Water Temp	Water Temp
1584	1584	1584	1584	1584	1584	1584	1584
1584	7.60	80.4	80.4	80.4	80.4	80.4	80.4
1584		81.1	80.5	80.5	80.5	80.5	80.5
1584		81.4	80.9	80.9	80.9	80.9	80.9
1584		80.7	80.5	80.5	80.5	80.5	80.5
1584		80.4	80.4	80.4	80.4	80.4	80.4
1584		80.8	80.7	80.7	80.7	80.7	80.7
1267.2		82.7	81.2	81.2	81.2	81.2	81.2
1267.2	7.92	83.2	82.4	82.4	82.4	82.4	82.4
1267.2		85.3	84.5	84.5	84.5	84.5	84.5
1267.2		84.7	84.2	84.2	84.2	84.2	84.2
1267.2		84.1	84.2	84.2	84.2	84.2	84.2
1267.2		84.2	84.8	84.8	84.8	84.8	84.8
1267.2		85.3	85.4	85.4	85.4	85.4	85.4
1267.2		83.6	86.1	86.1	86.1	86.1	86.1
1267.2	7.5	84.2	86.0	86.0	86.0	86.0	86.0
1267.2		84.9	84.6	84.6	84.6	84.6	84.6
1267.2		84.5	83.9	83.9	83.9	83.9	83.9
1267.2		83.7	84.7	84.7	84.7	84.7	84.7
1267.2		85.6	84.9	84.9	84.9	84.9	84.9
1267.2		86.3	85.7	85.7	85.7	85.7	85.7
1267.2		86.9	86.4	86.4	86.4	86.4	86.4
1267.2	7.59	86.7	86.3	86.3	86.3	86.3	86.3
1267.2		85.8	85.4	85.4	85.4	85.4	85.4
1267.2		84.4	84.3	84.3	84.3	84.3	84.3
1267.2		83.0	82.9	82.9	82.9	82.9	82.9
1267.2		82.9	82.5	82.5	82.5	82.5	82.5
1267.2		81.6	81.4	81.4	81.4	81.4	81.4
1267.2		81.3	81.1	81.1	81.1	81.1	81.1
1267.2	7.73	82.6	82.0	82.0	82.0	82.0	82.0
1267.2		83.3	82.5	82.5	82.5	82.5	82.5
1584.0	7.92	86.9	86.4	86.4	86.4	86.4	86.4
1338.47.6-7.9		83.6	83.2	83.2	83.2	83.2	83.2

I hereby certify that the data contained in this report were prepared and the discharge of water from the diffuser was measured in accordance with a system designed to provide high quality data. I am not aware of any circumstances which might have caused the data to be biased or otherwise unreliable. I am not aware of any circumstances which might have caused the data to be biased or otherwise unreliable. I am not aware of any circumstances which might have caused the data to be biased or otherwise unreliable.

Original Signed by
 Martin E. Rivers

AUG 28 1985

IE25
 0/1

ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
DISCHARGE MONITORING REPORT
Tennessee Valley Authority
Browns Ferry Nuclear Plant

DSN 102 - Sedimentation Pond

MONTH July 19 85

NPDES # AL0022080

PARAM	FLOW	pH	O&G	TSS								
AVG		6.0-9.0	15	30								
MAX		6.0-9.0	20	100								
UNITS	MGD	S.U.	mg/L	mg/L								
FREQ	1/Rel	1/Rel	1/Rel	2/Rel								
DATE	1											
	2											
	3											
	4	NO FLOW										
	5											
	6											
	7											
	8											
	9											
	10											
	11	NO FLOW										
	12											
	13											
	14											
	15											
	16											
	17											
	18	NO FLOW										
	19											
	20											
	21											
	22											
	23											
	24											
	25	NO FLOW										
	26											
	27											
	28											
	29											
	30											
	31											
MAX												
AVG	NO FLOW											

I certify under penalty of law that this document and all attachments were prepared under the direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Responsible Official _____ Date _____

ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
DISCHARGE MONITORING REPORT
Tennessee Valley Authority
Browns Ferry Nuclear Plant

DSN 103 - Units 1, 2, and 3 Turbine Building Station Sumps

MONTH July 19 85

NPDES # AL 0022080

PARAM	FLOW	O&G	TSS										
AVG		15	30										
MAX		20	100										
UNITS	MGD	mg/L	mg/L										
FREQ	1/Week	1/Week	1/Week										
DATE	1												
	2												
	3												
	4	.083605	<5.0	8.4									
	5												
	6												
	7												
	8												
	9												
	10												
	11	.078715	<5.0	7.4									
	12												
	13												
	14												
	15												
	16												
	17												
	18	.276300	<5.0	8.8									
	19												
	20												
	21												
	22												
	23												
	24												
	25	.162514	<5.0	69.9									
	26												
	27												
	28												
	29												
	30												
	31												
MAX	276300	<5.0	69.9										
AVG	150284	<5.0	23.6										

I certify under penalty of law that this document and all attachments were prepared under the direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Responsible Official _____

Date _____

ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
DISCHARGE MONITORING REPORT
Tennessee Valley Authority
Browns Ferry Nuclear Plant

DSN 104 - Liquid Radwaste

MONTH July 19 85

NPDES # AL0022080

PARAM	FLOW	O&G	TSS		LDT TSS		COPPER	IRON			
AVG		15	30		30						
MAX		20	100		100		1.0	1.0			
UNITS	MGD	mg/L	mg/L		mg/L		mg/L	mg/L			
FREQ	1/ Batch	1/ Batch	1/ Batch		1/ Batch						
DATE	1	.011240	14.2	12.7*							
	2	.026133									
	3	.010623	<5.0	14.0	14.0						
	4	NO RELEASE		*							
	5	NO RELEASE									
	6	NO RELEASE									
	7	.008895	<5.0	10.8	10.8						
	8	NO RELEASE		*							
	9	.050350	12.8	17.3	17.3						
	10	.072843									
	11	.009264	15.3	17.0 *	17.0						
	12	NO RELEASE									
	13	NO RELEASE									
	14	.008640	<5.0	9.7	9.7						
	15	NO RELEASE		*							
	16	NO RELEASE									
	17	.010499	13.0	27.9	27.9						
	18	NO RELEASE		*							
	19	.010376	17.1	21.8	21.8						
	20	.039290									
	21	.040142									
	22	.072769	<5.0	<1.0 *							
	23	.049755	10.9		16.1						
	24	.059780									
	25	.084579	9.9	4.9 *	19.8						
	26	.034099									
	27	.113943									
	28	.114997									
	29	.085091	9.4	4.4 *	12.4						
	30	.033412									
	31	.008152	7.1	7.3	7.3						
MAX	.114997	17.1	17.0 *		27.9						
AVG	0.043	<9.8	<8.5*		15.6						

I hereby certify under penalty of law that this document and all attachments were prepared under the direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Responsible Official _____

Date _____

DISCHARGE MONITORING REPORT
Tennessee Valley Authority
Browns Ferry Nuclear Plant

NPDES # AL0022080

[illegible]

I certify under penalty of law that this document and all attachments were prepared under the direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Responsible Official

ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

DISCHARGE MONITORING REPORT
Tennessee Valley Authority
Browns Ferry Nuclear Plant

DSN 106 - Condenser Cooling Water Pump Station Sump

MONTH July 19 85NPDES # AL0022080

PARAM	FLOW	O&G	TSS										
AVG		15	30										
MAX		20	100										
UNITS	MGD	mg/L	mg/L										
FREQ	1/11	1/11	1/11										
DATE	1												
	2												
	3												
	4												
	5	.021600	<5.0	2.2									
	6												
	7												
	8												
	9												
	10												
	11												
	12	.084024	<5.0	3.1									
	13												
	14												
	15												
	16												
	17												
	18												
	19	.017820	<5.0	<1.0									
	20												
	21												
	22												
	23												
	24												
	25												
	26	.010800	<5.0	1.6									
	27												
	28												
	29												
	30												
	31												
MAX	.084024	<5.0	3.1										
AVG	.033561	<5.0	2.0										

I certify under penalty of law that this document and all attachments were prepared under the direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Responsible Official

Date

ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
DISCHARGE MONITORING REPORT
Tennessee Valley Authority
Browns Ferry Nuclear Plant

DSN 107 - Unit 3 Control Building Drain

MONTH July 19 85

NPDES # AL0022080

PARAM	FLOW	Q&Q	TSS									
AVG		15	30									
MAX		20	100									
UNITS	MGD	mg/L	mg/L									
FREQ	1/Wk	1/Wk	1/Wk									
DATE	1											
	2											
	3											
	4											
	5											
	6											
	7											
	8											
	9											
	10											
	11											
	12											
	13											
	14											
	15											
	16	.002400	< 5.0	39.0								
	17											
	18											
	19											
	20											
	21											
	22											
	23	.001271	< 5.0	1.0								
	24											
	25											
	26											
	27											
	28											
	29											
	30											
	31											
MAX	.002400	< 5.0	39.0									
AVG	.001835	< 5.0	30.0									

I certify under penalty of law that this document and all attachments were prepared under the direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Responsible Officer: _____

Date: _____

ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

DISCHARGE MONITORING REPORT

Tennessee Valley Authority

Browns Ferry Nuclear Plant

DSN 108 - Unit 1 and Unit 2 Diesel Building Sump

MONTH July19 85NPDES # AL0022080

PARAM	FLOW	O&G	TSS										
AVG		15	30										
MAX		20	100										
UNITS	MGD	mg/L	mg/L										
FREQ	1/Rel	1/Rel	1/Rel										
DATE	1												
	2												
	3												
	4												
	5												
	6												
	7												
	8	.001026	7.4	25.0									
	9												
	10												
	11												
	12												
	13												
	14												
	15												
	16												
	17												
	18												
	19												
	20												
	21												
	22												
	23												
	24												
	25												
	26												
	27												
	28												
	29												
	30												
	31												
MAX	.001026	7.4	25.0										
AVG	.001026	7.4	25.0										

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Signature of Responsible Official _____

Date: _____

ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

DISCHARGE MONITORING REPORT

Tennessee Valley Authority

Browns Ferry Nuclear Plant

DSN 109 - Unit 3 Diesel Building Sump

MONTH July 19 85NPDES # AL0022080

PARAM	FLOW	O&G	TSS									
AVG		15	30									
MAX		20	100									
UNITS	MGD	mg/L	mg/L									
FREQ	1/Rel	1/Rel	1/Rel									
DATE	1											
	2											
	3											
	4											
	5											
	6											
	7											
	8	.001026	15.9	72.5								
	9											
	10											
	11											
	12											
	13											
	14											
	15											
	16											
	17											
	18											
	19											
	20											
	21											
	22											
	23											
	24											
	25											
	26											
	27											
	28											
	29											
	30											
	31											
MAX	.001026	15.9	72.5									
AVG	.001026	15.9	72.5									

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Signature of Responsible Officer: _____

Date: _____

ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
DISCHARGE MONITORING REPORT
Tennessee Valley Authority
Browns Ferry Nuclear Plant

DSN 110 - UNIT 1 & 2 OFFICE BUILDING DRAIN

MONTH July 19 85

NPDES # AL0022080

PARAM	FLOW	O&G	TSS									
AVG		15	30									
MAX		20	100									
UNITS	MGD	mg/L	mg/L									
FREQ	1/Re1	1/Re1	1/Re1									
1												
2	.000540	<5.0	3.1									
3												
4												
5												
6												
7												
8												
9	.001080	<5.0	7.5									
10												
11												
12												
13												
14												
15												
16	.000864	<5.0	8.0									
17												
18												
19												
20												
21												
22												
23	.001662	<5.0	4.8									
24												
25												
26												
27												
28												
29	.001136	<5.0	2.3									
30												
31												
MAX	.001662	<5.0	8.0									
AVG	.001056	<5.0	5.1									

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Signature of Responsible Official _____ Date: _____

ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
DISCHARGE MONITORING REPORT
Tennessee Valley Authority
Browns Ferry Nuclear Plant

DSN 111 - SEWAGE TREATMENT LAGOON EFFLUENT

MONTH July 19 85

NPDES # AL0022080

PARAM	FLOW	TSS	BOD										
AVG			30										
MAX		90	45										
UNITS	MGD	mg/L	mg/L										
FREQ													
DATE	1	.031248											
	2	.051248	13	22									
	3	.024048											
	4	.017856											
	5	.012802											
	6	.012802											
	7	.008712											
	8	.008712	20.0	18.0									
	9	.008712											
	10	.008712											
	11	.008712											
	12	.008712											
	13	.005515											
	14	.005515											
	15	.005515											
	16	.017856	7	14									
	17	.017856											
	18	.017856											
	19	.017856											
	20	.012802											
	21	.012802											
	22	.012802											
	23	.012802											
	24	.012802											
	25	.017856	29	22									
	26	.049248											
	27	.200160											
	28	.200160											
	29	NO MEASUREMENT TAKEN											
	30	.117648	15	21									
	31	.101088											
MAX	.200160	29	22										
AVG	.034914	17	19										

I certify under penalty of law that this document and all attachments were prepared under the direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Responsible Official _____

Date _____