



Tennessee Valley Authority, Sequoyah Nuclear Plant, P.O. Box 2000, Soddy Daisy, TN 37384

July 13, 2020

ATTN: Document Control Desk
U.S. Nuclear Regulatory Commission
Washington, D.C. 20555-0001

Subject: **Sequoyah Nuclear Plant, Discharge Monitoring Report (DMR), June 2020**

Attached is the June 2020 DMR for Sequoyah Nuclear Plant.

Respectfully,

A handwritten signature in black ink, appearing to read "Kelly Robinette".

Kelly Robinette
Environmental Technician

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

Name **TVA - SEQUOYAH NUCLEAR PLANT**
 Address **P.O. BOX 2000**
 (INTEROFFICE OPS-5N-SQN)
SODDY - DAISY, TN 37384
 Facility **TVA - SEQUOYAH NUCLEAR PLANT**
 Location **HAMILTON COUNTY**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

MAJOR

(SUBR 01)

F - FINAL

DIFFUSER DISCHARGE

EFFLUENT

Form Approved.

OMB No. 2040-0004

**Info
Only**

TN0026450 101 G
 PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 From 20 06 01 To 20 06 30

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|---------------------|----------|--------------------------|------------|---------------------|---------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| TEMPERATURE, WATER DEG. CENTIGRADE | SAMPLE MEASUREMENT | ***** | ***** | .. | ***** | ***** | 39.4 | 04 | 0 | 30 / 30 | RCORDR |
| 00010 1 0 | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | ***** | Req. Mon. DAILY MAX | DEG. C. | | CONTI NUOUS | CALCTD |
| EFFLUENT GROSS | SAMPLE MEASUREMENT | ***** | ***** | .. | ***** | ***** | 27.6 | 04 | 0 | 30 / 30 | MODELD |
| TEMPERATURE, WATER DEG. CENTIGRADE | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | ***** | 30.5 DAILY MX | DEG. C. | | CONTI NUOUS | CALCTD |
| 00010 Z 0 | SAMPLE MEASUREMENT | ***** | ***** | .. | ***** | ***** | 2.6 | 04 | 0 | 30 / 30 | CALCTD |
| INSTREAM MONITORING | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | ***** | 3.0 DAILY MX | DEG. C. | | CONTI NUOUS | CALCTD |
| TEMP. DIFF. BETWEEN SAMP. & UPSTRM DEG.C | SAMPLE MEASUREMENT | ***** | ***** | .. | ***** | ***** | 2.6 | 04 | 0 | 30 / 30 | CALCTD |
| 00016 1 S | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | ***** | 3.0 DAILY MX | DEG. C. | | CONTI NUOUS | CALCTD |
| EFFLUENT GROSS | SAMPLE MEASUREMENT | ***** | ***** | 03 | ***** | ***** | ***** | .. | 0 | 30 / 30 | RCORDR |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT | PERMIT REQUIREMENT | ***** | Req. Mon. DAILY MAX | MGD | ***** | ***** | ***** | *** | | CONTI NUOUS | RCORDR |
| 50050 1 0 | SAMPLE MEASUREMENT | 1758 | ***** | 03 | ***** | ***** | ***** | 03 | 0 | 30 / 30 | CALCTD |
| EFFLUENT GROSS | PERMIT REQUIREMENT | Req. Mon. MO AVG | ***** | MGD | ***** | ***** | ***** | MGD | | CONTI NUOUS | CALCTD |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT | SAMPLE MEASUREMENT | ***** | ***** | .. | ***** | 0.014 | 0.024 | 19 | 0 | 22 / 30 | GRAB |
| 50050 1 0 | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | 0.1 MO AVG | 0.1 DAILY MAX | MG/L | | FIVE PER WEEK | CALCTD |
| EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | 1.7 | 62 | ***** | ***** | ***** | .. | 0 | 30 / 30 | CALCTD |
| CHLORINE, TOTAL RESIDUAL | PERMIT REQUIREMENT | ***** | 2.0 DAILY MX | DEG C/HR | ***** | ***** | ***** | *** | | CONTI NUOUS | CALCTD |
| 50060 1 0 | SAMPLE MEASUREMENT | ***** | ***** | .. | ***** | 0.1 MO AVG | 0.1 DAILY MAX | MG/L | | FIVE PER WEEK | CALCTD |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | ***** | ***** | *** | | CONTI NUOUS | CALCTD |
| TEMPERATURE - C, RATE OF CHANGE | SAMPLE MEASUREMENT | ***** | 1.7 | 62 | ***** | ***** | ***** | .. | 0 | 30 / 30 | CALCTD |
| 82234 1 0 | PERMIT REQUIREMENT | ***** | 2.0 DAILY MX | DEG C/HR | ***** | ***** | ***** | *** | | CONTI NUOUS | CALCTD |
| EFFLUENT GROSS | | | | | | | | | | | |

| | | | | | |
|--|---|--------------|--------|----------|--------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I Certify under penalty of law that this document and all attachments were prepared under my 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. | TELEPHONE | | DATE | |
| Matthew Rasmussen | | 423 843-7001 | | 20 07 07 | |
| Site Vice President | | AREA CODE | NUMBER | YEAR | MO DAY |
| TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | | | |

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

No closed mode operation. The following injections occurred: Spectrus BD 1500 (max calc. was 0.049, limit is 2.0 mg/L), and Spectrus CT1300 (max calc. was 0.0332 mg/L, limit is 0.05 mg/L).

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

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 (INTEROFFICE OPS-5N-SQN)
SODDY - DAISY, TN 37384
 Facility **TVA - SEQUOYAH NUCLEAR PLANT**
 Location **HAMILTON COUNTY**

**Info
Only**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

MAJOR
(SUBR 01)

F - FINAL

BIOMONITORING FOR OUTFALL 101

EFFLUENT

Form Approved.

OMB No. 2040-0004

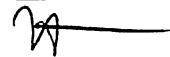
TN0026450 101 T
 PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
 From YEAR MO DAY To YEAR MO DAY
 20 06 01 20 06 30

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|---------|-------|--------------------------|---------|---------|---------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| IC25 STATRE 7DAY CHR CERIODAPHNIA TRP3B 1 0 EFFLUENT GROSS | SAMPLE MEASUREMENT | ***** | ***** | .. | Monitoring Not Required | ***** | ***** | 23 | | | |
| | PERMIT REQUIREMENT | ***** | ***** | **** | 42.8 MINIMUM | ***** | ***** | PERCENT | | SEMI ANNUAL | COMPOS |
| IC25 STATRE 7DAY CHR PIMEPHALES TRP6C 1 0 EFFLUENT GROSS | SAMPLE MEASUREMENT | ***** | ***** | .. | Monitoring Not Required | ***** | ***** | 23 | | | |
| | PERMIT REQUIREMENT | ***** | ***** | **** | 42.8 MINIMUM | ***** | ***** | PERCENT | | SEMI ANNUAL | COMPOS |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
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| | PERMIT REQUIREMENT | | | | | | | | | | |
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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 this document and all attachments were prepared under my 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. |  Site Vice President | TELEPHONE | | DATE | | |
| Matthew Rasmussen Site Vice President | | | 423 | 843-7001 | 20 | 07 | 07 |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | YEAR | MO | DAY |

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

Toxicity was not sampled in June 2020.

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

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 Location **HAMILTON COUNTY**

**Info
Only**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

MAJOR
(SUBR 01)

F - FINAL

LOW VOL. WASTE TREATMENT POND

EFFLUENT

Form Approved.
OMB No. 2040-0004

TN0026450 **103 G**
PERMIT NUMBER **DISCHARGE NUMBER**

MONITORING PERIOD
 From **YEAR 20 MO 06 DAY 01** To **YEAR 20 MO 06 DAY 30**

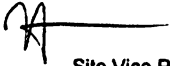
*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|----------------------|-------|--------------------------|----------------|-------------------|-------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| PH 00400 1 0 EFFLUENT GROSS SOLIDS, TOTAL SUSPENDED | SAMPLE MEASUREMENT | ***** | ***** | ** | 6.4 | ***** | 8.5 | 12 | 0 | 6 / 30 | GRAB |
| | PERMIT REQUIREMENT | ***** | ***** | ** | 6.0 MINIMUM | ***** | 9.0 MAXIMUM | SU | | ONCE/ WEEK | GRAB |
| | SAMPLE MEASUREMENT | ***** | ***** | ** | ***** | 10.6 | 10.6 | 19 | 0 | 1 / 30 | GRAB |
| 00530 1 0 EFFLUENT GROSS | PERMIT REQUIREMENT | ***** | ***** | ** | ***** | 30.0 MO AVG | 100.0 DAILY MX | MG/L | | ONCE/ MONTH | GRAB |
| | SAMPLE MEASUREMENT | ***** | ***** | ** | ***** | <5.0 | <5.0 | 19 | 0 | 2 / 30 | GRAB |
| OIL AND GREASE 00556 1 0 EFFLUENT GROSS | PERMIT REQUIREMENT | ***** | ***** | ** | ***** | 15.0 MO AVG | 20.0 DAILY MX | MG/L | | ONCE/ MONTH | GRAB |
| | SAMPLE MEASUREMENT | 0.850 | 0.921 | 03 | ***** | ***** | ***** | ** | 0 | 5 / 30 | INSTAN |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon DAILY MX | MGD | ***** | ***** | ***** | ** | | ONCE/ WEEK | INSTAN |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
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| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Matthew Rasmussen
Site Vice President
 TYPED OR PRINTED

I Certify under penalty of law that this document and all attachments were prepared under my 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.


Site Vice President
 SIGNATURE OF PRINCIPAL EXECUTIVE
 OFFICER OR AUTHORIZED AGENT

TELEPHONE
423 843-7001
 AREA CODE NUMBER
 DATE
20 07 07
 YEAR MO DAY

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

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

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 Location **HAMILTON COUNTY**

**Info
Only**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

MAJOR
(SUBR 01)

F - FINAL

RECYCLED COOLING WATER

EFFLUENT

Form Approved.
OMB No. 2040-0004

TN0026450 110 G
 PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 From 20 06 01 To 20 06 30

*** NO DISCHARGE ☒ ***

NOTE: Read instructions before completing this form.

ATTN:Millicent Garland

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|-------|--------------------------|------------|-----------------|-------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| TEMPERATURE, WATER DEG. CENTIGRADE | SAMPLE MEASUREMENT | ***** | ***** | ** | ***** | ***** | | 04 | | | |
| 00010 1 0 | PERMIT REQUIREMENT | ***** | ***** | ** | ***** | ***** | REPORT DAILY MX | DEG C | | CONTINUOUS | CALCTD |
| TEMPERATURE, WATER DEG. CENTIGRADE | SAMPLE MEASUREMENT | ***** | ***** | ** | ***** | ***** | | 04 | | | |
| 00010 2 0 | PERMIT REQUIREMENT | ***** | ***** | ** | ***** | ***** | 30.5 DAILY MX | DEG C | | CONTINUOUS | CALCTD |
| INSTREAM MONITORING | SAMPLE MEASUREMENT | ***** | ***** | ** | ***** | ***** | | 04 | | | |
| TEMP. DIFF. BETWEEN SAMP. & UPSTRM DEG.C | PERMIT REQUIREMENT | ***** | ***** | ** | ***** | ***** | 5 DAILY MX | DEG C | | CONTINUOUS | CALCTD |
| 00016 1 0 | SAMPLE MEASUREMENT | ***** | ***** | ** | ***** | ***** | | 04 | | | |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | ** | ***** | ***** | | 04 | | | |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT | SAMPLE MEASUREMENT | ***** | | 03 | ***** | ***** | ***** | ** | | | |
| 50050 1 0 | PERMIT REQUIREMENT | ***** | Req. Mon. DAILY MX | MGD | ***** | ***** | ***** | ** | | CONTINUOUS | RCORDR |
| EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | ** | ***** | ***** | | 19 | | | |
| CHLORINE, TOTAL RESIDUAL | PERMIT REQUIREMENT | ***** | ***** | ** | ***** | 0.1 MO AVG | 0.1 DAILY MX | MG/L | | Five per Week | CALCTD |
| 50060 1 0 | SAMPLE MEASUREMENT | ***** | | 04 | ***** | ***** | ***** | ** | | | |
| TEMPERATURE - C, RATE OF CHANGE | PERMIT REQUIREMENT | ***** | 2 DAILY MX | DEG C | ***** | ***** | ***** | ** | | CONTINUOUS | CALCTD |
| 82234 1 0 | SAMPLE MEASUREMENT | | | | | | | | | | |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | | | | | | | | | | |

| | | | | | |
|--|---|--|----------|------|-------|
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| Matthew Rasmussen | | 423 | 843-7001 | 20 | 07 07 |
| Site Vice President | | AREA CODE | NUMBER | YEAR | MO |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | | |

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

No Discharge this Period

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

Name **TVA - SEQUOYAH NUCLEAR PLANT**
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DISCHARGE MONITORING REPORT (DMR)

MAJOR
(SUBR 01)

F - FINAL

RECYCLED COOLING WATER

EFFLUENT

Form Approved.
OMB No. 2040-0004

TN0026450 110 T
 PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 From 20 06 01 To 20 06 30

*** NO DISCHARGE ☒ ***

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|--|--------------------|---------------------|---------|-------|--------------------------|---------|---------|---------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| IC25 STATRE 7DAY CHR CERIODAPHNIA TRP3B 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | ** | | | | 23 | | | |
| | PERMIT REQUIREMENT | ***** | ***** | **** | 42.8 MINIMUM | ***** | ***** | PERCENT | | SEMI ANNUAL | COMPOS |
| IC25 STATRE 7DAY CHR PIMEPHALES TRP6C 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | ** | | | | 23 | | | |
| | PERMIT REQUIREMENT | ***** | ***** | **** | 42.8 MINIMUM | ***** | ***** | PERCENT | | SEMI ANNUAL | COMPOS |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
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| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

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| Matthew Rasmussen | | | | | |
| Site Vice President | | | | | |
| TYPED OR PRINTED | | 423 843-7001 | | 20 07 07 | |
| | | AREA CODE | NUMBER | YEAR | MO DAY |

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

No Discharge this Period

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**Info
Only**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

MAJOR
(SUBR 01)

F - FINAL

WASTEWATER & STORM WATER
EFFLUENT

Form Approved.
OMB No. 2040-0004

TN0026450
PERMIT NUMBER

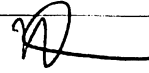
118 G
DISCHARGE NUMBER

MONITORING PERIOD
 From **20 06 01** To **20 06 30**

*** NO DISCHARGE ☒ ***

NOTE: Read instructions before completing this form.

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|---|--------------------|---------------------|--------------------|-------|--------------------------|---------|------------------------|-------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| OXYGEN, DISSOLVED (DO) 00300 1 0 EFFLUENT GROSS | SAMPLE MEASUREMENT | ***** | ***** | ** | ***** | ***** | ***** | 19 | | | |
| | PERMIT REQUIREMENT | ***** | ***** | **** | 2 MINIMUM | ***** | ***** | MG/L | | TWICE/ WEEK | GRAB |
| SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS | SAMPLE MEASUREMENT | ***** | ***** | ** | ***** | ***** | ***** | 19 | | | |
| | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | ***** | 100 DAILY MX | MG/L | | TWICE/ WEEK | GRAB |
| SOLIDS, SETTLEABLE 00545 1 0 EFFLUENT GROSS | SAMPLE MEASUREMENT | ***** | ***** | ** | ***** | ***** | ***** | 25 | | | |
| | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | ***** | 1 DAILY MX | ML/L | | ONCE/ MONTH | GRAB |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS | SAMPLE MEASUREMENT | | | 03 | ***** | ***** | ***** | ** | | | |
| | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | MGD | ***** | ***** | ***** | * | | ONCE/ BATCH | ESTIMA |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

| | | | | | | | |
|---|---|--|-----------|----------|------|----|-----|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Matthew Rasmussen Site Vice President TYPED OR PRINTED | I Certify under penalty of law that this document and all attachments were prepared under my 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. |  Site Vice President SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE | | DATE | | |
| | | | 423 | 843-7001 | 20 | 07 | 07 |
| | | | AREA CODE | NUMBER | YEAR | MO | DAY |

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

During this reporting period, there has been no flow from the Dredge Pond other than that resulting from rainfall. No Discharge this Period