

Tennessee Valley Authority, Post Office Box 2000, Soddy-Daisy, Tennessee 37379-2000

June 12, 2002

State of Tennessee
Department of Environment and Conservation
Division of Water Pollution Control
401 Church Street, 6th Floor Annex
Nashville, Tennessee 37243-1534

Attention: Ms. Evelyn Haskin, Enforcement & Compliance

Dear Ms. Haskin:

TENNESSEE VALLEY AUTHORITY - DISCHARGE MONITORING REPORT FOR SEQUOYAH NUCLEAR PLANT

Please find enclosed the Discharge Monitoring Report (DMR) of May 2002 for Sequoyah. Please contact me at (423) 843-6700 if you have any questions or comments.

Sincerely.

Diedre B. Nida

Environmental Supervisor

edy bollida

Signatory Authority

for Richard T. Purcell

Vice President

Sequoyah Nuclear Plant

Enclosure

cc (Enclosure):

Chattanooga Environmental Assistance Center Division of Water Pollution Control State Office Building, Suite 550 540 McCallie Avenue Chattanooga, Tennessee 37402-2013

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) Nome TVA - SEQUOYAH NUCLEAR PLANT Address BOX 2000 (INSPONDENCE OF DAX)			DIS	LLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) MAJOR DISCHARGE MONITORING REPORT (DMR) (SUBR 01)						Form Approved. OMB No. 2040-0004			
(INTEROFFICE SB-2A) SODDY - DAISY IN 37384 Facility TVA - SEQUOYAH NUCLEAR PL Location HAMILTON COUNTY	ANT		PERMI	MO DA	Y	G PERIOD YEAR	MO DAY	DIFFUSER DISCHAR EFFLUENT *** NO DISCHAR		***			
ATTN: Diedre B. Nida			From 02	05 01	' ''	0 02	05 31	NOTE: Read instr	uctions before			,	
PARAMETER		AVERAGE	MAXIMUM	UNITS	M	NIMUM	AVERAGÉ	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPL TYPE	
I							1		1	1	T	1.1005	

PARAMETER		QUANTITY OR LOADING				QUALITY OR CONCENTRATION NO. FREQUENCE EX OF					SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGÉ	MAXIMUM	UNITS		ANALYSIS	
TEMPERATURE, WATER DEG. CENTIGRADE	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	24.7	(04)	0	31 / 31	MODELD
00010 Z 0 0 INSTREAM MONITORING	PERMIT REQUIREMENT	*******	*******	****	******	*******	30.5 DAILY MX	DEG. C.		SEE PERMIT	CK REQ
TEMPERATURE, WATER DEG. CENTIGRADE	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	35.9	. (04)	0	31 / 31	RCORDR
00010 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	********	******	****	*******	*******	REPORT DAILY MX	DEG. C.		SEE PERMIT	CK REQ
PH	SAMPLE MEASUREMENT	*****	******	**	7.3	******	7.6	(12)	0	10/31	GRAB
00400 1 .0 0 EFFLUENT GROSS VALUE	PERMIT. REQUIREMENT	*******	*******	****	6.0 MINIMUM	*******	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	**	****	. 6	7	(19)	0	5/31	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	***	*******	30 MO AVG	100 DAILY MX	MG/L		WEEKLY	GRAB
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	**	******	<5	<5	(19)	0	5/31	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	****	******	15 MO AVG	20 DAILY MX	MG/L	1.79	WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	1741	(03)	******	*****	******	••	0	31 / 31	RCORDR
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	REPORT DAILY MX	MGD	******	*******	*******	****		CONTIN UOUS	RCORDR
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	******	**	*****	<0.009	0.021	(19)	0	43 / 31	GRAB
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	*******	****	*******	0.036	0.058 INST MAX	MG/L		WEEK- DAYS	CALCTD

	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	Ω $A \wedge \alpha$ Ω	TE	LEPHONE		DATE	
	properly gather and evaluate the information submitted. Based on my inquiry of the person or	Nudy 1100					
Sita Vica Procident	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,	Environmental Supervisor	423	843-6700	02	06	13
	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 PRINCIPAL EXECUTIVE					<u> </u>
TYPED OR PRINTED	including the possibility of fine and inspirational for knowing violations.	OFFICER OR AUTHORIZED AGENT	AREA	NUMBER	YEAR	МО	DAY

No closed mode operation. The following injections occured: 1. PCL-222 (max. calc. conc. was 0.062 mg/L--limit 0.100mg/L) 2. CL-363 (max. calc. conc. was 0.015 mg/L--limit 0.100mg/L) 3. PCL-222/PCL-401 (max. calc. conc. was 0.021mg/L--limit 0.100mg/L)

PERMITTEE NAME/ADDRESS <i>(Include Fa</i> Name TVA - SEQUOYAH NUCLEA	f Different)			ARGE ELIMINATION SY NITORING REPORT		MAJOR (SUBR 01)			rm Approve IB No. 2040			
Address BOX 2000		•	TNO	006450		101 G	F - FINAL					
(INTEROFFICE SB-2A) SODDY - DAISY IN 37384			· · · · · · · · · · · · · · · · · · ·	026450	DICCHAR	GE NUMBER	DIFFUSER DISCHA	ARGE				
Facility TVA - SEQUOYAH NUCLEAR PL			L PERIVI	T NUMBER			EFFLUENT					
Location HAMILTON COUNTY					ITORING PERIOD							
			From 02	MO DAY		MO DAY 05 31	*** NO DISCHAF	RGE	***			
ATTN: Diedre B. Nida			110111 02	03 01	10 02	03 31	NOTE: Read ins	tructions before	comple	eting this for	m.	
PARAMETER		QUAN	ITITY OR LOADING			QUALITY OR CO	ONCENTRATION		NO. EX	FREQUENCY OF	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGĖ	MAXIMUM	UNITS		ANALYSIS		
TEMPERATURE - C, RATE OF CHANGE	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	0.2	(62)	0	31 / 31	CALCTE	,
32234 1 0 0	PERMIT	******	*****	****	******	******	2.0	DEG C			GALCTE	ī
EFFLUENT GROSS VALUE	REQUIREMENT							/HR	300		13.0	
TEMP. DIFF. BETWEEN SAMP. & UPSTRM DEG.C	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	1.8	(04)	0	31 / 31	CALCTE	,
00016 1 S 0	PERMIT	*******	******	****.	******	******	3.0	DEG. C.			CALCTE	5
EFFLUENT GROSS VALUE	REQUIREMENT								1.			
	SAMPLE MEASUREMENT											
•	PERMIT REQUIREMENT				7.6	a areas M						
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT						A 3300 M					
	PERMIT. REQUIREMENT					1.50 1.57						
BORON, TOTAL	SAMPLE MEASUREMENT	*****	*****	**	<0.2	<0.2	<0.2	(19)	0	1/31	GRAB	
01022 1 0 0	PERMIT	******	******	****	REPORT	REPORT	REPORT	MG/L			GRAB	
EFFLUENT GROSS VALUE	REQUIREMENT				2 m							Š
	SAMPLE MEASUREMENT						·					
	PERMIT REQUIREMENT					·						
			1 1				<u></u>					_
NAME/TITLE PRINCIPAL EXECUTIVE OFFI	direction or supe	enalty of law that this docurvision in accordance with	a system designed to a	ssure that qualit	fied personnel X	Jack.	A. On	TELEPHO	ONE		DATE	_
Richard T. Purcell	properly gather a persons who mai	and evaluate the informati nage the system, or those information submitted is	on submitted. Based on repersons directly respons	my inquiry of the sible for gatheri	e person or ng the	Environmental	Supervisor	423 843	3-6700	02	06 13	
Site Vice President		am aware that there are si				NATURE OF PRING	CIPAL EXECUTIVE					

CCW data for May 2002 is attached. Toxicity was sampled May 5-10, 2002, report will be submitted with the quarterly DMR.

including the possibility of fine and imprisonment for knowing violations.

TYPED OR PRINTED

YEAR

MO

DAY

NUMBER

AREA

CODE

SIGNATURE OF PRINCIPAL EXECUTIVE

OFFICER OR AUTHORIZED AGENT

CCW Data for May 2002

	CCW CHANNEL	
DATE	EXTRACTABLE PETROLEUM HYDROCARBONS (mg/L)	COMMENTS
13, 2002	< 0.5	
	CCW TRENCH DISCHARGE	
DATE	EXTRACTABLE PETROLEUM HYDROCARBONS (mg/L)	COMMENTS
May 13, 2002	< 0.5	

reniviri ree NAME/ADDRESS (Include Faci		t Ditterent)				NOTE (NPDES)	MAJOR			For	rm Approv	ed.	• •
Name TVA - SEQUOYAH NUCLEAR	PLANT		Disc	JHANGE MC	ONITORING REP	ORI (DIVIN)	(SUBR 01)			OM	1B No. 204	0-0004	ř.
Address _BOX 2000			TNO	026450		103 G	F - FINAL						
SODDY - DAISY IN 37384							LOW VOL. WAST	C TOC	ATMEN	JT DON	ID		
Facility TVA - SEQUOYAH NUCLEAR PLAN			PERIVI	T NUMBER		HARGE NUMBER		LINE	W I MITT	II FON	.0		
Location HAMILTON COUNTY					IITORING PERI		EFFLUENT						
				MO DA			*** NO DISCHA	RGE		***			
ATTN: Diedre B. Nida			From 02	05 01	1 To 02	2 05 31	NOTE: Read in		e hefore	e comple	ting this fo	vrm	
PARAMETER		QUAN	ITITY OR LOADING			CHAUTY OR C	ONCENTRATION	311001101	13 001010	, ,	FREQUENC		MPLE
		GOA				WONLIN OR C	ONCENIRATION			EX.	OF		TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	U	NITS		ANALYSIS		
PH	SAMPLE	*****	*****	**	7.1	*****	8.8			0	14 / 31	G	RAB
	MEASUREMENT			***	/		0.0	'	(12)	"	14,01		
00400 1 0 0	PERMIT	******	******	**	6.0	******	0.0	398	SU		THREE	/ a	RAB
EFFLUENT GROSS VALUE	REQUIREMENT.				The second secon		9.0		30		2.4.4	440 [2500) AM	חאט
SOLIDS, TOTAL SUSPENDED	SAMPLE		4=0		MINIMUN		<u>MAXIMUM</u>				WEEK	2004 1250	
SOLIDS, TOTAL SUSPENDED	MEASUREMENT	120	153	(26)	******	10	12	((19)	0	5/31	G	RAB
									•				
00530 1 0 0	PERMIT REQUIREMENT	380	1250	LBS/DY	******	30	100	. 1	IG/L		MEEKL,	Y∣ G	IRAB
EFFLUENT GROSS VALUE	TILOOHLWENT	MO AVG	DAILY MX		A STATE OF STREET	MO AVG	DAILY MX						
OIL AND GREASE	SAMPLE	<59	<64	(26)	******	<5	<5		"	0	5/31	G	RAB
	MEASUREMENT			(20)	ļ			'	(19)				
00556 1 0 0	PERMIT	190	250	LBS/DY	******	15	20.	7	IG/L	1.00	WEEKL'	v G	RAB
EFFLUENT GROSS VALUE	REQUIREMENT	MO AVG	DAILY MX		100	MOAVG	een vaa Laacabeer eer een de velde verd ()	3350					
FLOW, IN CONDUIT OR THRU	SAMPLE		1.526		*****	******	DAILY MX				21 (21	*****	OTAL
TREATMENT PLANT	MEASUREMENT	1.247	1.520	(03)			******		••	0	31 / 31	'	DTAL
50050 1 0 0	PERMIT	BELASS			*****	******				-	and the second		
EFFLUENT GROSS VALUE	REQUIREMENT	REPORT	REPORT	MGD	and the second	*******	*******		**		DAILY	TC	DTAL
EFFLUENT GROSS VALUE		MO AVG	DAILY MX										
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	PERMIT REQUIREMENT				2.0								
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. (MEASUREMENT												
	PERMIT												
	REQUIREMENT												
	SAMPLE							-				444	
	MEASUREMENT									i			
7	DEDMIT										2012-1-21-52-30 ev-		
	REQUIREMENT		-										
NIAME /TITLE DDINIONAL EVECUTIVE OFFICE	D Codify undo	nalty of law that this de-											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICE	direction or super	vision in accordance with	ment and all attachments a system designed to as	sure that qualif	d under my lied personnel	Diedo A	8.11, De	Ţ	ELEPHO	NE		DATE]
Richard T. Purcell	properly gather as	nd evaluate the information	on submitted. Based on m	y inquiry of the	person or	DIEWY &	× 1000 5						
Site Vice President	information, the in	formation submitted is, t	persons directly responsi to the best of my knowled	ge and belief, to	rue, accurate,	Environmental	Supervisor	423	843	-6700	02	06	13
One vice Flesidelit	and complete. I as	m aware that there are si	gnificant penalties for sub nment for knowing violation	mitting false in		SIGNATURE OF PRINC	CIPAL EXECUTIVE						
TYPED OR PRINTED	poss	woming or mile and impriso	minori ioi knowing violatti	Jilo.		OFFICER OR AUTH	ORIZED AGENT	AREA	NU	MBER	YEAR	МО	DAY
COLUMNIA AND EVEN AND THE OF AND THE							I	CODE					

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) Name TVA - SEQUOYAH NUCLEAR PLANT
Address BOY 2000
// CINTEROFFICE SB-2A)
SODDY - DAISY TN 37384
Facility TVA - SEQUOYAH NUCLEAR PLANT
Location HAMILTON COUNTY
ATTN: Diedre B. Nida

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

TN0026450 107 G
PERMIT NUMBER DISCHARGE NUMBER

MAJOR (SUBR 01) Form Approved.
OMB No. 2040-0004

F - FINAL METAL CL

METAL CLEANING WASTE POND

EFFLUENT

*** NO DISCHARGE XX **

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING QUALITY					QUALITY OR CONCENTRATION NO. FREQUE EX OF			FREQUENCY OF	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGÉ	MAXIMUM	UNITS		ANALYSIS	
РН	SAMPLE MEASUREMENT	*****	*****	**		****		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	****	6.0 MINIMUM	******	9.0 MAXIMUM	su		DAILY	GRAB
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****	**	******	*****	CALL CALL	(19)			
00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	******	****	******	*******	1.0 DAILY MX	MG/L		DAILY	COMPOS
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	**	*****	*****		(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	***	*******	*******	30 DAILY MX	MG/L		DAILY	COMPOS
OIL AND GREASE	SAMPLE MEASUREMENT	*****	******	**	*****	*****		(19)			
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	****	3.20	*******	15 DAILY MX	MG/L		DAILY	GRAB
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	*****	*****	**	*****	*****		(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT:	******* ******************************	******** ********	****	*******	******	1.0 DAILY MX	MG/L		DAILY	COMPOS
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	*****	*****	**	******	*****		(19)			
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******* 11. 12. 20.00	*******	****	******	******	1.0 DAILY MX	MG/L		DAILY	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			(03)	*****	*****	*****	**			
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*******	*******	*******	***		DAILY	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Richard T. Purcell

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.

Environmental Supervisor
SIGNATURE OF PRINCIPAL EXECUTIVE

OFFICER OR AUTHORIZED AGENT

423 843-6700 02 06 13

AREA NUMBER YEAR MO DAY

TELEPHONE

 ${\tt COMMENTS\ AND\ EXPLANATION\ OF\ ANY\ VIOLATIONS} \quad \textit{(Reference\ all\ attachments\ here)}$

No phosphate bearing chemicals were employed. No Discharge this Period

DATE

PERMITTE	E NAME/ADDRESS (Include Facility Name/Location if Different)
Name	TVA - SEQUOYAH NUCLEAR PLANT
<u>Address</u>	BOX 2000
	(INTEROFFICE SB-2A)
	SODDY - DAISY IN 37384
	TVA - SEQUOYAH NUCLEAR PLANT
<u>Location</u> _	HAMILTON COUNTY

ATTN: Diedre B. Nida

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

TN0026450 110 G
PERMIT NUMBER DISCHARGE NUMBER

MAJOR (SUBR 01) Form Approved.
OMB No. 2040-0004

F - FINAL

RECYCLED COOLING WATER

EFFLUENT

*** NO DISCHARGE XX ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGÉ	MAXIMUM	UNITS]	ANALYSIS	
РН	SAMPLE MEASUREMENT	*****	*****	**		*****		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	******	****	6.0 MINIMUM	*******	9.0 MAXIMUM	su		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	**	*****	*****		(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**************************************	*****	***	******	*******	30 DAILY MX	MG/L		DAILY	COMPOS
OIL AND GREASE	SAMPLE MEASUREMENT	****	*****	**	*****	*****		(19)			
00556 1 -0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	******	***	*******	******	15 DAILY MX	MG/L		DAILY	COMPOS
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	****	*****	**	*****	*****		(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	****	******	*******	1.0 DAILY MX	MG/L		DAILY	COMPOS
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	*****	*****	**	*****	*****		(19)			
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	****	******	*******	1.0 DAILY MX	MG/L		DAILY	COMPOS
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****	**	*****	*****		(19)			
00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	******	****	******	***************************************	1.0 DAILY MX	MG/L		DAILY	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	-		(03)	*****	*****	******	**			
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REGUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	*******	*******	***		DAILY	CALCTD

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	Judy B-1/1 de	TE	LEPHONE	į	DATE	
	properly gather and evaluate the information submitted. Based on my inquiry of the person or	Diedy					
Site Vice President	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,	Environmental Supervisor	423	843-6700	02	06	13
Site vice President	and complete. I am aware that there are significant penalties for submitting false information, lincluding the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE					<u> </u>
TYPED OR PRINTED	- soldong we possion, or the art of the sold will be the sold of t	OFFICER OR AUTHORIZED AGENT	AREA	NUMBER	YEAR	МО	DA

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

No Discharge this Period

PERMITTEE NAME/ADDRESS (Include Fa	Different)			ARGE ELIMINATION NITORING REPOI	SYSTEM (NPDES) RT (DMR)	MAJOR (SUBR 01)		Form Approved. OMB No. 2040-0004					
Address BOX 2000 (INTEROFFICE SB-2A)			TNO	026450		116 G	F - FINAL						
SODDY - DAISY IN 37384			PERMI	NUMBER	DISCHA	RGE NUMBER	BACKWASH						
Facility TVA - SEQUOYAH NUCLEAR PL Location HAMILTON COUNTY	<u>ANT</u>				ITORING PERIO	D.	EFFLUENT	(
ATTAL Division D. Alliston			From 02	05 01		05 31	*** NO DISCHA	RGE	+++				
ATTN: Diedre B. Nida			. 70	00 01		00 101.	NOTE: Read ins	tructions before	e comple	ting this for	n.		
PARAMETER		QUAN	ITITY OR LOADING			QUALITY OR CO	ONCENTRATION		1	FREQUENCY	1		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGÉ	MAXIMUM	UNITS	EX	OF ANALYSIS	TYPE		
DEBRIS, FLOATING (SEVERITY)	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	0	(00)	0	1 / 31	VISUAL		
01345 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	******	***	*******	******	REPORT MO TOTAL	PASS=0 FAIL=1		SEE PERMIT	VISUAL		
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
	SAMPLE MEASUREMENT												
• .	PERMIT REQUIREMENT	63. 187					No.						
	SAMPLE MEASUREMENT												
:	PËRMIT REQUIREMENT						14. T. 12.						
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	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT										100		
	SAMPLE MEASUREMENT									Vi. 5 NY 800-1000 100			
	PERMIT REQUIREMENT	1400			448 17								
NAME/TITLE PRINCIPAL EXECUTIVE OFFI	CED Certify under per	nalty of law that this doc	ument and all attachments	s were prepare	d under my	A >	7 7	TELEPHO	ONE	1	DATE		
Richard T. Purcell	direction or super properly gather ar persons who man	vision in accordance with and evaluate the informati age the system, or those	h a system designed to as ion submitted. Based on n a persons directly respons	ssure that quali ny inquiry of the sible for gatheri	fied personnel e person or ng the	Sucdu Environmenta	Supervisor						
Site Vice President	and complete. I ar	n aware that there are s	to the best of my knowled ignificant penalties for sub onment for knowing violati	omitting false in		IGNATURE OF PRIN	CIPAL EXECUTIVE		3-6700 JMBER	02 YEAR	06 13 MO DAY		
TYPED OR PRINTED								CODE	u=11	/ "`			
COMMENTS AND EXPLANATION OF ANY Operations is required once per shift to			ts here)										

EPA Form 3320-1 (REV 3/99)

Previous editions may be used

Page 1 of 1

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) Name TVA - SEQUOYAH NUCLEAR PLANT			NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)					MAJOR			Form Approved. OMB No. 2040-0004			
Address BOX 2000		-						SUBR 01)						
(INTEROFFICE SB-2A)		•		026450				F - FINAL						
SODDY - DAISY IN 37384 OCILITY TVA - SEQUOYAH NUCLEAR PL			PERMI	T NUMBER	LDISC	CHARGE N	OIVIOGIA	BACKWASH						
ocation_HAMILTON COUNTY	MONITORING PERIOD				T 5.41/	EFFLUENT	-							
ATTN: Diedre B. Nida			From 02	MO DA		AR MO 2 05	31	*** NO DISCHA	₹GE [***				
		02 00 07 00					NOTE: Read instruct		before comp	leting this f				
PARAMETER		QUAN	ANTITY OR LOADING		QUALITY OR CO			CENTRATION		NO. EX	FREQUENC		MPLE YPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUN	1 /	AVERAGÉ	MAXIMUM	UNI		ANALYSI		., .	
DEBRIS, FLOATING (SEVERITY)	SAMPLE MEASUREMENT	*****	*****	**	*****	,	*****	0	(0)	0) 0	1 / 31	VIS	SUAL	
1345 1 0 0	PERMIT	*******	******	****	******		******	REPORT	PAS	15/02/25/36/2	SEE	VIS	SUAL	
FFLUENT GROSS VALUE	REQUIREMENT							MO TOTAL	FAII	L=1	PERM	T .		
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NAME/TITLE PRINCIPAL EXECUTIVE OFFI	turnent and all attachments were prepared under my that system designed to assure that qualified personnel tion submitted. Based on my inquiry of the person or e persons directly responsible for gathering the to the best of my knowledge and belief, true, accurate,			, du L	flede	TEL	EPHONE	E DATE		₁				
persons who manage the system, or the information, the information submitted is						·	423	843-670	0 02	06	13			
			significant penalties for submitting false information, isonment for knowing violations.			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			AREA	NUMBER	YEAR	MO	DAY	
IYPED OR PRINTED COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachme				<u>l</u>				CODE		1				
perations is required once per shift to			is nere)											

EPA Form 3320-1 (REV 3/99)

Previous editions may be used

Page 1 of 1

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) Name TVA - SEQUOYAH NUCLEAR PLANT			NATIONAL POLLU DISC	TANT DISCHA	MAJOR (SUBR 01)			Form Approved. OMB No. 2040-0004				
Acidress BOX 2000 (INTEROFFICE SB-2A)			TNO	026450	F-FINAL							
SODDY - DAISY IN 37384			PERMI	T NUMBER	DISCHAR	GE NUMBER	WASTEWATER & STORM WATER					
<u> acility TVA - SEQUOYAH NUCLEAR PL</u>				MON			EFFLUENT					
ocation_HAMILTON COUNTY			YEAR	MO DAY	ITORING PERIOD	MQ DAY						
ATTN: Diedre B. Nida	÷		From 02	05 01		05 31	*** NO DISCHAR		comple	eting this form	1	
PARAMETER		QUANTITY OR LOADING				QUALITY OR CO	ONCENTRATION	NO.	FREQUENCY	SAMPLE TYPE		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	-	ANALYSIS	1112	
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****	**		******	*****	(19)				
0300 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	******	***	2.0 DAILY MN	******	******	MG/L		TWICE/ WEEK	GRAB	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	**	******	*****		(19)				
0530 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	******	***	******	******	100 DAILY MX	MG/L		TWICE/ WEEK	* GRAB	
SOLIDS, SETTLEABLE	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	ESCHOLORINIA	(25)				
0545 1 '0 0 EFFLUENȚ GROSS VALUE	PERMIT REQUIREMENT	*******	*******	***	******	*******	1.0 DAILY MX	ML/L		ONGE/ MONTH	GRAB	
LOW, IN CONDUIT OR THRU REATMENT PLANT	SAMPLE MEASUREMENT			(03)	*****	******	*****	**				
0050 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	*******	*******	•		ONCE/ BATCH	ESTIMA	
	SAMPLE MEASUREMENT										•	
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICE	CER Certify under pe		ument and all attachments h a system designed to as			lidus	& That	TELEPHO	ONE	D	ATE	
Richard T. Purcell	properly gather a	ind evaluate the informati	on submitted. Based on n	ny inquiry of the	person or		~ / VCC 3					

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

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

TYPED OR PRINTED

02

YEAR

06

MO

13

DAY

Environmental Supervisor

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

423

AREA

CODE

843-6700

NUMBER