



Tennessee Valley Authority, Post Office Box 2000, Soddy-Daisy, Tennessee 37384-2000

March 11, 2003

State of Tennessee  
Department of Environment and Conservation  
Division of Water Pollution Control  
Enforcement & Compliance Section  
6<sup>th</sup> Floor, L & C Annex  
401 Church Street  
Nashville, Tennessee 37243-1534

Attention: Mr. Chip Hannah

Dear Mr. Hannah:

**TENNESSEE VALLEY AUTHORITY - DISCHARGE MONITORING REPORT FOR  
SEQUOYAH NUCLEAR PLANT**

Please find enclosed the Discharge Monitoring Report (DMR) of February 2003 for Sequoyah. Please contact me at (423) 843-6700 if you have any questions or comments.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Beavers".

Michael G. Beavers  
Acting Environmental Supervisor  
Signatory Authority for  
Richard T. Purcell  
Site 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

IE25

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

Name TVA - SEQUOYAH NUCLEAR PLANTAddress P O BOX 2000(INTEROFFICE SB-2A)SODDY - DAISY TN 37384Facility TVA - SEQUOYAH NUCLEAR PLANTLocation HAMILTON COUNTYNATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)MAJOR  
(SUBR 01)Form Approved  
OMB No 2040-0004

TN0026450

101 G

PERMIT NUMBER

DISCHARGE NUMBER

## MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
03	02	01	03	02	28

EFFLUENT

\*\*\* 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	*****	*****	**	*****	*****	9 2	04	0	28 / 28	MODEL D
00010 Z 0 0 INSTREAM MONITORING	PERMIT REQUIREMENT	*****	*****	****	*****	*****	30.5 DAILY MX	DEG. C.		SEE PERMIT	CK REQ
TEMPERATURE, WATER DEG. CENTIGRADE	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	25.0	04	0	28 / 28	RCORDR
00010 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	DEG. C.		SEE PERMIT	CK REQ
PH	SAMPLE MEASUREMENT	*****	*****	**	7.5	*****	8.0	12	0	8 / 28	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	**	*****	10	20	19	0	4 / 28	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	4 / 28	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15 MO AVG	20 DAILY MX	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	1614	03	*****	*****	*****	**	0	28 / 28	RCORDR
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY MX	MGD	*****	*****	*****	****		CONTINUOUS	RCORDR
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****	**	*****	<0.006	<0.014	19	0	31 / 28	GRAB
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.036	0.058 INST. MAX	MG/L		WEEK-DAYS	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 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		
Richard T. Purcell		423	843-6700	03	03	13
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: 1. PCL-222 (max calc conc. was 0 029mg/L--limit 0 100mg/L) 2. CL-363 (max calc conc was 0 010mg/L--limit 0.100mg/L) 3. PCL-222/PCL-401 (max. calc. conc was 0 039mg/L--limit 0 100mg/L)

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

Name TVA - SEQUOYAH NUCLEAR PLANTAddress P O BOX 2000(INTEROFFICE SB-2A)SODDY - DAISY TN 37384Facility TVA - SEQUOYAH NUCLEAR PLANTLocation HAMILTON COUNTYNATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)MAJOR  
(SUBR 01)Form Approved  
OMB No 2040-0004

TN0026450

101 G

PERMIT NUMBER

DISCHARGE NUMBER

## MONITORING PERIOD

From 

YEAR	MO	DAY
03	02	01

 To 

YEAR	MO	DAY
03	02	28

F - FINAL

DIFFUSER DISCHARGE

EFFLUENT

\*\*\* 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 - C, RATE OF CHANGE	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	0.1	62	0	28 / 28	CALCTD
82234 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	2.0	DEG C /HR		CONTINUOUS	CALCTD
EFFLUENT GROSS VALUE											
TEMP. DIFF. BETWEEN SAMP. & UPSTRM DEG.C	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	2.9	04	0	28 / 28	CALCTD
00016 1 W 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	5.0	DEG. C.		CONTINUOUS	CALCTD
EFFLUENT GROSS VALUE											
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
BORON, TOTAL	SAMPLE MEASUREMENT	*****	*****	**	<0.2	<0.2	<0.2	19	0	1 / 28	GRAB
01022 1 0 0	PERMIT REQUIREMENT	*****	*****	***	REPORT	REPORT	REPORT	MG/L		ONCE / MONTH	GRAB
EFFLUENT GROSS VALUE											
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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Richard T. Purcell		423	843-6700	03	03	13		
Site Vice President								
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)

CCW data for February 2003 is attached.

CCW Data for February 2003

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CCW CHANNEL

DATE	EXTRACTABLE PETROLEUM HYDROCARBONS (mg/L)	COMMENTS
February 10, 2003	< 0.5	

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CCW TRENCH DISCHARGE

DATE	EXTRACTABLE PETROLEUM HYDROCARBONS (mg/L)	COMMENTS
February 10, 2003	< 0.5	

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

Name **TVA - SEQUOYAH NUCLEAR PLANT**

Address **P O BOX 2000**

**(INTEROFFICE SB-2A)**

**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)

Form Approved  
OMB No 2040-0004

**TN0026450**

**101 T**

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

From 

YEAR	MO	DAY
03	02	01

 To 

YEAR	MO	DAY
03	02	28

F - FINAL

BIOMONITORING FOR OUTFALL 101

EFFLUENT

\*\*\* NO DISCHARGE ☐ \*\*\*

NOTE. Read instructions before completing this form

ATTN: Michael G. Beavers

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	SAMPLE MEASUREMENT	*****	*****	**	Monitoring Not Required	*****	*****	23			
TRP3B 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	43.9 MINIMUM	*****	*****	PERCENT		QUARTERLY	COMPOS
IC25 STATRE 7DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	*****	*****	**	Monitoring Not Required	*****	*****	23			
TRP6C 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	43.9 MINIMUM	*****	*****	PERCENT		QUARTERLY	COMPOS
	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 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		
Richard T. Purcell Site Vice President		423	843-6700	03	03	13
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY

*M. Beavers*  
Environmental Supervisor

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

Toxicity was not sampled in February 2002.

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

 Name **TVA - SEQUOYAH NUCLEAR PLANT**

 Address **P O BOX 2000**

(INTEROFFICE SB-2A)

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

LOW VOL WASTE TREATMENT POND

EFFLUENT

Form Approved

OMB No 2040-0004

TN0026450

103 G

PERMIT NUMBER

DISCHARGE NUMBER

## MONITORING PERIOD

 From
 

YEAR	MO	DAY
03	02	01

 To
 

YEAR	MO	DAY
03	02	28

 \*\*\* 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	SAMPLE MEASUREMENT	*****	*****	**	7.2	*****	8 5	12	0	12 / 28	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		THREE/ WEEK	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	95	177	26	*****	14	18	19	0	4 / 28	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	380 MO AVG	1250 DAILY MX	LBS/DY	*****	30 MO AVG	100 DAILY MX	MG/L		WEEKLY	GRAB
OIL AND GREASE	SAMPLE MEASUREMENT	<37	<53	26	*****	<5	<5	19	0	4 / 28	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	190 MO AVG	250 DAILY MX	LBS/DY	*****	15 MO AVG	20 DAILY MX	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	1.065	1.492	03	*****	*****	*****	**	0	28 / 28	TOTAL
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	**		DAILY	TOTAL
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

TELEPHONE

423 843-6700

 AREA  
 CODE

NUMBER

DATE

03 03 13

YEAR MO DAY

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

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

Name TVA - SEQUOYAH NUCLEAR PLANTAddress P.O. BOX 2000(INTEROFFICE SB-2A)SODDY - DAISY TN 37384Facility TVA - SEQUOYAH NUCLEAR PLANTLocation HAMILTON COUNTYNATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)MAJOR  
(SUBR 01)Form Approved  
OMB No 2040-0004

TN0026450

107 G

PERMIT NUMBER

DISCHARGE NUMBER

## MONITORING PERIOD

YEAR MO DAY

YEAR MO DAY

From

03 02 01

To

03 02 28

F - FINAL

METAL CLEANING WASTE POND

EFFLUENT

\*\*\* 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	SAMPLE MEASUREMENT	*****	*****	**	8.2	*****	8.8	12	0	11 / 28	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		DAILY	GRAB
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****	**	*****	*****		19			
00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	1.0 DAILY MX	MG/L		DAILY	COMPOS
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	19	19	0	7 / 28	COMPOS
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	30 DAILY MX	MG/L		DAILY	COMPOS
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	<5	19	0	8 / 28	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15 DAILY MX	MG/L		DAILY	GRAB
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	0.007	19	0	7 / 28	COMPOS
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	1.0 DAILY MX	MG/L		DAILY	COMPOS
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	0.3	19	0	7 / 28	COMPOS
01045 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	0.057	0.082	03	*****	*****	*****	**	0	9 / 28	CALCTD
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

TELEPHONE

423 843-6700

AREA  
CODE

NUMBER

DATE

03 03 13

YEAR MO DAY

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

No phosphate bearing chemicals were employed.

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

Name TVA - SEQUOYAH NUCLEAR PLANT  
 Address P O BOX 2000  
(INTEROFFICE SB-2A)  
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)

Form Approved  
 OMB No 2040-0004

TN0026450	110 G
PERMIT NUMBER	DISCHARGE NUMBER

F - FINAL  
 RECYCLED COOLING WATER  
 EFFLUENT


MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
03	02	01	03	02	28

\*\*\* NO DISCHARGE ☒ \*\*\*

NOTE: Read instructions before completing this form

ATTN: Michael G. Beavers

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	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 REQUIREMENT	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 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	TELEPHONE		DATE			
Richard T. Purcell			423	843-6700	03	03	13	
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 Discharge this Period



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

Name TVA - SEQUOYAH NUCLEAR PLANT  
 Address P O BOX 2000  
(INTEROFFICE SB-2A)  
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

BACKWASH

EFFLUENT

Form Approved

OMB No 2040-0004

TN0026450 116 G  
 PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD  
 From YEAR MO DAY To YEAR MO DAY  
 03 02 01 03 02 28

\*\*\* NO DISCHARGE ☐ \*\*\*

NOTE: Read Instructions before completing this form

ATTN: Michael G. Beavers

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DEBRIS, FLOATING (SEVERITY)	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	0	9A	0	1 / 28	VISUAL
01345 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT MO TOTAL	PASS=0 FAIL=1		SEE PERMIT	VISUAL
OIL AND GREASE VISUAL	SAMPLE MEASUREMENT	*****	0	94	*****	*****	*****	**	0	1 / 28	VISUAL
84066 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT MO TOTAL	YES=1 NO=0	*****	*****	*****	***		SEE PERMIT	VISUAL
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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Richard T. Purcell		423	843-6700	03	03	13
Site Vice President						
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 Operations performs visual inspections for floating debris and oil and grease during all backwashes.

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

Name TVA - SEQUOYAH NUCLEAR PLANT  
 Address P O BOX 2000  
(INTEROFFICE SB-2A)  
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  
 BACKWASH  
 EFFLUENT

Form Approved  
 OMB No 2040-0004

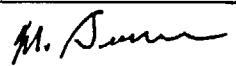
TN0026450 117 G  
 PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD  
 From YEAR MO DAY To YEAR MO DAY  
 03 02 01 03 02 28

\*\*\* 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			
DEBRIS, FLOATING (SEVERITY)	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	0	9A	0	1 / 28	VISUAL
01345 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT MO TOTAL	PASS=0 FAIL=1		SEE PERMIT	VISUAL
OIL AND GREASE VISUAL	SAMPLE MEASUREMENT	*****	0	94	*****	*****	*****	**	0	1 / 28	VISUAL
84066 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT MO TOTAL	YES=1 NO=0	*****	*****	*****	****		SEE PERMIT	VISUAL
	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 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	TELEPHONE		DATE		
Richard T. Purcell			423	843-6700	03	03	13
Site Vice President			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 Operations performs visual inspections for floating debris and oil and grease during all backwashes.

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

Name TVA - SEQUOYAH NUCLEAR PLANT  
 Address P O BOX 2000  
(INTEROFFICE SB-2A)  
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)

Form Approved  
 OMB No. 2040-0004

TN0026450 118 G  
 PERMIT NUMBER DISCHARGE NUMBER


F - FINAL  
 WASTEWATER & STORM WATER  
 EFFLUENT

MONITORING PERIOD  
 From YEAR MO DAY To YEAR MO DAY  
 03 02 01 To 03 02 28

\*\*\* 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			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****	**		*****	*****	19			
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	2.0 DAILY MN	*****	*****	MG/L		TWICE/ WEEK	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	**	*****	*****		19			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	100 DAILY MX	MG/L		TWICE/ WEEK	GRAB
SOLIDS, SETTLEABLE	SAMPLE MEASUREMENT	*****	*****	**	*****	*****		25			
00545 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	1.0 DAILY MX	ML/L		ONCE/ MONTH	GRAB
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	*****	*****	*****	*		ONCE/ BATCH	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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Richard T. Purcell Site Vice President			423	843-6700	03	03	13
TYPED OR PRINTED			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.