



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

May 12, 2004

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:

SEQUOYAH NUCLEAR PLANT - DISCHARGE MONITORING REPORT FOR  
APRIL 2004

Enclosed is the April 2004 Discharge Monitoring Report for Sequoyah Nuclear Plant.  
Please contact me at (423) 843-6700 if you have any questions or comments.

Sincerely,

Stephanie A. Howard  
Principal Environmental Engineer  
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

IR25

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  
 DIFFUSER DISCHARGE  
 EFFLUENT

Form Approved.  
 OMB No. 2040-0004

TN0026450 101 G  
 PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD  
 From YEAR MO DAY To YEAR MO DAY  
 04 04 01 04 04 30

ATTN: Stephanie A. Howard

\*\*\* NO DISCHARGE  \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER DEG. CENTIGRADE 00010 Z 0 0 INSTREAM MONITORING		*****	*****	**	*****	*****	22.1	04	0	30 / 30	MODEL D
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	30.5 DAILY MX	DEG. C.		SEE PERMIT	CK REQ.
TEMPERATURE, WATER DEG. CENTIGRADE 00010 1 0 0 EFFLUENT GROSS VALUE		*****	*****	**	*****	*****	34.4	04	0	30 / 30	RCOR DR
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT DAILY MX	DEG. C.		SEE PERMIT	CK REQ.
PH 00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	**	7.2	*****	7.6	12	0	8 / 30	GRAB
	PERMIT REQUIREMENT	*****	*****	***	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	**	*****	6	7	19	0	4 / 30	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	30 MO AVG	100 DAILY MX	MG/L		WEEKLY	GRAB
OIL AND GREASE 00556 1 0 0 EFFLUENT GROSS VALUE		*****	*****	**	*****	<5	<5	19	0	4 / 30	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	15 MO AVG	20 DAILY MX	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE		*****	1562	03	*****	*****	*****	**	0	30 / 30	RCOR DR
	PERMIT REQUIREMENT	*****	REPORT DAILY MX	MGD	*****	*****	*****	***		CONTIN UOUS	RCOR DR
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE		*****	*****	**	*****	<0.015	0.024	19	0	31 / 30	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	0.036	0.058 INST MAX	MG/L		WEEK DAYS	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.	TELEPHONE		DATE		
		423	843-6700	04	05	11
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Stephanie A. Howard</i>		AREA CODE	NUMBER	YEAR	MO	DAY

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 0.028mg/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 0.021mg/L—limit 0.100mg/L) 4. H-130M (max. calc. conc. was 0.026mg/L—limit 0.050mg/L) 5. H-130M (low detection level analytical method was 0.023mg/L—limit 0.050mg/L)

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(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)

TN0026450 101 G  
 PERMIT NUMBER DISCHARGE NUMBER

MAJOR (SUBR 01)  
 F - FINAL  
 DIFFUSER DISCHARGE  
 EFFLUENT

Form Approved.  
 OMB No. 2040-0004

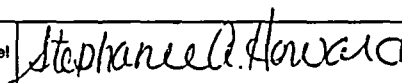
MONITORING PERIOD  
 YEAR MO DAY YEAR MO DAY  
 From 04 04 01 To 04 04 30

ATTN: Stephanie A. Howard

\*\*\* NO DISCHARGE  \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER	X	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	*****	*****	**	*****	*****	0.8	62	0	30 / 30	CALCTD
82234 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	2.0	DEG C /HR		CONTINUOUS	CALCTD
TEMP. DIFF. BETWEEN SAMP. & UPSTRM DEG.C	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	2.5	04	0	30 / 30	CALCTD
00016 1 S 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	3.0	DEG. C.		CONTINUOUS	CALCTD
BORON, TOTAL	SAMPLE MEASUREMENT	*****	*****	**	<0.2	<0.2	<0.2	19	0	1 / 30	GRAB
01022 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	REPORT	REPORT	REPORT	MG/L		ONCE / MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	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.	 Stephanie A. Howard Principal Environmental Engineer SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			423	843-6700	04	05	11
			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 CCW data for April 2004 is attached. Quarterly veliger monitoring information is attached.

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**CCW TRENCH**

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<b>Date/Time Collected</b>	<b>Extractable Petroleum Hydrocarbons</b>	<b>Analysis Date/Time</b>	<b>Analyst</b>	<b>Method</b>
4/12/2004 0905	< 0.5 mg/L	4/14/2004 0715	RIG	EPA 8015B

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**CCW CHANNEL**

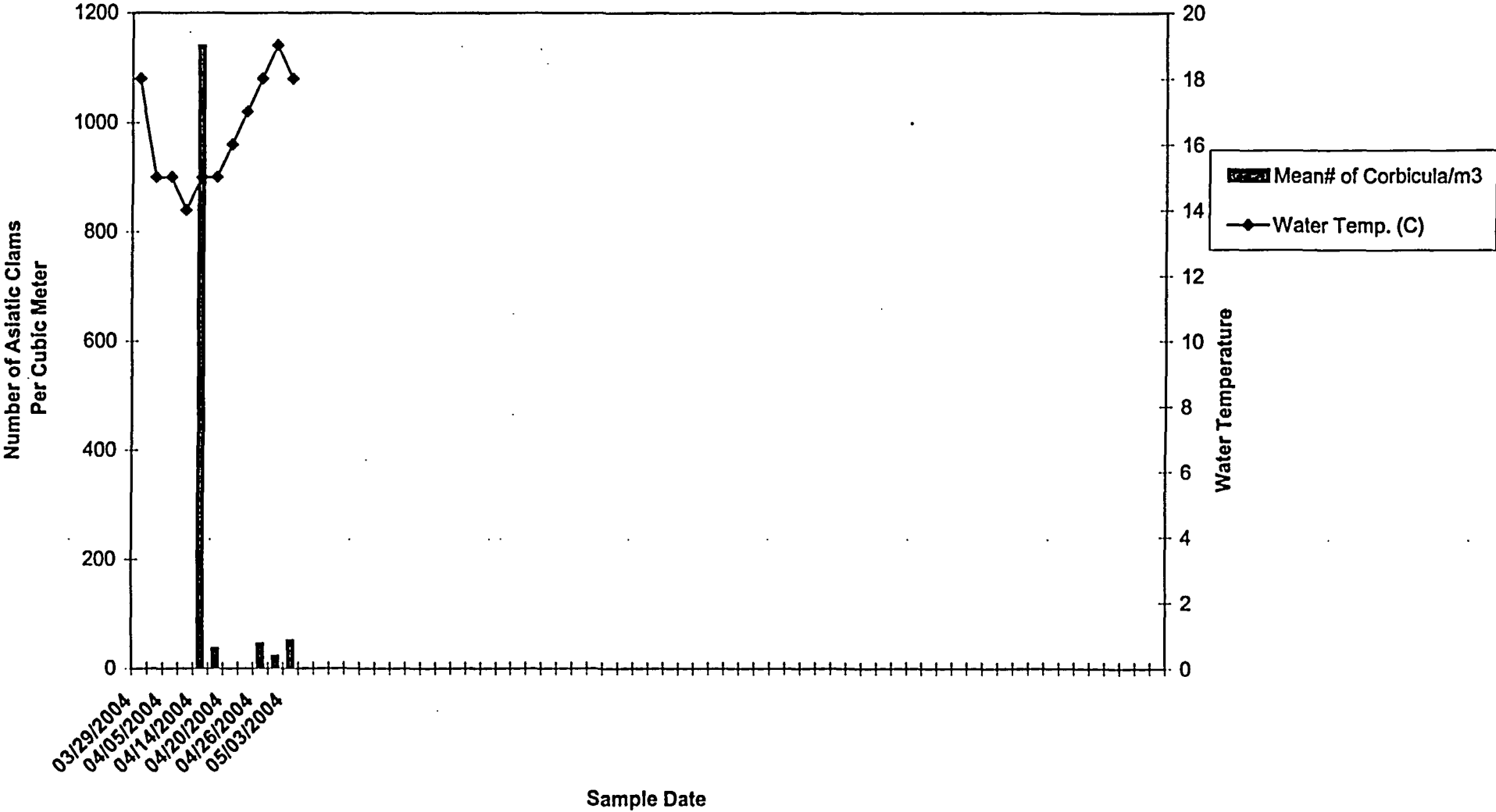
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<b>Date/Time Collected</b>	<b>Extractable Petroleum Hydrocarbons</b>	<b>Analysis Date/Time</b>	<b>Analyst</b>	<b>Method</b>
4/12/2004 0900	< 0.5 mg/L	4/14/2004 0752	RIG	EPA 8015B

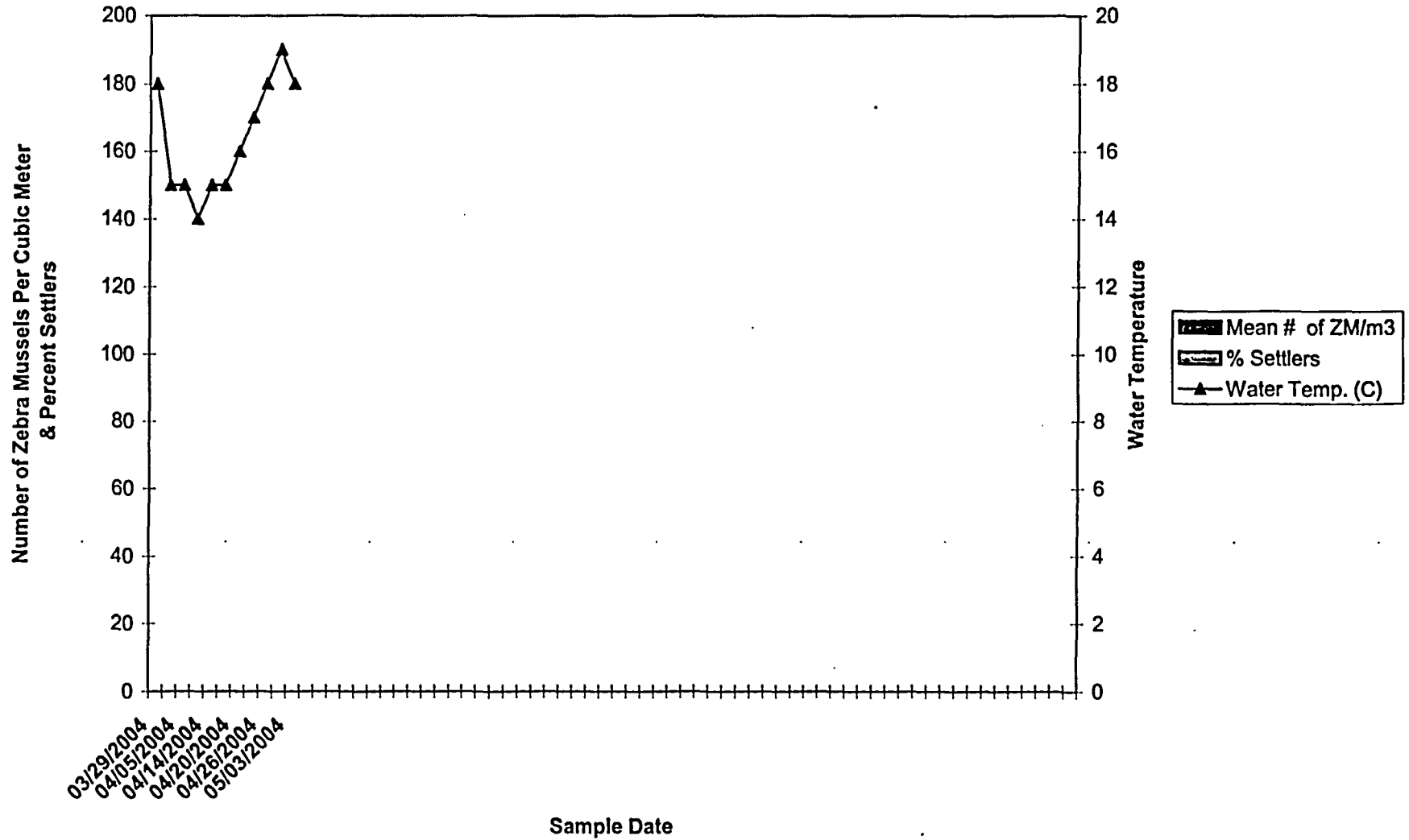
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SQN Forbay Clam Graph

Sequoyah Nuclear Plant Forebay  
Clam Densities



### Sequoyah Nuclear Forbay Zebra Mussel Densities



Sequoyah Forebay

Sample Date	Mean # of ZM/m <sup>3</sup>	% Settlers	Water Temp. (C)	Sample Date	Mean# of Corbicula/ m <sup>3</sup>	Water Temp. (C)	NOTES: % Gravid Asiatic	LOCATION	SUB LOCATION	SAMPLE TYPE	COLLECTED BY
03/29/2004	0	0	18	03/29/2004	0	18		Intake	Intake Forebay	QUANT	W. Allen / R. Hankins
04/01/2004	0	0	15	04/01/2004	0	15		Intake	Intake Forebay	QUANT	W. Allen / R. Hankins
04/05/2004	0	0	15	04/05/2004	0	15		Intake	Intake Forebay	QUANT	W. Allen / R. Hankins
04/08/2004	0	0	14	04/08/2004	0	14		Intake	Intake Forebay	QUANT	W. Allen / R. Hankins
04/14/2004	0	0	15	04/14/2004	1140	15		Intake	Intake Forebay	QUANT	W. Allen / R. Hankins
04/16/2004	0	0	15	04/16/2004	36	15		Intake	Intake Forebay	QUANT	W. Allen / R. Hankins
04/20/2004	0	0	16	04/20/2004	0	16		Intake	Intake Forebay	QUANT	W. Allen / R. Hankins
04/23/2004	0	0	17	04/23/2004	0	17		Intake	Intake Forebay	QUANT	W. Allen / R. Hankins
04/26/2004	0	0	18	04/26/2004	45	18		Intake	Intake Forebay	QUANT	W. Allen / R. Hankins
04/28/2004	0	0	19	04/28/2004	22	19		Intake	Intake Forebay	QUANT	W. Allen / R. Hankins
05/03/2004	0	0	18	05/03/2004	51	18		Intake	Intake Forebay	QUANT	W. Allen / R. Hankins

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 Location HAMILTON COUNTY

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 04 MO 04 DAY 01 To YEAR 04 MO 04 DAY 30

\*\*\* NO DISCHARGE  \*\*\*

NOTE: Read instructions before completing this form.

ATTN: Stephanie A. Howard

PARAMETER	X	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		QTRLY	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		QTRLY	COMPOS
	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  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.	<i>Stephanie A. Howard</i> Principal Environmental Engineer	TELEPHONE		DATE		
			423	843-6700	04	05	11
		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 April 2004.



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

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

F - FINAL  
 LOW VOL. WASTE TREATMENT POND  
 EFFLUENT

MONITORING PERIOD  
 From 

YEAR	MO	DAY
04	04	01

 To 

YEAR	MO	DAY
04	04	30

\*\*\* NO DISCHARGE  \*\*\*

NOTE: Read instructions before completing this form.

ATTN: Stephanie A. Howard

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****	**	7.3	*****	9.0	12	0	12 / 30	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	143	219	26	*****	14	16	19	0	4 / 30	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	<54	<91	26	*****	<5	<5	19	0	4 / 30	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	0.953	2.184	03	*****	*****	*****	**	0	30 / 30	TOTALZ
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	**		DAILY	TOTALZ
	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.	TELEPHONE		DATE		
		Stephanie A. Howard Principal Environmental Engineer		423	843-6700	04
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY

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

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Name TVA - SEQUOYAH NUCLEAR PLANT  
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(INTEROFFICE SB-2A)  
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 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 107 G  
 PERMIT NUMBER DISCHARGE NUMBER

F - FINAL  
METAL CLEANING WASTE POND  
EFFLUENT

MONITORING PERIOD  
 From YEAR MO DAY To YEAR MO DAY  
 04 04 01 To 04 04 30

\*\*\* NO DISCHARGE  \*\*\*

ATTN: Stephanie A. Howard

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****	**	9.0	*****	9.0	12	0	2 / 30	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	MGL		DAILY	COMPOS
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	6	19	0	2 / 30	COMPOS
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	30 DAILY MX	MGL		DAILY	COMPOS
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	<5	19	0	2 / 30	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15 DAILY MX	MGL		DAILY	GRAB
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	0.007	19	0	2 / 30	COMPOS
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	1.0 DAILY MX	MGL		DAILY	COMPOS
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	0.54	19	0	2 / 30	COMPOS
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	1.0 DAILY MX	MGL		DAILY	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.029	0.032	03	*****	*****	*****	**	0	2 / 30	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.	TELEPHONE		DATE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Stephanie A. Howard</i>	AREA CODE 423	NUMBER 843-6700	YEAR 04	MO 05

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 Metal Ponds were discharged on April 20 and 21. No phosphorous bearing cleaning solutions were used.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
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 Facility TVA - SEQUOYAH NUCLEAR PLANT  
 Location HAMILTON COUNTY

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  
 From YEAR 04 MO 04 DAY 01 To YEAR 04 MO 04 DAY 30

\*\*\* NO DISCHARGE  \*\*\*

NOTE: Read instructions before completing this form.

ATTN: Stephanie A. Howard

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****	**		*****			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.	TELEPHONE		DATE				
Richard T. Purcell		Stephanie A. Howard	423	843-6700	04	05	11	
Site Vice President			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO
TYPED OR PRINTED								

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)

**TN0026450** **116 G**  
 PERMIT NUMBER DISCHARGE NUMBER

MAJOR (SUBR 01)  
 F - FINAL  
 BACKWASH  
 EFFLUENT

Form Approved.  
 OMB No. 2040-0004

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
04	04	01	04	04	30

ATTN: Stephanie A. Howard

\*\*\* NO DISCHARGE  \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER	X	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	1/30	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	1/30	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										

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.	TELEPHONE		DATE		
		423	843-6700	04	05	11
	Signature of Stephanie A. Howard Principal Environmental Engineer	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  
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 F - FINAL  
 BACKWASH  
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Form Approved.  
 OMB No. 2040-0004

TN0026450 117 G  
 PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD  
 From YEAR 04 MO 04 DAY 01 To YEAR 04 MO 04 DAY 30

\*\*\* NO DISCHARGE  \*\*\*

NOTE: Read instructions before completing this form.

ATTN: Stephanie A. Howard

PARAMETER	X	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 / 30	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 / 30	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										
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	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	04	05	11	
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)  
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