



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

July 12, 2006

State of Tennessee
Department of Environment and Conservation
Division of Water Pollution Control
Enforcement & Compliance Section
6th 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 JUNE 2006

Enclosed is the June 2006 Discharge Monitoring Report for Sequoyah Nuclear Plant. Please contact me at (423) 843-6700 if you have any questions or comments.

Sincerely,

A handwritten signature in black ink that reads "Stephanie A. Howard".

Stephanie A. Howard
Principal Environmental Engineer
Signatory Authority for
J. Randy Douet
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

Handwritten initials "IE25" in black ink, with a horizontal line above the letters.

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 G
PERMIT NUMBER	DISCHARGE NUMBER

 F - FINAL
 DIFFUSER DISCHARGE
 EFFLUENT

ATTN: Stephanie A. Howard

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
From 06	06	01	To 06	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	*****	*****	**	*****	*****	29.4	04	0	30 / 30	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	*****	*****	**	*****	*****	41.6	04	0	30 / 30	RCORDR
00010 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	DEG. C.		SEE PERMIT	CK REQ
TEMP. DIFF. BETWEEN SAMP. & UPSTRM DEG.C	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	2.8	04	0	30 / 30	CALCTD
00016 1 S 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	3.0 DAILY MX	DEG. C.		CONTINUOUS	CALCTD
PH	SAMPLE MEASUREMENT	*****	*****	**	7.0	*****	7.6	12	0	4 / 30	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	**	*****	22	22	19	0	1 / 30	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MO AVG	100 DAILY MX	MG/L		MONTHLY	GRAB
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	**	*****	<5	<5	19	0	1 / 30	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15 MO AVG	20 DAILY MX	MG/L		MONTHLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	1572	03	*****	*****	*****	**	0	30 / 30	RCORDR
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY MX	MGD	*****	*****	*****	****		CONTINUOUS	RCORDR

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		
		AREA CODE	NUMBER	YEAR	MO	DAY
J. Randy Douet Site Vice President TYPED OR PRINTED		423	843-6700	06	07	12
	Stephanie A. Howard Principal Environmental Engineer SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

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

No closed mode operation. The following information is included in an attachment: 1. thermal compliance information 2. CCW data 3. veliger monitoring data. The following injections occurred: 1. PCL-222 Copolymer (max. calc. conc. was 0.014mg/L--limit 0.2mg/L) 2. PCL-222 Phosphate (max. calc. conc. was 0.041mg/L--limit 0.2mg/L)

June 2006 DMR Attachment

June 2006 Thermal Compliance Information

June 1-30: The downstream temperature and temperature rate-of-change are based on measurements from Station 8, the "backup temperature monitor" located at the end of the mixing zone (TRM 483.4). The temperature rise is based on the increase in temperature from measurements at Station 14, located upstream of the plant (TRM 490.5), and measurements at Station 8 (TRM 483.4). Consistent with the permit, measurements reported for the downstream temperature and the temperature rise represent daily maximum 24-hour rolling averages; and, measurements reported of the temperature rate-of-change represent 1-hour averages. Measurements were used rather than the numerical modeling system because of relatively low river flows. TVA has learned as a result of the continuing studies performed under Part III.G. of the permit that under low flow conditions, adjustments may be needed in the formulation of numerical model to improve its accuracy. Until river flows increase or appropriate model adjustments can be made, the modeling system is considered "out of service".

June 2006 CCW Data

CCW TRENCH				
Date/Time Collected	Extractable Petroleum Hydrocarbons	Analysis Date/Time	Analyst	Method
06/13/2006 @ 1330	0.7 mg/L	06/20/2006 @ 0146	KAL	EPA 8015B
CCW CHANNEL				
Date/Time Collected	Extractable Petroleum Hydrocarbons	Analysis Date/Time	Analyst	Method
06/13/2006 @ 1335	<0.5 mg/L	06/20/2006 @ 0224	KAL	EPA 8015B

June 2006 Veliger Monitoring Information

Sample Date	Mean # of ZM/m³	% Settlers	Water Temp. (°C)	Sample Date	Mean# of Asiatic Clams/m³	Water Temp. (°C)	LOCATION	SUB LOCATION	NOTES: % Gravid Asiatic Clam	COLLECTED BY
06/02/2006	0	0	23	06/02/2006	986	23	Inplant			Dickie Adcock
06/06/2006	65	50	24	06/06/2006	889	24	Inplant			Dickie Adcock
06/08/2006	0	0	23	06/08/2006	97	23	Inplant			Dickie Adcock
06/14/2006	0	0	25	06/14/2006	48	25	Inplant			Dickie Adcock
06/16/2006	48	33	25	06/16/2006	129	25	Inplant			Dickie Adcock
06/20/2006	32	0	26	06/20/2006	162	26	Inplant			Dickie Adcock
06/23/2006	97	33	27	06/23/2006	113	27	Inplant			Dickie Adcock
06/27/2006	0	0	27	06/27/2006	97	27	Inplant			Dickie Adcock
06/29/2006	291	55	26	06/29/2006	113	26	Inplant			Dickie Adcock

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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

101 G

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

 From

YEAR	MO	DAY
06	06	01

 To

YEAR	MO	DAY
06	06	30

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			
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****	**	*****	0.020	0.030	19	0	26 / 30	GRAB
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	0.10 MO AVG	0.10 INST MAX	MG/L		WEEK-DAYS	CALCTD
TEMPERATURE - C, RATE OF CHANGE	SAMPLE MEASUREMENT	*****	1.9	62	*****	*****		**	0	30 / 30	CALCTD
82234 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	2.0 DAILY MX	DEG C/HR	*****	*****	*****	***		CONTINUOUS	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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J. Randy Douet Site Vice President		423	843-6700	06	07	12
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY

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

The following injections occurred: 3. Biodetergent 73551 (max. calc. conc. was 0.012mg/L--limit 2.0mg/L) 4. PCL-401 (max. calc. conc. was 0.008mg/L--limit 0.2mg/L) 5. H-150M (max. calc. conc. was 0.036mg/L--limit 0.050mg/L) 6. H-150M (low detection level analytical method was <0.020mg/L--limit 0.050mg/L)

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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

101 Q

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

 From

YEAR	MO	DAY
06	04	01

 To

YEAR	MO	DAY
06	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			
BORON, TOTAL	SAMPLE MEASUREMENT	*****	*****	**		<0.20		19	0	1/91	
01022 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	*****	MG/L		QTRLY	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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J. Randy Douet		423 843-6700		06	07	12		
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)

Boron was sampled on 04/05/2006 @ 0805.

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

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 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
06	06	01

 To

YEAR	MO	DAY
06	06	30

F - FINAL

BIOMONITORING FOR OUTFALL 101

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			
IC25 STATRE 7DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	*****	*****	**	Monitoring Not Required	*****	*****	23			
TRP3B 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	45.2 MINIMUM	*****	*****	PERCENT		SEE PERMIT	COMPOS
IC25 STATRE 7DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	*****	*****	**	Monitoring Not Required	*****	*****	23			
TRP6C 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	45.2 MINIMUM	*****	*****	PERCENT		SEE PERMIT	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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J. Randy Douet Site Vice President		423 843-6700		06	07	12
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY

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

Toxicity was not sampled in June 2006.

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

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SODDY - DAISY TN 37384
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 Location **HAMILTON COUNTY**

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

MAJOR
 (SUBR 01)

Form Approved.
 OMB No. 2040-0004

TN0026450 **101 Y**
 PERMIT NUMBER DISCHARGE NUMBER

F - FINAL
 ANNUAL MONITORING (PCBS)
 EFFLUENT

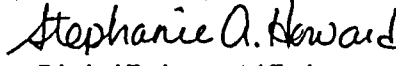
ATTN: Stephanie A. Howard

MONITORING PERIOD
 From **05 07 01** To **06 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			
POLYCHLORINATED BIPHENYLS 39521 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	<0.0	19	0	1 / 365	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.0	MG/L		ANNUAL	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER J. Randy Douet 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	06	07	12
			AREA CODE	NUMBER	YEAR	MO	DAY

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

PCBs were sampled on 06/23/2006 @ 0845.

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 37384Facility **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

YEAR MO DAY

YEAR MO DAY

From

06 06 01

To

06 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			
PH	SAMPLE MEASUREMENT	*****	*****	**	6.9	*****	9.0	12	0	13 / 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	123	170	26	*****	14	19	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	<44	<49	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	1.170	1.361	03	*****	*****	*****	**	0	30 / 30	TOTALZ
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	**		SEE PERMIT	TOTALZ
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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J. Randy Douet Site Vice President		423	843-6700	06	07	12
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY

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

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(INTEROFFICE SB-2A)

SODDY - DAISY, TN 37384Facility **TVA - SEQUOYAH NUCLEAR PLANT**Location **HAMILTON COUNTY**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

MAJOR

(SUBR 01)

F - FINAL

METAL CLEANING WASTE POND

EFFLUENT

Form Approved.

OMB No. 2040-0004

TN0026450

107 G

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
06	06	01	06	06	30

*** NO DISCHARGE ☒ ***

NOTE: Read instructions before completing this form.

ATTN: Stephanie A. Howard

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	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
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
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		
J. Randy Douet Site Vice President		423 843-6700		06	07	12
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY

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

RECYCLED COOLING WATER

EFFLUENT

Form Approved.

OMB No. 2040-0004

TN0026450

110 G

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO	DAY
06	06	01

YEAR	MO	DAY
06	06	30

From

To

*** 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	*****	*****	04	*****	*****		04			
00010 Z 0 0	PERMIT REQUIREMENT	*****	*****	DEG C	*****	*****	38.3	DEG C		DAILY	GRAB-4
INSTREAM MONITORING							DAILY MX				
PH	SAMPLE MEASUREMENT	*****	*****	**		*****		12			
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	***	6.0	*****	9.0	SU		WEEKLY	GRAB
EFFLUENT GROSS VALUE					MINIMUM		MAXIMUM				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	**	*****	*****		19			
00530 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	30	MG/L		DAILY	COMPOS
EFFLUENT GROSS VALUE							DAILY MX				
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	**	*****	*****		19			
00556 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	15	MG/L		DAILY	GRAB
EFFLUENT GROSS VALUE							DAILY MX				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			03	*****	*****	*****	**			
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	***		DAILY	CALCTD
EFFLUENT GROSS VALUE		MO AVG	DAILY MX								
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****	**	*****	*****		19			
50060 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.10	MG/L		WEEKLY	GRAB-4
EFFLUENT GROSS VALUE							DAILY MX				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

J. Randy Douet

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

423

843-6700

DATE

06

07

12

AREA CODE

NUMBER

YEAR

MO

DAY

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

RECYCLED COOLING WATER

EFFLUENT

Form Approved.

OMB No. 2040-0004

TN0026450 **110 T**
PERMIT NUMBER **DISCHARGE NUMBER**

MONITORING PERIOD
 From **06 06 01** To **06 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	SAMPLE MEASUREMENT	*****	*****	**		*****	*****	23			
TRP3B 1 0 0	PERMIT REQUIREMENT	*****	*****	****	45.2 MINIMUM	*****	*****	PERCENT		SEMI ANNUAL	COMPOS
IC25 STATRE 7DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	*****	*****	**		*****	*****	23			
TRP6C 1 0 0	PERMIT REQUIREMENT	*****	*****	****	45.2 MINIMUM	*****	*****	PERCENT		SEMI ANNUAL	COMPOS
EFFLUENT GROSS VALUE	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		
J. Randy Douet		423 843-6700	06	07	12	
Site Vice President						
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY

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 **06 06 01** To **06 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			
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										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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J. Randy Douet Site Vice President		423	843-6700	06	07	12
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
 YEAR MO DAY YEAR MO DAY
 From 06 06 01 To 06 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			
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										
	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		
J. Randy Douet Site Vice President		423 843-6700		06	07	12
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)

Form Approved.
 OMB No. 2040-0004

TN0026450 118 G
 PERMIT NUMBER DISCHARGE NUMBER

F - FINAL
 WASTEWATER & STORM WATER
 EFFLUENT

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

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		
		AREA CODE	NUMBER	YEAR	MO	DAY
J. Randy Douet Site Vice President TYPED OR PRINTED		423	843-6700	06	07	12

Stephanie A. Howard
 Principal Environmental Engineer
 SIGNATURE OF PRINCIPAL EXECUTIVE
 OFFICER OR AUTHORIZED AGENT

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.